Preferential rejection: research findings and practice implications

Background
Several studies of family placements have indicated poorer outcomes for singly placed children (e.g., Groze, 1996; Holloway, 1997). In an effort to understand why this may be so, we recently reported on a new analysis of factors associated with one-year outcomes for a group of 63 children, each placed singly during middle childhood (Dance, Rushton and Quinton, 2002). All of the children joined families new to them when they were between five and 11 years old and the intention of each placement was permanence, either through adoption or long-term fostering.

Research samples
The data used in the analyses were drawn from two prospective, longitudinal studies of late permanent placement. The samples included both boys and girls. We interviewed the adopters or foster carers at home and also the social workers responsible for the children, once in the early weeks of placement and again at the end of the first year. These face-to-face interviews produced a wealth of material on how the children were settling in and the pleasures and pressures experienced by new parents. Findings from the individual studies as well as the detail on how characteristics and outcomes were classified have been reported in detail elsewhere (Quinton et al., 1998; Rushton et al., 2001).

Findings
In both studies we found that children placed singly were significantly less likely to settle well. We found no significant differences in outcome according to the ages of the children at the time of placement nor their experiences of physical or sexual abuse and neglect prior to placement. Neither were there differences according to care experiences. This may be because the sample was tightly defined and there were no large variations on these factors. We did, however, find one experience that was frequently present in the histories of singly placed children who were not settling well. This was an experience we have termed ‘preferential rejection’. Rejecting behaviour is formally recognised as one form of emotionally abusive parenting (Hart, Brassard and Karlson, 1996), but here we are focusing on negative attitudes and behaviour directed towards one but not all of the siblings. The experience of being the one child in a family singled out from siblings for negative parental attention has not previously been systematically investigated in relation to placement outcomes. However, some researchers have explored the concept in birth families. Rohner (1986) concludes that the effects on the child may be expected to include emotional unresponsiveness, hostility or aggression, poor self-esteem and emotional instability.

Ratings of preferential rejection were made following examination of the content of the social work interviews. Interesting differences were revealed in the experiences of some children. The preferentially rejected children had been singled out in their family of origin, blamed for the misdemeanours of siblings, punished more often and more severely than others and frequently were alone in leaving the family home, often at the parents’ request.

When we combined the information we had concerning the singly placed children, we had full data sets for 63. Of these, 37 had no known history of rejection by birth parents, nine had been singled out for negative attention in their birth families but had not been alone in leaving the family home, and 17 had been rejected and were the only child in the family to enter care. When we examined one-year outcomes according to these groupings, we found that the proportion of children in each group who were well settled in their new family varied significantly. Thus 76 per cent of the no rejection group were making good progress, as against 56 per cent of the singled-out group and 40 per cent of the preferentially rejected group.
So how did the rejected children differ from others? Our analyses did not identify very different behavioural profiles for rejected children early in placement, but one year after placement discernible differences between the groups were evident. More of the children in the rejected group showed worsening behaviour problems and exhibited a characteristic which we have called ‘false affection’. Many of the placed children were described in this way when first placed, but it tended to endure for rejected children. This was a behavioural style that many parents and carers found difficult to deal with and which left them feeling distanced from their child.

Increasingly it is recognised that the character of the relationship that develops between placed children and members of the new family is extremely important, even more so than behavioural problems in themselves. The potential difficulties, in cases where new families feel they are unable to reach through to genuine feelings in the child, are clear.

Because the rejection factor emerged from the interviews rather than being planned into the research design, there are limitations to the extent to which the findings are secure. Clearly it requires further consideration by the research community to explore whether other samples produce similar results. However, we feel it is important to alert practitioners to the possibility that some children who are alone in the care system may have developed styles of interaction that make it difficult for them to relate to their new families.

**Practice implications**

It is important to re-emphasise that not all children who had been ‘preferentially rejected’ progressed poorly in their adoptive placement. Those who settled seemed to settle very well indeed. Thus a history of rejection is not a contra-indication to family placement, but the increase in risk argues for careful assessment and planning for children who are alone in the care system. The child’s behaviour and styles of interaction will require detailed assessment and the ways in which they interpret their history and their need for a new family must be thoroughly explored.

Depending on the outcome of assessment, this knowledge may form some of the primary matching criteria and may need to be incorporated into the specific preparation of a family. For example, some adopters may be able successfully to parent a child who holds adults at a distance, while others may have a stronger need for more mutual affectionate interaction with their adopted child.

The issue of contact may be particularly live for these children and their birth parents. Several of the birth parents in our ‘preferentially rejected’ group refused contact with their children, despite some of the children having a strong desire to see their families. Such situations will stretch the skills of social workers in determining when and how much contact will be in the child’s interests. Flexibility regarding future arrangements may be especially important as attitudes and sympathies change with time.

Our final thought concerns post-placement support. The rejected children whose placements did not progress well tended to show an escalation of behavioural and emotional difficulties over time. This suggests that practitioners would do well to concentrate on developing mutually honest and trusting relationships with prospective adopters, which may enhance the opportunities to work with them after placement towards resolving any emerging difficulties at an early stage.

**References**


Holloway J, ‘Outcome in placements for adoption or long-term fostering’, *Archives of Diseases in Childhood* 76, pp 227–30, 1997

