In this study Christine Groothues, Celia Beckett and Thomas O’Connor examine the outcome of adoptions of 117 children from Romania and a comparison group of 52 UK adopted children, and consider associated factors in the context of previous research findings.

The children were assessed at four years and their mothers interviewed; the children had been with the adoptive family for at least two years. Overall the outcome in both groups was very positive, with no breakdowns and a high level of parental satisfaction. Negative parental evaluation of the adoptions was considered separately and a number of factors were found to be related to this outcome; multivariate analysis showed that the child’s level of hyperactivity at the time of interview was the most important factor. Despite the severe physical and developmental delay at placement of many of the Romanian children, the outcome picture for both groups was very similar.

Introduction
Current assessment procedures for potential adoptive parents have been criticised on several grounds (Joe, 1979; Jerome et al, 1987; Barth and Berry, 1988; Ryburn, 1991). In particular, the complexity of the factors involved makes it hard to define any rule of thumb for practitioners (Rushton et al, 1988). Research in the area has been limited and a number of studies suffer from severe methodological problems (Jerome et al, above). The difficulty in identifying robust predictors of outcome has led some authors to suggest that poor placement outcome is inexplicable in terms of parent or household characteristics (Festinger, 1986). Not surprisingly therefore, most outcome studies have shown little or no correlation between characteristics seen as important by agencies and the final adoptive outcome (Samuels, 1990).

This paper examines factors that are considered in adoption assessment to be important for outcome. The sample comprises a group of adoptees from Romania, at high risk for placement problems by virtue of a history of very poor early care, and a comparison group of early placed, low-risk UK children. The study capitalises on the fact that many parents adopting from Romania did not go through the conventional assessment procedure, so it is possible to examine the association between adherence to current guidelines and outcome success. The findings may not generalise to other adoptions but may help to inform future policy on intercountry adoption.

Defining outcomes in research
One of the problems in evaluation of existing research is in defining outcome. Central to adoption policy is that adoption is undertaken for the sake of the children and therefore their well-being and development must be the prime criteria of outcome. The children adopted from Romania had a particularly poor start in life and when they joined their families in England many were severely developmentally delayed. Outcome, in terms of catch-up in both physical development and cognitive functioning, was dramatic. However, this aspect has been dealt with elsewhere (Rutter and the ERA Study Team, 1998) and is therefore not included here.

On the other hand, what happens to the children is likely to be much influenced by the parents’ satisfaction with the adoption and, obviously, by whether or not the adoption breaks down; accordingly these aspects of outcome are the focus of this paper.

Disruption
Of those outcomes that have received empirical attention, breakdown is the most obvious. Studies of long-term fostering and adoption have reported a
very wide range of disruption rates depending on such factors as the length of follow-up, the nature of the sample (e.g. whether high risk or not) and the age of the children at placement. Rates range from 47 per cent in placements of teenagers (Boyne, 1984) to one per cent in adoptions of infants under two years of age (Kadushin and Seidl, 1971). A similarly varied pattern of higher disruption rates for children older at placement is found in intercountry adoptions. Hoksbergen (1991), reporting on a national survey of 15,871 intercountry adoptees in the Netherlands, found a disruption rate of around one per cent for the youngest group, adopted before age 18 months, rising to over 12 per cent for children adopted between the ages of 79 and 90 months.

**Parental satisfaction**

As important as disruption is as an outcome in research, there has been a growing appreciation of the need to consider a range of outcomes. One such measure that has been widely used is parental satisfaction. This warrants further investigation because it is associated with parental commitment and perhaps parental care behaviour (Nelson, 1985). Moreover, feelings of dissatisfaction may signal possible future breakdown, particularly when parents feel that there is no prospect of improvement (Barth and Berry, 1988).

Tizard (1977) suggested that parental satisfaction with the adoption was a critical aspect of success or failure. In her study of eight-year-old children adopted from residential care, she found that parental satisfaction was closely related to the development of attachment between parent and child. Similarly, Thoburn (1990) stressed the importance of parental and family satisfaction, with the adoption as an important correlate of the child’s well-being and development (see also Kuhl, 1985).

In general, high levels of parental satisfaction have been found in both within-country adoption, including special needs adoptions, (Tizard, 1977; Nelson, 1985; Thoburn, 1986; Groze, 1996) and intercountry adoption. For example, in one study in West Germany 81 per cent of the parents who had adopted a child from the Third World, interviewed when the children were adolescents and young adults, reported that they were ‘highly satisfied’ or ‘satisfied’ with the adoption, despite describing a range of problem behaviours (Kuhl, 1985). In a questionnaire survey of North American families who adopted children from Romania, Groze found that 91 per cent of parents, contacted when the majority (76 per cent) of the children were five years of age or under, rated the adoption as having a positive impact on the family, even though about half the children had health or developmental problems (Groze and Ileana, 1996). Both these studies are of interest in that they show that even a high level of problems in the children and the resulting challenges faced by the parents do not necessarily translate into dissatisfaction with the adoption.

**Factors predicting outcome**

**Child characteristics**

The only consistent finding reported to date is that older age of the child at placement is associated with increased risk of poor outcome, both in terms of breakdown (Kadushin and Seidl, 1971; Feigelman and Silverman, 1983; Boyne, 1984; Barth and Berry, 1988; Fratter et al., 1991; Hoksbergen, 1991; Groze, 1996) and of problem behaviour (Verhulst et al., 1990). Looking for predictive child-related factors other than age was described as ‘unrewarding’ by Berridge and Cleaver (1987).

Jerome et al. (1987) concluded that the quality of care that the child received before placement was related to later placement success; however, they also stressed the importance of parental care in the adoptive home. Other studies have found that pre-placement care, which may be indirectly indexed by pre-placement behaviour problems, predicts individual differences in outcome. In a recent prospective study of late-placed children with behavioural and emotional problems, Quinton and colleagues found that pre-placement abuse and rejection, higher levels of behavioural problems and difficulties in relationships between the
placed child and siblings in their new family predicted poor outcome, including less maternal satisfaction. It is important to note the wide variation in the improvement and deterioration in the behaviour of the children in addition to the overall mean levels of behaviour problems and parental satisfaction (Quinton et al., 1997). The current paper, which examines a large sample of children exposed to early severe privation, is well suited to assess the role of early adversity on later placement success.

Family and parent characteristics
One widely reported finding is that the presence in the family of birth children of the adoptive parents, particularly if these siblings are close in age to the placed child, increases the risk of poor outcome (Trasler, 1960; Parker, 1966; George, 1970; Quinton et al., 1997), but this finding was not replicated in other studies (Zwimpfer, 1983; Boyne et al., 1984; Festinger, 1986; Barth and Berry, 1988). Few other family characteristics have been found to predict placement outcome.

A wide range of parent-related factors, such as age, income, educational level and religious affiliation, have been examined and reported to be associated with outcome in some studies (Festinger, 1986; Groze, 1986; Berridge and Cleaver, 1987; Barth and Berry, 1988) but there is little consistency among studies. For example, Barth and Berry found that the disruption rate was almost twice as high where mothers had some college education compared with mothers who had only high school education or less, but this finding has not been replicated.

Motivation to adopt has been examined in a number of studies because it is a central consideration in the assessment process (Brener et al., 1985). However, although strength of motivation was found to be important for successful outcome in one study (Festinger, 1986), specific motivations such as altruism appear not to be related to placement success (Nelson, 1985). In another study, Thoburn et al. (1986) reported that most applicants gave reasons combining self-interest and altruism and that there was no difference in success between those whose reasons were mainly self directed and those that were child directed. They suggest that altruism may have helped the parents to accept a degree of difficulty for the existing children and to carry on when the element of self-interest was not fully satisfied.

The current paper examines the link between family and parent factors, most notably parental motivation, and placement success and whether there are differences between a high and low-risk group.

Interaction of factors
Studies to date tend to focus on a single risk for poor placement outcome. Relatively little research examines the overlap among identified risks or how the effects of individual risks may be moderated by other factors. Indeed, it is the complexity of, and co-variation between, parent, child and family factors that confounds our understanding of individual risks. For example, Quinton et al. (1997) reported that parental lack of warmth and problems with attachment to the child predicted poor outcome, but they point out the difficulty of knowing whether the parenting difficulty pre-dated, or was the response to, a challenging child.

The importance of multivariate research was highlighted by Barth and Berry (1988), who found that the effects of behaviour problems on placement success were not statistically significant when other family and social factors were considered. The implication was that it was the latter set of risks, rather than the behaviour problems that were the principal factors. The need to consider multiple risks is further underscored by their review of research. They concluded that ‘no checklist of factors standing alone or together should ever rule out an adoptive placement’.

Summary
Disruption should be seen as only one of a range of outcome measures, which include parental satisfaction with the adoption, the effect of the adopted child
on established family relationships and improvement in the child’s behaviour over time. Findings come from a range of studies of placements, many of which are ‘high-risk’ in some way (eg intercountry adoptions or late-placed children). Findings on the predictors of positive and negative outcomes are mixed, but there is general agreement that both child-based and family-based risk factors influence the likelihood of successful placement. The current study seeks to replicate and extend previous research findings by examining these predictors of placement outcome in a sample of children adopted into the UK following exposure to very severe global deprivation, and a comparison sample of UK adopted children.

Based on existing research, several domains of possible relevance to outcome success are suggested: firstly, child factors, the child’s age at entry to the UK (and corresponding duration of exposure to deprivation) and indices of adjustment that result from deprivation, eg cognitive impairment and behaviour problems; secondly, parent factors, such as age, education and motivation; and thirdly, family factors, such as the impact of the child’s arrival on existing relationships. It was expected that child, parent and family factors would make independent contributions to adoption success. Although agency-based factors, including pre-placement preparation and support after the child is in the family, may also play some role, these aspects are not included here, as they are being considered in detail elsewhere (Beckett et al, 1998).

Because the Romanian children presented a particular set of challenges, it is important to be aware that findings from this group perhaps cannot be generalised to other adoptions. However, this research includes a number of methodological features that permit rigorous tests of which factors influence successful adoption outcome.

Sample
The Romanian sample was drawn from Home Office and/or Department of Health records of children adopted from Romania between February 1990 and September 1992 into families resident in England. From the 324 children in the appropriate age range (ie below 42 months at the time of entry to the UK) the 165 children in the study were chosen by a system of random selection from bands according to age at entry to the UK. Eighty-one per cent of the families approached agreed to take part; when a family refused the child was replaced by the next selected child of a similar age and sex. A total of 117 children, who entered the country under the age of 24 months, were seen at age four years. The remaining 48 children in the sample came to England aged between 24 and 42 months and were seen only at age six years; they are not included in this paper, which focuses on outcome at age four years. When the children are two years older, parental feelings may well be different and will be the subject of a different report.

The comparison sample consisted of 52 within-country adoptees placed before the age of six months (mean age two-and-a-half months). These families were approved by local authorities or adoption agencies and were approached through them (see Rutter et al, 1998, for more details of the sample).

Parents in both groups tended to be older and of higher social class and educational level than the general
population. The mothers who adopted from Romania were on average about 20 months older than those in the UK group (39.8 years vs 38.1 years), and the fathers two-and-a-half years older than those in the UK group (42.2 years vs 39.6 years); slightly more of the mothers adopting from Romania had post-school qualifications. Much the biggest difference between the groups, however, was that more of the families adopting from Romania already had biological children (32 per cent vs two per cent), and far fewer had an adopted child (five per cent vs 50 per cent).

Procedure
Shortly before the child’s fourth birthday the adoptive mothers were contacted at home and the study was explained to them. If they agreed to take part they were interviewed at home using a semi-structured interview; this typically lasted five or six hours and required two or more visits (details below). Following completion of the interview, each child was directly assessed at home by a trained researcher; in addition mothers completed questionnaires on different aspects of the children’s behaviour and development.

Measures

Interview
The interview was a modified version of that previously developed by Quinton and Rutter, expanded to include those aspects of the adoption process relevant to intercountry adoption. It covered a wide range of information, from the initial decision to adopt, the child’s background and care, condition at placement, initial problems and current behaviour and development. Additionally, questions were asked about the impact of the adoption on family interaction, with the opportunity for the mother to give an overall evaluation of the positive and negative aspects of the adoption. All interview ratings were discussed and each interviewer’s ratings were subsequently checked by another interviewer. The main measures used here are taken from interview data.

Demographic factors
A number of factors, including age, social class and educational level of the parents and the number of children, biological or adopted, present in the family prior to the adoption were recorded.

Motivation
Incentive for the initial decision to adopt has been rated on two scales of infertility and altruism. Each was rated 0 to 2, indicating not at all (0), minor (1) or major (2). Where either or both of the parents had been married before, the motivation might still have been infertility despite the presence of children from a previous marriage in the household.

Previous adoption attempts
Information on previous attempts to adopt within the UK and the success of these was used as an indication of how far the parents fitted adoption criteria using conventional guidelines. If parents had ever enquired about adopting in the UK, ratings were made from 1 to 5, depending on whether they had withdrawn of their own accord after the initial enquiry, been assessed and rejected for specific reasons, or been accepted as adopters.

Impact on the family
The effects of the child’s arrival on each of their siblings and how well the child got on currently with them were rated on separate 0 to 3 scales; ratings were made of the positive and negative quality of each relationship. The impact of the child on the marital relationship was also rated; mothers were asked what the adoption had meant to their relationship with their husband, whether it had brought them closer or caused tensions and arguments. Separate ratings of positive and negative impact were made on a scale, 0 to 3, indicating none to marked.

Parental satisfaction with the adoption
Positive and negative evaluation were each rated separately based on parental responses to a question about the most rewarding aspects of having the child in the family and, on the other hand, about things that had not worked out as hoped. In addition there
was a question about any aspects of the child’s behaviour or development that they have found particularly surprising or disconcerting. Ratings were made by interviewers on two separate scales from 0 to 3, indicating not at all, minor, moderate and marked. Interviewers were able to base their ratings on information gathered throughout the interview. All ratings were checked by another member of the team of interviewers; the team met regularly to discuss ratings, so that agreement among raters was high.

**Developmental assessments of the child**

Two measures of the child’s development were assessed directly. Firstly, general cognitive ability was assessed using the McCarthy Scales (McCarthy, 1972), which is a widely used measure of cognitive development. Secondly, physical development was assessed based on standard measures of weight and head circumference. These were compared with the measures taken from the child’s records at the time of entry to the UK, or where unavailable, from records from Romania prior to entry. Both the cognitive and the physical measures are described fully in a previous paper on the study (Rutter et al., 1998).

**Questionnaires**

Two measures of the child’s development were based on parental report. The Romanian children’s development at entry to the UK was assessed using the Denver Developmental Screening Questionnaire (Frankenburg et al., 1986). At age four years, both groups of mothers completed Denver questionnaires with the children. The questionnaire covers readily observable milestones in the areas of motor, social and language development. Some items (e.g. ‘washes and dries hands’) are completed by mothers from their knowledge of the child; others (e.g. ‘copies picture of a circle’) are completed directly with the child according to instructions on the questionnaire.

An index of the children’s current behavioural problems was assessed using the Preschool Behaviour Questionnaire revised for use with parents (Behar and Stringfield, 1974, with prosocial items from Weir and Duveen, 1981; Elander and Rutter, 1996). This questionnaire provides a total problem score as well as subscales for emotional, oppositional and hyperactivity problems.

**Results**

Results are presented in three segments. Firstly, the outcome measures of disruption and of parental satisfaction are described. Secondly, bivariate associations between the predictor variables and outcome variables are examined. Regression analyses are presented in the third section to examine the joint effects of risk factors on placement outcome. Throughout, where measures were taken in both groups, the analyses are presented for the Romanian and UK groups combined (because of our interest in assessing overall effects), although the separate results for each group are also reported (to examine whether the effects were moderated by UK or Romanian group status). For a number of measures results are only available for the Romanian children, as they were not relevant for the comparison group.

**Distribution of outcome variables**

**Disruption**

At the four-year assessment, none of the adoptions of the Romanian children in the study adopted under 24 months of age had broken down, despite the fact that some of the children had had severe problems. All the within-UK adoptions were also still intact.

**Parental satisfaction**

The level of satisfaction with the adoptions in both groups of mothers was very high. Ninety-six per cent of the comparison mothers and 91 per cent in the Romanian group were rated markedly positive; the remaining mothers in both groups were rated moderately positive about the placement. Because of the lack of variation for positive evaluation, it was not possible to do analyses.

The negative evaluation was rated separately and, consequently, the negative findings must be viewed in the context of the overall positive picture described above. Among the comparison
mothers, 75 per cent were rated as showing no negative evaluation, 23 per cent minor, and only one mother (two per cent) moderate negative evaluation. There was more variation among the Romanian group. Although 71 per cent showed no negative evaluation, 17 per cent were rated as showing minor, eight per cent moderate and three per cent marked negative evaluation. Differences between the UK and Romanian groups were not significant. Because of small numbers in some of the rating categories, ratings have been collapsed for subsequent analyses; the ‘marked’ category was collapsed with those rated ‘moderate’.

Impact on the marital relationship  The vast majority in both groups (97 per cent in the Romanian and 96 per cent in the comparison group) felt that the adoption had had a moderate or marked positive impact on the marital relationship. However, as in the case of overall impact ratings, there was also evidence of negative evaluation. Fifteen per cent of the Romanian and 12 per cent of the comparison group reported moderate or marked negative impact, but the difference between the groups was not significant.

Correlations with negative evaluation  Correlations and regression analysis focus on negative evaluation of the adoption because it is a frequently used outcome measure and because it had sufficient variation in this sample.

Parent factors  
Demographic factors  As noted above, there were slight differences between the UK and Romanian groups in parental age and education but, overall, none of the demographic factors were related to negative evaluation.

Motivation  This could not be statistically analysed in the UK group because 96 per cent of mothers gave infertility as their main reason for adopting and only six per cent mentioned altruism as a minor reason. Although 78 per cent of mothers in the Romanian group gave infertility as their main reason for adopting, many of these parents also reported altruism as a motivating factor, 18 per cent saying that it was a major and 54 per cent a minor factor. Similarly, although 28 per cent of the mothers in the Romanian group gave altruism as their major reason for adopting, many of them also reported infertility, 49 per cent as a major motivation and six per cent minor. Given the overlap between reasons for adoption, we examined three groups: altruism as the major motivation (infertility minor reason); infertility major (altruism minor); altruism and infertility as equally major reasons. The group who identified both motivations as major reported less negative evaluation compared with the two groups in which either infertility or altruism was the major motivation (F (2,105) = 4.42, p<.05).

Child factors  
At placement  Measures at placement were available only for the Romanian group. Contrary to expectation, neither the age nor the weight of the child at placement was related to current evaluation of the adoption. However, there was a significant correlation in the expected direction between a lower Denver quotient, indicating developmental delay, and higher negative evaluation (r = – .23, p<.05).

Age four years  Overall, significant correlations with negative evaluation of the adoption were found for the Denver quotient (r = – .25, p <.01(Romanian: r = – .24, p< .05; UK: r = – .21, N/S)) and for behaviour problems rated on the revised Behaviour Questionnaire, both oppositional behaviour (r = .36, p<.001 (Romanian: r = .43, p< .001; UK: r = .19,N/S)) and hyperactivity (r = .38, p<.001 (Romanian: r =.37, p<.001; UK: r = .38, p<.01)). For all three measures the difference between the two groups is not significant.

Family factors  Overall the presence of adoptive or biological children in the family prior to the adoption was not significantly related to negative evaluation. However, negative
impact on the marital relationship was significantly correlated in both groups with overall negative evaluation ($r = .35, p<.001$ (Romanian: $r = .38, p<.001$; UK: $r = .29, p<.05$)).

**Placement factors**

As all the UK adopters had been fully assessed and approved to adopt, the possibility of having been assessed and rejected as adopters within the UK was only relevant for the Romanian group. Almost 70 per cent of the Romanian group had previously made enquiries about adopting in the UK and of these 25 per cent had been assessed and approved, although only three families had actually adopted a child in the UK. The majority (64 per cent) had withdrawn of their own accord, without even having a home visit, when it became clear that they were very unlikely to be able to adopt a baby because of their age or the fact that they already had children. Only 11 per cent had actually been assessed and rejected, for a variety of reasons. However, whether or not couples had been previously rejected as adopters in the UK was not significantly related to parental satisfaction.

**Multiple regression**

A number of parent, child and family factors were significantly related to negative evaluation in the above bivariate analyses. In order to assess the relative importance of the various factors, the significant predictors were entered into a stepwise multiple regression analysis. The analysis showed that the most important factor associated with higher negative evaluation was a higher age-four hyperactivity score on the revised Behaviour Questionnaire ($beta = .38, p<.001$ (Romanian: $beta = .38, p<.001$; UK: $beta = .36, p<.05$; difference not significant)). When the Romanian group was analysed separately, none of the other risks noted above predicted negative evaluation once hyperactivity was included in the model.

**Discussion**

At the time of the adoptions of children from Romanian institutions, concerns were expressed in some quarters. Although most families adopting were assessed and approved before they brought their child to the UK, the procedure was usually carried out after the child had been chosen. Partly because of this, the assessment was often completed in a shorter time than is usual for a within-country adoption and not all families would have been accepted for intra-country adoption. A small number of couples had been previously rejected as adopters in the UK. In addition, the Romanian adoptees had experienced gross deprivation. These two factors placed the adoptions in a high risk category according to conventional wisdom. Despite this fact, families adopting children from Romania reported remarkably high levels of satisfaction. More impressive was the fact that there were no breakdowns by the age four assessment. Indeed, there were no differences between the Romanian and a low-risk group of early placed UK children. Nonetheless, there was variability in negative evaluation of the adoption. Results indicated that, although a number of child and family risk factors predicted negative evaluation, hyperactivity was the key risk in multivariate analyses.

Before discussing the implications of the findings, the limitations should be noted. Firstly, there may have been reporter biases because in some cases both the main outcome and predictor measures are based on interviewer ratings of the interview with the mother. This was reduced to some degree by the use of a semi-structured interview in which the interviewer scored maternal responses; in addition the developmental assessment measures could not have been influenced by reporter biases.

Secondly, it is important to recall that the outcome measures were not normally distributed and some measures could not be included because of a strongly skewed distribution. Nonetheless, the measures employed correspond to those typically used in adoption research and in clinical settings.

Thirdly, nearly all the parents reported positive satisfaction. Accordingly,
negative evaluation, alongside overall positive ratings, may be better termed ambivalence rather than negative as such. Finally, there is a possibility that mothers may have under-reported negative feelings about the adoptions because of the considerable pressure experienced by the families adopting from Romania. However, the absence of breakdown at age four years would tend to confirm the overall positive picture.

It is important to remember the complexity of the interaction of factors related to the child, the parents and family functioning. Although the presence of other children in the family prior to the adoption was not on its own found to be related to parental satisfaction, other factors associated with sibling group composition, such as age spacing and the relationships between siblings, and their correlation with negative evaluation have been discussed in detail elsewhere (Beckett et al., 1998). It is also interesting to note that a negative impact on the marital relationship was significantly correlated with negative evaluation of the adoption. This is in line with the finding of Barth and Berry (1988) that in disrupted placements the arrival of the child had made the parents feel farther apart.

A useful way of looking at this is in terms of a model of pressures put on a family by the arrival of a new child and the family’s resources to cope with those pressures (Zwimpfer, 1983; Barth and Berry, 1988; Groze, 1996). Parents of the Romanian children had, in addition, often experienced a very stressful time completing the adoption procedures in both countries and, on arrival in the UK, many of the children had severe physical and developmental problems (Rutter et al., 1998). The pressures on many of the families were enormous and some families seem to have more resources and flexibility to cope than others. Nonetheless, even the apparently stressed families appear to be coping adequately. Anecdotally, in many cases the combination of difficulties increased the parents’ commitment to their adopted child and their determination to succeed (eg see Thoburn et al., 1986). In general, this is a very committed group of parents.

Results in this study support previous findings of the importance of the level of the child’s behaviour problems for outcome. Both behaviour problems at age four and developmental problems, at placement and at age four, were significantly related to negative evaluation. However, in the regression analysis it was the level of hyperactivity at age four that was having the main effect. It is somewhat surprising that developmental problems (with the exception of Denver) did not predict more dissatisfaction in the Romanian group. This may reflect the possibility that most parents to some extent expected such problems, having seen the children and the conditions they had experienced in the institutions. The finding that delay did not play a major role in predicting outcome may also reflect the remarkable catch-up shown by most children between entry to the UK and the age-four assessment (Rutter et al., 1998).

The findings in this study support those of other studies that it is too simplistic to look for specific parental factors which will predict placement success; detailed assessments of parent, child and family factors, and a multivariate conceptual model are required. It is noteworthy that, although the UK and Romanian groups differed in the types of risk and background correlates (eg motivation to adopt), there were no significant differences between the groups in the prediction of placement evaluation. This should be considered in the light of the statistical limitations described earlier. There are undoubtedly important differences between the groups in their experiences of adoption, but we were unable to detect statistical differences in the prediction of evaluation.

While recognising that the adoptions are still in their early stages, nevertheless all the children had been with their families for two years, and some for almost four years, at the time of the assessment. In addition, many of the children adopted from Romania had come into their families with a range of physical and developmental problems that put severe pressure on families. Given the
various sources of risk experienced, the outcome of the adoptions when the children were four years old is very encouraging. The follow-up of them at six years will examine whether this very positive overall pattern continues.

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