‘The relationship between institutional care and the international adoption of children in Europe’
A rejoinder to Chou and Browne (2008)

In a recent, much publicised article in Adoption & Fostering, Shihning Chou and Kevin Browne offer a scientific study of the ‘do-gooder hypothesis’ that international adoptions reduce the number of children in institutional care (2008, p 42). Campaigners for inter-country adoption have, they tell us, used this proposition to strengthen their claim that intercountry adoption is ethically justifiable because it constitutes a solution to the problem of child institutionalisation (ibid). And yet, Chou and Browne emphasise, the assumptions behind the hypothesis remain to date untested, having never been ‘scientifically investigated’. They therefore ‘seek to test this assumption’ by applying the Spearman rank correlation to 21 European countries. They conclude that, rather than reducing institutional care in either sending or receiving countries, intercountry adoption ‘may contribute to this harmful practice’ (2008, p 40). This claim was presented in a press release about the article as ‘Madonna-style intercountry adoptions are causing a rise in the number of children in orphanages’.

In what follows we examine Chou and Browne’s case and evidence closely. We argue that their article is based on a badly formulated research question, that it draws on inaccurate data and that it proposes a misleading and unjustified set of conclusions. While we accept that all social scientific research is rooted in the distinct value-orientations of researchers, there remains a pressing need for genuinely informed debate between interest groups concerning intercountry adoption. The poor methodology underlying this article will do little more than entrench misunderstanding and harm dialogue on an area of key public interest.

The research question
At first sight, Chou and Browne’s ‘do-gooder hypothesis’ appears simply commonsensical. Take children out of institutions and the number of children in institutions should decrease. Therefore, it seems justifiable to ask ‘why there are still large numbers of children in institutional care after decades of international adoption across Europe if international adoption has been effective in deinstitutionalising children’ (2008, p 45). In fact, this thesis is a straw man: the authors are unable to quote a single piece of research, item of legislation, official recommendation or statement of interest by any party formulating, supporting, summarising or reviewing this standpoint. Even their statement that campaigners for intercountry adoption have used the hypothesis to further their aims is made without reference to any actual individuals, groups or campaigns. It is hardly surprising that they fail to assign this viewpoint to anybody specific: it would be poor lobbying and very poor scholar-

1 Authors are listed alphabetically and not in order of importance.
ship to ignore the complex social, economic and political dynamics that lead to the continued institutionalisation of children across Europe and beyond. It would be foolish to pretend that intercountry adoption, at a stroke, could cancel all these influences at all times and everywhere. Yet, Chou and Browne allow themselves to comment on intercountry adoption globally as if the local conditions entailed in each instance were uniform.

In fact, none of the rigorous studies of the situation in sending countries has argued so simplistically. What these studies have done, instead, is investigate the complex political, economic and cultural factors shaping patterns of child relinquishment in various areas and at various times; the different kinds of care provided for children under different political and economic regimes, and their effects on those children; and the ways in which the demand for adoptable children in the affluent West has, alongside other factors, shaped care choices and policies in particular social and historical contexts. It is this kind of thorough scholarship that provides the basis for informed debate about the ethics and morality of intercountry adoption.

The data
Chou and Browne’s failure to come up with a well thought-through hypothesis, grounded on solid knowledge of their subject matter, could be forgiven if the data they present had been rigorously assembled and deployed. This, sadly, is not the case:

- The measure of institutional care chosen by Chou and Browne is the number of children less than three years of age in institutional care in 2003, based on questionnaires sent out by the authors to 33 European countries. However, a glance at the footnotes in Table 1 shows that much of the data is instead based on estimates from samples of children over the age of five, from small institutions (with less than 11 children) or from short residential stays. Thus, for ten of the 14 countries they class as ‘receiving’, Chou and Browne have data which they themselves state are to be ‘treated with caution’ and which we would argue are not sufficiently reliable to support their use of the Spearman measure.

- Chou and Browne use two charts to present the reader with the results of their deployment of the Spearman rank correlation, both including linear regression lines that seem to indicate a strong positive relationship between levels of institutional care and of international adoption. Chou and Browne use the correlation to state that international adoption ‘may contribute to the continuation of institutional care and the resulting harm to children’ (2008, p 47). On the basis of their data and methodology, however, the reverse could equally well be argued – a possibility that Chou and Browne completely disregard. In order to explore the nature of the relationship between the two variables, they should have broadened their scope and taken into consideration intricate political, cultural, economic and historical data. Consideration of these data would, however, make the inadequacy of their research question and methods apparent.

- The selection of countries included in the correlation seems driven by the desire to prove a point rather than to test it. In previous research, Browne identified the Czech Republic as the country with the highest rate of institutional care, and yet it is not included in the article under consideration. This is significant because its inclusion would have spoilt the simplicity of the correlation shown in Figure 2 (2008, p 45): in 2004 there were only

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4 In an earlier article (2005, p 25), Browne defined an institution as ‘a residential health or social care facility of 11 or more children regardless of age’.
adoptions from the Czech Republic, a ratio of 0.4 per 1,000 live births compared to 6.0 per 1,000 for Latvia (Selman, 2007).

- Likewise, their omission of Poland is detrimental to a thorough testing of their standpoint: this is a country with a long history of international adoption, much better standards of institutional care than, for example Romania, and which sends abroad mainly older children and sibling groups who are hard to place domestically.

- Although Chou and Browne explicitly state that the correlation between international adoption and institutional care in receiving countries is ‘open to question’ (2008, p 47), they nonetheless assert that ‘adopting healthy young children from abroad may distract attention from hard-to-place children within the receiving countries’ (ibid). However, their case is made on the basis of wrong data and a dubious selection of countries. The weak correlation between high levels of intercountry adoption and high levels of institutional care in receiving countries that the authors identify is only made possible by the exclusion of the UK, Iceland and Slovenia as well as, crucially, the European country with the highest rate of incoming intercountry adoption, Norway. Likewise, in Figure 3 Sweden wrongly appears as a country with a low proportion of intercountry adoptions (Table 1 shows it as having the highest in Europe after Norway) so that the resulting R Sq Linear is too high. The authors have thus either excluded or misrepresented Norway and Sweden, the two European countries with the highest proportions of intercountry adoption. These countries also happen to have low rates of institutional care for local children. Another missing country is Denmark, which has a low rate of institutional care (8 per 10,000 according to Browne, 2005) and where 93 per cent of adoptions were international incoming in 2001 (ChildON Europe, 2006).

- The inclusion of Austria is hard to justify, as the Austrian Central Authority does not collect statistics on intercountry adoption and any numbers cited are likely to be speculative.

The analysis
After establishing two sets of statistical correlations (between intercountry adoption and high levels of institutional care in sending and receiving countries), Chou and Browne proceed to review the implications of their data. It is possible to read into their discussion a series of relevant questions that have been addressed by other authors in the past: how does international adoption relate to and indeed affect the provision of other kinds of services for children in both sending and receiving countries? What are the social, economic and political dynamics that lead to child institutionalisation in different countries? How is child relinquishment understood in various cultural contexts? To what extent are the rights of children and biological parents protected by systems in place in sending countries and in the international arena? It is a pity that Chou and Browne fail to address the complexities involved in formulating and responding to these questions, and that instead they choose to make a series of sweeping global generalisations, unsupported by the data that they present. They draw on studies of international adoption in specific contexts (in particular Dickens, 2002, for Romania) to make claims about the practice of intercountry adoption globally, for which the necessary evidence is lacking.

Chou and Browne state that, both in Europe and elsewhere, the income from international adoption ‘tends to normalise [it] . . . reduce the motivation to reform local services for children and inhibit the development of foster care or national adoption’ (2008, p 46). In fact, the data needed to make this kind of generalisation simply are not available. Moreover, although common sense and research dictate that this may be the case in certain contexts, these also invite
us to ask whether international adoption may not have the opposite effect. The People’s Republic of China, currently and for some time now the largest sending country to Western receiving states, is a case in point. The impetus provided by international adoption – in the form of non-governmental organisations and charities driven by the interests and efforts of adoptive parents – has indisputably influenced the Chinese authorities through the 2000s to improve care for children in orphanages, introduce foster care and change their policies towards encouraging as opposed to restricting domestic adoption. In fact, what is required are detailed studies of how specific institutional arrangements, at international, national and local level, affect choices for children’s care in concrete contexts.

Chou and Browne also refer to what they call ‘discrepancies between the standards for national and international adoption’ (2008, p 47), ignoring the fact that in the UK, as elsewhere in western Europe, families adopting internationally have to undergo the same stringent home studies as those adopting locally. In the same vein, they state, without any evidence, that ‘couples who are deemed unsuitable or find it difficult to adopt nationally turn their attentions overseas’. The reference to the Kilshaw case, where a UK family made an attempt to adopt twins from the US after being turned down for local adoption, is used spuriously to tar all intercountry adopters with the same brush. Given that in the UK and elsewhere in Europe adopters are scrutinised and assessed by local social services and adoption agencies, this seems an unnecessary attack on both adoptive parents and social workers in charge of intercountry assessments.

**Interpretation of findings**

In their ‘discussion’ (Chou and Browne, 2008, p 46) the authors argue that adopting ‘healthy young children abroad’ distracts attention from hard-to-place children within receiving countries, a claim strengthened in the press release statement that ‘the study highlights that in countries such as France and Spain, people are choosing to adopt healthy, white children from abroad rather than children in their own country who are mainly from ethnic minorities’. In fact, the majority of children adopted from abroad in these two countries are not white and many will have health problems (Selman, 2008a, 2008b). In 2006, only 14 per cent of international adoptions in France were of European children – the majority came from Vietnam, Haiti and Ethiopia – and in 2004, 18 per cent of children were over the age of five when adopted (33% of those coming from the Ukraine and 55% of those from Poland).

The authors go on to say that only four per cent of children in institutional care are true biological orphans and that the term ‘orphans’ and ‘orphanages’ are misnomers, a view with which we would concur. However, to say that this confuses prospective adopters ‘who may have good intentions’ is speculative and the claim in the accompanying press release that ‘96 per cent of children in orphanages across Europe and probably across the globe . . . have at least one parent often known to the local authorities’ is misleading. Not only have no global data been collected on this issue, but in the country that currently sends the largest number of children abroad, China, child abandonment is illegal and hence parents take great care to keep their identity secret from local authorities (Johnson, 2004; Selman, 2008b).

**Concluding thoughts**

By critiquing Chou and Browne’s article our intention has not been to provide an apologia for intercountry adoption. We are very well aware of the complex

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5 Press release, as in Footnote 2
7 Press release, *op cit*
ethical issues surrounding the adoption of children from poorer countries into the more affluent West. We believe that public debate and the development and implementation of policy will only improve children’s lives if grounded in rigorous research and analysis. And so with Chou and Browne (2008, p 47) we would emphasise the paramount need ‘to investigate this area objectively and take an evidence-based approach for practice’. It is a pity that, on this occasion, Chou and Browne have been unable to do so themselves.

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