



TRANSITION TO ADULTHOOD FOR YOUNG PEOPLE IN ADOPTIVE CARE

**Secondary analyses of data from the longitudinal study of young
people in England (LSYPE)**

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EXECUTIVE SUMMARY

TRANSITION TO ADULTHOOD

Adolescence is considered a period of transition from childhood to adulthood with many physiological, psychological and social challenges. The accelerated growth and change that occurs during this period is considered second only to the development during infancy (Kipke, 1999). During this period, young people become physically and sexually mature, start constructing a personal and sexual identity for themselves and develop increasingly more complex analytical capabilities with the emergence of abstract thought processes (Christie & Viner, 2005; Kroger, 2007; Thornburg, 1983). It is a time of exploration and experimentation and the personal invulnerability that many young people feel in the adolescent years lead some young people to engage in risky behaviours that could endanger their personal safety and health (Christie & Viner, 2005). Relationships with parents also undergo change during this time as young people seek more autonomy and start to look outside their family for social experiences, companionship and approval (Kipke, 1999; Thornburg, 1983). Given all these changes, negotiating the period of transition from childhood to adulthood can be emotional and stressful for most young people and this can be particularly difficult for adolescents with histories of maltreatment (Nanni, Uher, & Danese, 2011) and disadvantage.

One in three children adopted in England enters local authority care due to abuse or neglect (DCSF, 2010) and many come from disadvantaged households (Bebbington & Miles, 1989). They are also more likely than other children to enter care on an Emergency Protection Order (suggesting severity of home conditions). Some children carry genetic risks to development due to mental health problems of parents (Howe, 1997; Ivaldi, 2000; Performance and Innovation Unit, 2000). Maternal smoking, drinking and drug use during pregnancy is also common, which can harm the neurobehavioural and cognitive development of children (Huizink & Mulder, 2006). Once in care, children tend to experience further instability and are likely to have several foster care placements before finally being placed for adoption. Therefore these children carry many risks to healthy development and there has been much emphasis placed on adoption as providing the best chance of developmental recovery for children who come into care and are unable return home. Thousands of children have been adopted out of care in England and more than 3,000 children are still adopted every year (DCSF, 2010).

Even though adoption has been used as a radical intervention for thousands of maltreated children in care for more than three decades, there have been no prospective studies in the UK, which have reported on the longer-term adjustment for this group or on their transition to adulthood. Most of the research has mainly focused on childhood and early adolescent outcomes of adoptees. It is argued that the stability of adoption during childhood provides children with a greater sense of belonging and leads to secure attachments to their adoptive parents (Biehal, Ellison, & Sinclair, 2009; Selwyn & Quinton, 2004; Sinclair, Baker, Lee, & Gibbs, 2007). While there is evidence of substantial catch-up in childhood after adoption in all developmental areas, many problems persist. The most common ones in early adolescence are delays and disturbances in social and emotional development, especially aggressive behaviour, inattention and hyperactivity (Quinton, Rushton, Dance, & Mayes, 1998 ; Selwyn, Sturgess, Quinton, & Baxter, 2006). Given the lack of evidence, the question remains as to whether adopted children are at a greater psychological risk than their peers in the general population and whether they would continue to have developmental challenges through their transition to adulthood.

A recent review of the evidence base on adoption found that *prospective longitudinal studies* that tracked children in care from adolescence to adulthood and beyond were seriously lacking in the UK

and that lack of data on recent placements hamper policy and practice decision-making (Rushton, 2004). Therefore, the aim of this research was to close this gap in research literature by examining the transition to adulthood for adopted young people through secondary analyses of an existing longitudinal dataset.

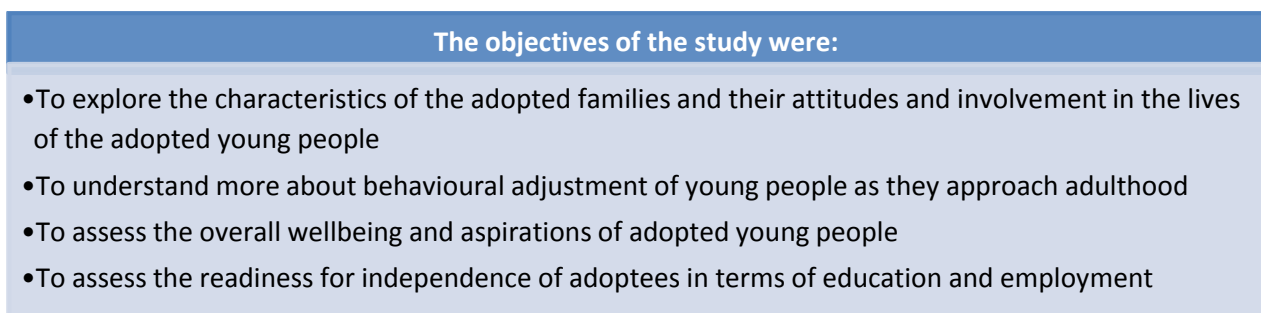
THE DATA

The data for this study were derived from the rich datasets of an ongoing longitudinal study, *The Longitudinal Study of Young People in England-LSYPE* (DCSF & NatCen, 2010). The dataset can be accessed and downloaded by registering with the Economic and Social Data Service (ESDS)¹. The LSYPE began in 2003, with a representative sample of 15,770 young people aged 13-14 years. The main aim of the LSYPE is to identify and understand the key factors affecting young people's transition from secondary school through subsequent education/training and their subsequent entry into the labour market. The data continues to be collected annually through structured interviews with young people and their parents/carers. So far, data from six years of data collection (2003-2008) has been released and the interviews will be carried out until the young people turn 25 years in age. Survey weights were provided with the dataset for each year of data collection. We also gained further permission from DCSF (now Department of Education) to link our dataset to the administrative records of the *National Pupil Database* (NPD) so that academic attainment could be captured in the analyses.

STUDY AIM AND OBJECTIVES

The main aim of our study was to use the first six waves of data from the LSYPE to understand more about the lives of adopted young people as they approach adulthood and to make comparisons with other young people who had not experienced adoptive care. Within this overall aim, the study had a number of objectives, which are detailed in Figure 1.

FIGURE 1: THE OBJECTIVES OF THE STUDY



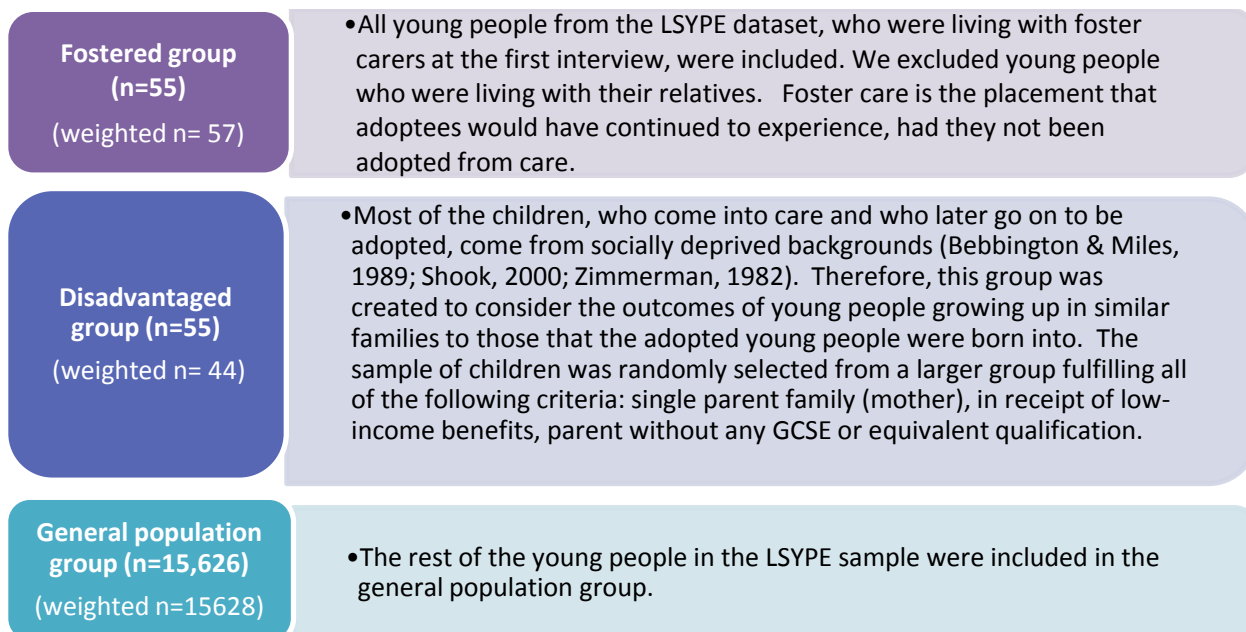
SAMPLES

Our first task was to identify all young people in the LSYPE sample who had been adopted out of care and were living with their adoptive parents at the first interview. Therefore, we excluded young people who had been adopted by their step-parents, relatives and those who were adopted through inter-country adoption. This produced a sample of **34** (weighted $n = 41$) young people who had been adopted out of care, who formed the '**adopted group**'.

¹ Registering with ESDS: www.esds.ac.uk/aandp/access/login.asp
LSYPE data: www.esds.ac.uk/findingData/lstypeTitles.asp

As our aim was to understand more about whether being adopted had made a difference to the lives of these young people, we selected three further samples from the LSYPE as comparison groups. The comparison groups and the rationale for selecting each group are shown in Figure 2.

FIGURE 2: STUDY COMPARISON GROUPS



DATA ANALYSES

The analyses took an ecological approach and the outcomes were considered especially in light of individual and family variables (Bronfenbrenner, 1979). We first explored the characteristics of the young people and their families² and then considered the young people's functioning in four areas of life, which we adapted from previous research (McDonald, Allen, Westerfelt, & Piliavin, 1996): 1)behavioural adjustment, which explored the areas of personal stability; 2)family support; 3)overall sense of wellbeing and ; 4)readiness for adult self-sufficiency. The indicators that were considered within each of these categories are shown in Figure 3.

² Gender

Ethnicity

Care histories and current placements of adopted and fostered young people

Special educational needs and disability

Family composition

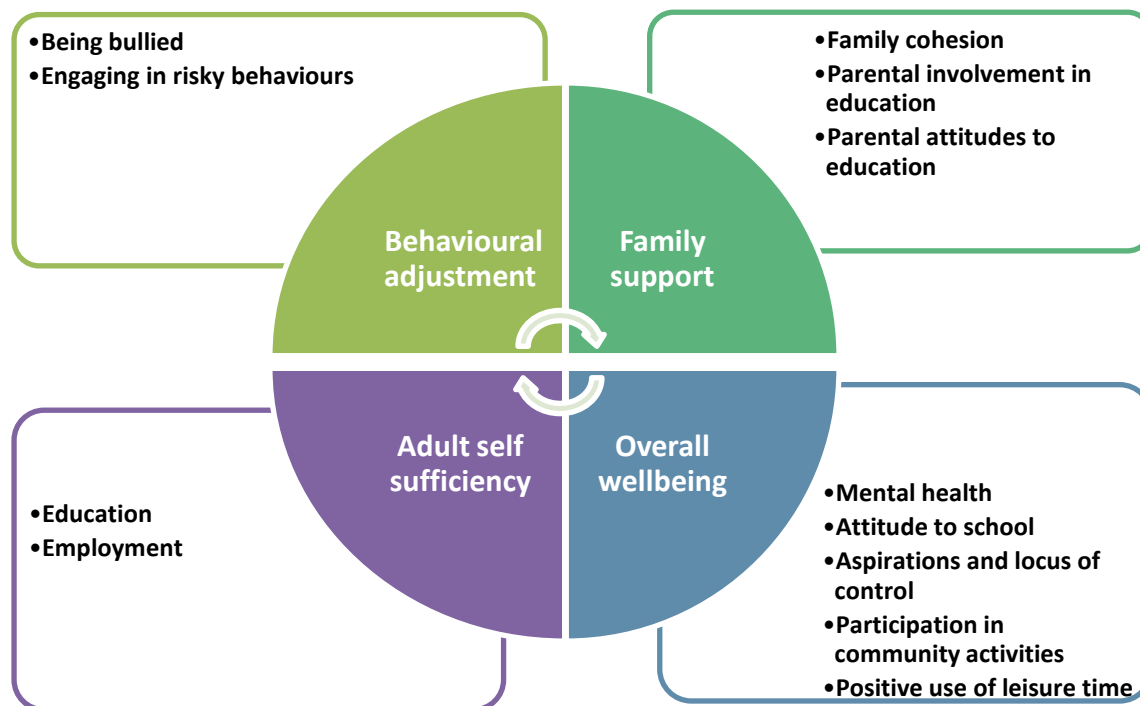
Educational level of parents

Socio-economic status of the families

Indicators of disadvantage

Indicators of advantage

FIGURE 3: KEY AREAS OF ANALYSES



As the LSYPE had a complex sampling design, all analyses were weighted and the data were analysed using *SPSS complex samples*³. A *p* value of less than .05 was considered statistically significant.

DATA ANALYSES CONSIDERATIONS

The data analyses were carried out within certain limitations, which are described in the following sections.

Lack of historical data: While secondary data analyses has many advantages, we were limited by the interviews designed to answer different research questions. One of the major limitations of the LSYPE dataset was the lack of information on birth families of young people in adoptive and foster care. Early histories are known to have an impact on later developmental outcomes (McDonald, et al., 1996). The LSYPE interviews focused on the families that the young people were living with at the time of the first interview.

Attrition: There was a loss to the samples over the years of data collection (See Table 1). There are likely to be many reasons for the attrition, including the fostered young people leaving their placement and unwillingness of some young people to continue. As expected, those from foster and disadvantaged groups had the highest levels of attrition⁴. The level of attrition is likely to have affected the results. In particular, the fostered children, who were still living with their carers at the time of the 6th interview, were the ones whose placements had lasted.

³ See (Berchtold, 2007; Kneipp & Yarandi, 2002; Thomas & Heck, 2001) for rationale for using complex samples option. All cross tabulations incorporate the Rao-Scott correction for complex survey designs (Campbell & Berbaum, 2010; Rao & Scott, 1984)

⁴ This analysis considers the attrition to the sample over the 6 waves of data collection to the original sample and does not consider the boosts to the sample in waves 4 and 5

TABLE 1. THE SAMPLE SIZES ACROSS 6 INTERVIEWS

	n (% of original sample)					
	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6
Adopted	34 (100)	31 (91)	31 (91)	31 (91)	29 (85)	27 (79)
Fostered	55 (100)	36 (65)	32 (58)	28 (51)	22 (40)	15 (27)
Disadvantaged	55 (100)	45 (82)	38 (69)	31 (56)	27 (49)	24 (44)
General population	15626 (100)	13427 (86)	12338 (79)	11359 (73)	10117 (65)	9490 (61)

CHARACTERISTICS OF THE YOUNG PEOPLE AND THEIR FAMILIES⁵

All the children in the adopted group had been in local authority care prior to being placed for adoption and 30% were known to have oscillated in and out of care (range 2-11 times). More of the fostered young people had experienced this instability, with 50% in the fostered group having multiple instances of being taken into care (range 2-15 times). There were no data available on the total number of placements each young people had experienced while in care.

Forty percent of the adopted children were placed with their adoptive families when they were under 12 months of age⁶. However, it was difficult to unpick when exactly the placement was considered an *adoptive placement* as there were no data on when the decision was made that adoption was in the child's best interest; the adoptive families may initially have been foster carers who later applied to adopt or children may have been with the family for several years before an adoption order was obtained. In contrast, most (59%) fostered young people in this sample entered their current foster placement when they were 10 years or older⁷.

These differences in age at which the young person joined their substitute family were also reflected in the length of time they had lived with the family. Almost all (93%) of the adopted children had been with their adoptive parents for more than 8 years, whereas only a little more than a third (35%) of the foster children had been in their current placement for this length of time.

Previous research has shown that fostered young people have more special educational needs⁸ (SEN) and are more likely to have special educational needs than those in adoptive care (Sinclair, et al., 2007). This was also the case in this study. When compared with proportion of young people with SEN in the general population (12%), the young people growing up in foster care had a significantly higher

⁵ All data in this section were derived from the first interview.

⁶ Mean= 1.8 years, SE=0.36, Range= 0-9 years

⁷ Mean= 10.3 years, SE=0.51, Range= 0-14.8 years

⁸ Including dyslexia, reading difficulties (specifically mentioned); Literacy, expression, communication, interaction; numeracy problems (Problems with maths etc); Specific physical problems (e.g. deafness, sight difficulties); Attention deficit hyperactivity disorder- ADHD (where specifically mentioned); Other behaviour problems (including emotional, psychological); General or unspecified learning, memory difficulties .

proportion (48%) of special educational needs, followed by the disadvantaged (26%) and adopted (23%) young people⁹.

Significantly more (30%) of the fostered young people also reported a disability than did those who had been adopted (19%) and those in the disadvantaged (15%) and general population groups (15%)¹⁰.

Unsurprisingly, the adoptees were living in families with many advantages. Most of the adopted young people were living in small two parent families and their adoptive parents were educated to a higher educational level and were in higher income occupations when compared to the parents of *all* other young people.

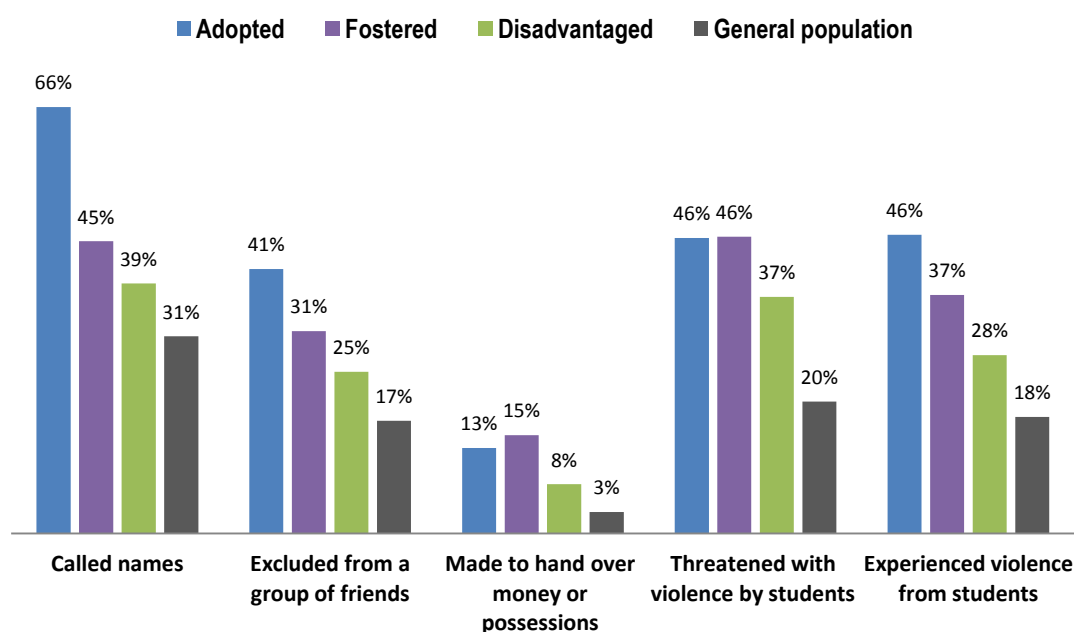
Having looked at the characteristics of the young people and their families, we then moved on to consider the behavioural adjustment, family support, overall wellbeing and readiness for independence of these young people.

BEHAVIOURAL ADJUSTMENT

BEING BULLIED

At the time of the first interview, when the young people were 13-14 years old, 75% of the adoptees stated that they had experienced at least one type of bullying in the past year, compared with 60% of disadvantaged, 53% of fostered and 40% of young people in the general population. Adoptees were significantly¹¹ more likely to report that they had been: excluded from a group of friends; threatened with violence; called names; and attacked (See Figure 4).

FIGURE 4. THE PERCENTAGE OF YOUNG PEOPLE WHO REPORTED BEING BULLIED IN THE PREVIOUS YEAR (AT AGE 13-14 YEARS)



⁹ Rao-Scott chi square test, $p < .001$

¹⁰ Rao-Scott chi square test, $p < .001$

¹¹ Rao Scott chi square test, $p < .05$

Previous research has shown that many parents are unaware that their child was being bullied (Totten & Quigley, 2005) and this was the case for many of the parents and carers in this study (See Table 2).

TABLE 2. COMPARISON OF PARENTAL AND YOUNG PEOPLE'S REPORTS OF BULLYING

	Adopted		Fostered		Disadvantaged		General Population	
	Young person report	Parent report	Young person report	Parent report	Young person report	Parent report	Young person report	Parent report
Called names	66%	42%	45%	38%	39%	19%	30%	18%
Excluded from a group of friends	41%	13%	31%	12%	25%	5%	17%	5%
Made to hand over money or possessions	13%	0%	15%	1%	8%	0%	3%	0%
Threatened with violence by students	46%	22%	46%	19%	37%	16%	20%	7%
Experienced violence from students	46%	16%	37%	22%	28%	14%	18%	7%

The young people who stated that they were subjected to bullying were also asked how frequently they were bullied. The foster group reported the greatest *frequency* of being bullied. However the numbers were not large enough to test for significant differences between the groups.

We then explored whether the young people who were bullied when they 13-14 years continued to be bullied when they were 15-16 years of age, during the GCSE exams. Although more than half (56%) of the adopted young people reported a decrease in the number of types of bullying they were subjected to, they were still the most bullied group, with 92% of the adopted young people reporting at least one type of bullying¹².

ENGAGING IN RISKY BEHAVIOURS

Beginning when they were 13-14 years old, young people were asked each year whether they smoked, drank alcohol, took drugs, or truanted. These types of risky behaviours are often referred to as internalising risky behaviours. Young people were also asked about externalising risky behaviours such as graffitiing, vandalism of public property, shoplifting; and whether they took part in fighting or a public disturbance in the past year.

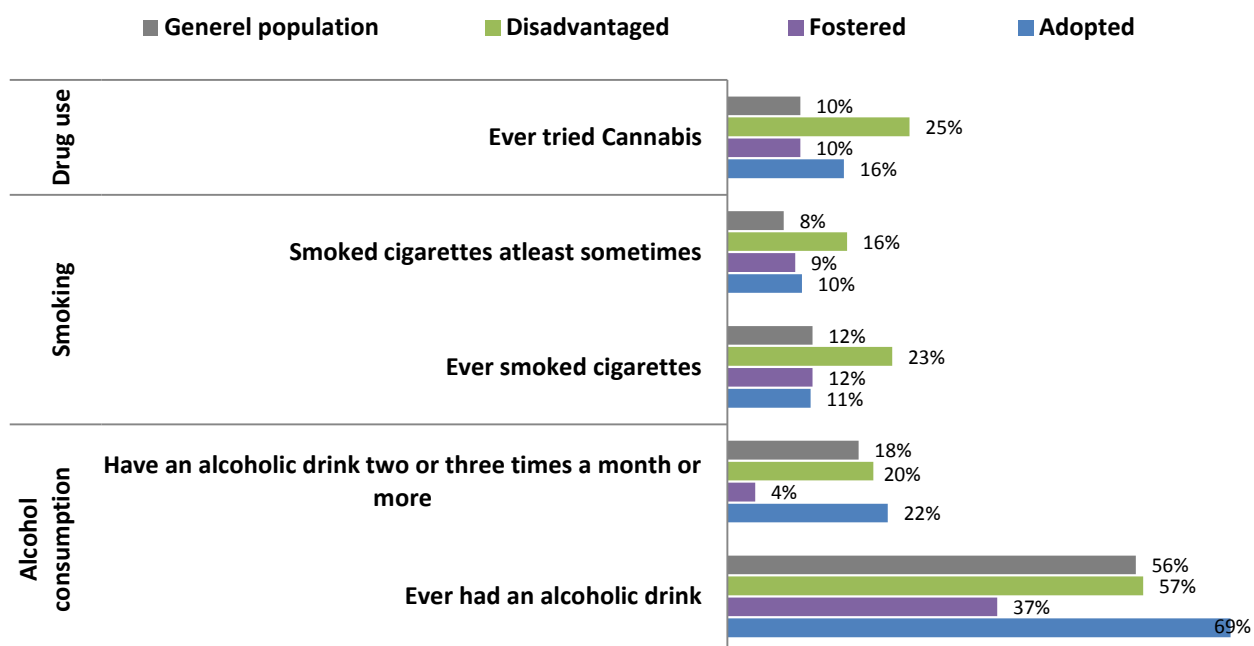
At the first interview, about 56 % of all young people reported drinking alcohol and 12% reported smoking in the last 12 months. There were no statistical differences between the groups in the likelihood of smoking and drinking. However the disadvantaged young people and the adoptees were significantly more likely to have tried cannabis compared with the other young people (See Figure 5).

Adolescence is a time of exploration and experimentation. Therefore, the data were further analysed to differentiate between the young people who were just experimenting from those who were frequently smoking and drinking. The young people who frequently smoked were significantly more likely to be

¹² Rao Scott chi square test, $p < .05$

frequent drinkers as well. This was true for all groups¹³. However, no group was significantly more likely to frequently smoke and drink compared to the other groups.

FIGURE 5. YOUNG PEOPLE AND SUBSTANCE /ALCOHOL ABUSE AT AGE 13-14 YEARS



Missing school can expose young people to more risks. At age 13-14, surprisingly, a third (33%) of adopted children stated that they had missed at least one lesson in the preceding year, which was significantly higher than those who were fostered (16%) or those in the general population (16%). Only the disadvantaged group truanted more (41%)¹⁴. Disliking a particular teacher was the main reason for truancy given by the adoptees. However, persistent truanting was infrequent, and only a small proportion¹⁵ of adopted young people (9%) missed school frequently.

The adopted young people admitted to more externalising anti-social behaviours (except shoplifting) than either the young people growing up in foster care or the general population. However, the differences between groups did not reach statistical significance except disadvantaged young people were the most likely graffiti on walls¹⁶.

At 13-14 years, there were no statistical differences by group in the likelihood of engaging in multiple types of internalising or externalising risky behaviours. However young people who engaged in risky behaviours were also more likely to engage in internalising risky behaviours¹⁷. As expected, the parents of the young people who were involved in more risky behaviours were more significantly likely to have been in contact¹⁸ with social services and the police regarding their children's behaviour¹⁹.

¹³ Rao Scott chi square test, $p < .05$

¹⁴ Rao Scott chi square test, $p < .05$

¹⁵ 3% fostered, 6% general population, 9% adopted, 12% disadvantaged,

¹⁶ 3% fostered, 7% general population, 9% adopted, 18% disadvantaged; Rao Scott chi square test, $p < .05$

¹⁷ $F(1, 697) = 1058.68, p < .0001$

¹⁸ Either the parents being contacted or the parents themselves contacting the social services or the police

¹⁹ Logistic regressions significant at $p < .001$

We also considered how risky behaviours changed over time. By the age of 15-16 years, adopted young people were engaged in more internalising²⁰ and externalising risky behaviours²¹ than the other groups of young people. Forty-three percent of the adoptees were engaged in at least one internalising risky behaviour²², compared to 25% of those who were fostered and 22% of the disadvantaged and general population groups.

ATTITUDE TO SCHOOL, ASPIRATIONS AND LOCUS OF CONTROL²³

Attitude to school: During the LSYPE interview young people were asked 12 questions relating to how they felt about school²⁴. After reverse coding the negative statements, we created an attitude scale where the highest possible score was 48, with higher scores indicating more positive feelings about school. All groups were similar, with most of the young people positive about their school (average ranging from 31-34).

Aspirations: At age 13-14 years, a bigger proportion of adopted young people (88%) anticipated that they would still be in full-time education after finishing compulsory education at 16 years than did young people in the general population (84%), fostered (83%) or those (70%) from a disadvantaged background. Parents were also asked whether they thought the young person would be staying on in education. Most of the adoptive parents (80%) were in agreement with the young people. In contrast, 65% of the parents of the young people in the general population and only just over a half (55%) of foster carers and mothers of the disadvantaged young people (57%) envisaged that their children would go onto higher education.

Locus of control: Young people were asked a number of questions on whether they thought events in their life were more in their control (internal locus of control) or outside their control, dependent on fate, luck, etc (external locus of control). It is considered better to have more internal locus of control (Rotter, 1990). All groups were similar in their scores pertaining to internal locus of control²⁵. However, at the same time, the fostered and the disadvantaged young people scored more on the external locus of control, which indicated a belief that they did not have much control of their lives. The fostered and the disadvantaged young people were significantly more likely to think that even if they worked hard at school they would still have difficulty getting the right kind of job; that 'people like me don't have much of a chance in life' and; that how one got on in the world was a matter of luck²⁶. In contrast to this, the adoptees and the young people in the general population indicated that they felt more in control of their lives.

²⁰ $F(3, 617)=3.19, p<.05$

²¹ 69% adopted compared to 33% fostered, 56% disadvantaged and 50% in the general population

²² smoked cigarettes at least sometimes; have an alcoholic drink more than once a month; and truanted more than the odd lesson

²³ The attitudes to school and aspiration data are from the first interview. Views about success were only asked at second interview

²⁴ I am happy when I am at school; School is a waste of time for me; School work is worth doing; Most of the time I don't want to go to school; People think my school is a good school; On the whole I like being at school; I work as hard as I can in school; In a lesson, I often count the minutes till it ends; I am bored in lessons; The work I do in lessons is a waste of time; The work I do in lessons is interesting to me; I get good marks for my work; My school is clean and tidy.

²⁵ Working hard at school now will help me get on later on in life; I can pretty much decide what will happen in my life; doing well at school means a lot to me; If you work hard at something you'll usually succeed; If someone is not a success in life, it is usually their own fault.

²⁶ All Rao-Scott chi square tests, $p<.05$

FAMILY SUPPORT

Parental investment in economic, psychological and social resources for children has been associated with upward mobility and better outcomes for children (Furstenberg & Hughes, 1995). Therefore we looked at family cohesion, parents'/carers' involvement in school activities and their attitudes towards education.

FAMILY COHESION

Based on the young people's responses at the interviews, we looked at: how well the young person got on with their parents; how often they talked to their parents about things that mattered to them; how often they had a family meal; how often parents knew where they were going in the evening; and how often they talked to their parents about their day at school. There were no statistical differences between groups apart from how well they get on with their fathers. A bigger proportion of adopted young people reported that their relationship with their father was poorer than did the young people from other groups²⁷.

PARENTAL INVOLVEMENT IN SCHOOL ACTIVITIES

Parents and carers were asked whether they attended parents' evenings, how involved they felt in the young person's school life, how often they talked about school reports with the young person and whether they got involved in other activities at school. To establish which parents were more involved, we created a scale comprising the responses to the above mentioned questions. The scores ranged from 0-7 with higher scores indicating greater involvement. Interestingly, the adopters²⁸ and foster carers²⁹ were significantly more involved than parents in the general population or the parents of disadvantaged young people³⁰.

PARENTAL ATTITUDES TO EDUCATION

During the interview, the parents and carers were asked about their attitudes to education. The mothers of the disadvantaged young people were significantly more likely to say that they wanted the young person to have a better education than they had had³¹. The parents of the young people in the general population were keen to help their son/daughter stay in education³². However, foster carers were the least likely to state that they would help keep the young people in education. This may be a reflection of the lack of permanence in foster placements with the foster carers not expecting the young person to stay with them after secondary education and the responsibility for this decision not being within their control.

²⁷ Rao Scott chi square test, $p < .05$

²⁸ Mean= 5.33, SE= .18

²⁹ Mean=5.14, SE =.12

³⁰ $F(3,619) = 6.49, p < .0001$

³¹ Rao-Scott chi square test, $p < .05$

³² Rao-Scott chi square test, $p < .05$

Save money now specifically for education; Give money from existing savings; Support out of wages or earnings; Take out loan or re-mortgage; Pay school or college fees; Help with accommodation (e.g. Let YP stay rent-free); Borrow money from other relatives or friends

OVERALL WELLBEING

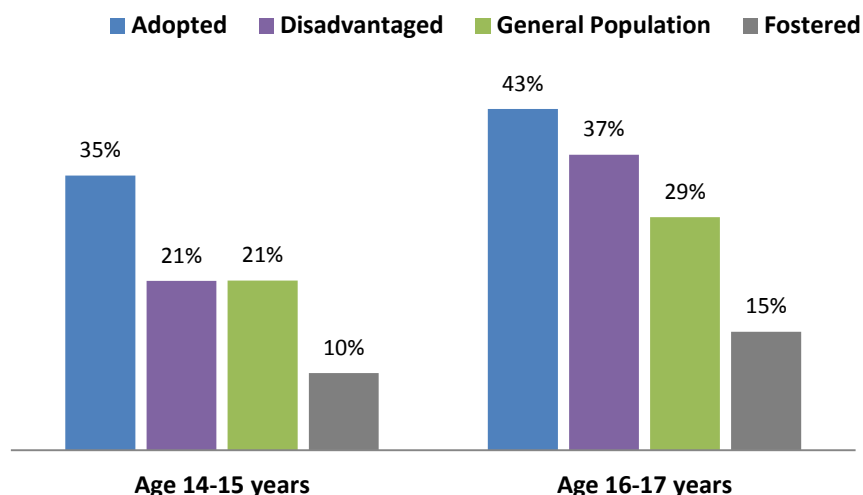
MENTAL HEALTH

Adopted children come from adverse backgrounds with nearly three quarters (70%) of the children entering care due to abuse and neglect (DCSF, 2010). Maltreatment puts children at much higher risk of developing mental health problems. A recent meta-analysis of research showed that in terms of longitudinal outcomes, children who were maltreated are twice as likely to have depression than those who were not maltreated (Nanni, et al., 2011). Previous research has also indicated that adopted and fostered young people are prone to more adjustment and mental health problems compared to peers in the general population (Bohman & Sigvardsson, 1980; Brand & Brinich, 1999). Studies in England have found that around 40% of children in foster care have mental health disorders (Meltzer, Gatward, Corbin, Goodman, & Ford, 2003).

In the LSYPE, all young people completed the 12-item General Health Questionnaire (GHQ-12) when they were 14-15 years of age and again two years later when they were 16-17 years of age. The GHQ measures the psychological distress experienced by an individual in the previous few weeks and is a screening instrument for (non-psychotic) psychiatric disorder, notably for anxiety and depression. We scored answers using the binary method³³ advocated by the test author indicating the presence³⁴ and absence³⁵ of symptoms, yielding a summative score ranging from zero to 12. Following established procedures (Potts, Gillies, & Wood, 2001), the threshold was set at 3 to identify those young people with reduced psychological wellbeing.

A greater proportion of adopted young people reported symptoms of anxiety and depression at 14-15 years³⁶ and at 16-17 years than did the other young people (See Figure 6). The increase in the GHQ scores over the years was statistically significant for the adopted³⁷ and the general population groups³⁸.

FIGURE 6. THE PERCENTAGE OF YOUNG PEOPLE REACHING THE THRESHOLD FOR REDUCED PSYCHOLOGICAL WELLBEING



³³ Symptom present: not at all = 0, same as usual = 0, more than usual = 1 and much more than usual = 1.

³⁴ coded as 1

³⁵ coded as 0

³⁶ $F(3,619) = 7.09, p < .0001$

³⁷ $F(1,618) = 6.69, p < .05$

³⁸ $F(1,618) = 1021.89, p < .001$

However it should be kept in mind in considering these results that data was missing at 16-17 years³⁹ for 56% of the fostered, 51% of the disadvantaged and 28% in the general population with the least loss experienced by the adopted group (19%).

PARTICIPATION IN COMMUNITY ACTIVITIES AND POSITIVE USE OF LEISURE TIME

During the interview, the young people were asked whether they had engaged in community or other activities that made positive use of leisure time in the previous month. It is known that young people who participate in extra-curricular activities are less likely to drop out of school or be arrested for criminal activities (Mahoney, 2000; Mahoney & Cairns, 1997).

Participation in community activities: The young people were asked whether they engaged in any community activities in the last four weeks (gone to a political meeting march, rally or demonstration; done community work, such as helping elderly, disabled or other dependent people; cleaning up the environment; and helping volunteer organisations or charities). The adopted young people were significantly more likely to have been involved in these activities compared to the young people in the other groups⁴⁰. They were also more likely to have been engaged in multiple types of community activities as were the fostered young people. In contrast, only 6% of disadvantaged young people participated in community activities, which was limited to going to a youth club.

Positive use of leisure time: The young people were also asked whether they had participated in other types of activities that made positive use of leisure time during the previous month. Young people were asked whether they had: taken part in any kind of sport; gone to see a football match or other sports event; gone to a cinema, theatre or concert; played snooker, darts or pool; and whether they played a musical instrument.

Adoptees and young people in the general population groups were significantly more likely to engage in two or more of these leisure activities compared to the fostered or disadvantaged young people⁴¹. The disadvantaged group of young people were significantly less likely to have been to the cinema, theatre or concert compared to the young people from the other groups. This may be due to these young people coming from disadvantaged backgrounds where their mothers would have had insufficient money to pay for these activities.

EDUCATIONAL ATTAINMENT

Educational attainment is well recognized as a powerful predictor of later life experiences. Its influence is felt across generations, as parents who are well educated tend to have children who are healthier and have better outcomes. It should be reminded again at this time that the adoptive parents were the most educated, compared to all other parents.

Key stage 3 results: First, we looked at the percentage of young people attaining their expected level 5 in English, Mathematics and Science subjects in Key Stage 3 exams, which young people take in Year 9

³⁹ Mainly due to attrition to the sample

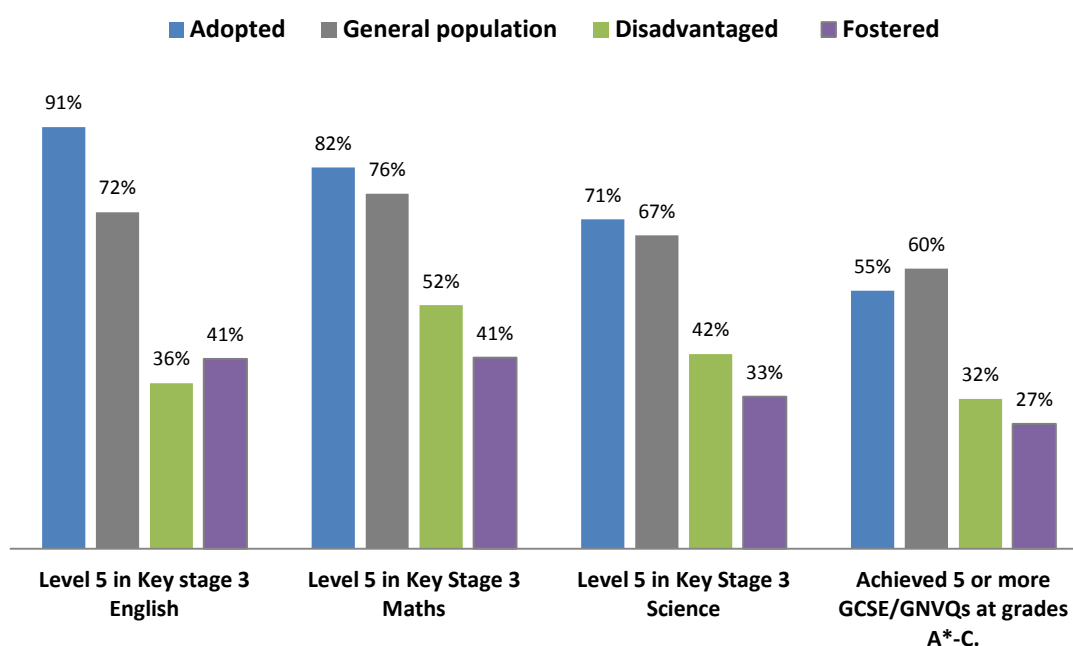
⁴⁰ Rao Scott chi square test, $p < .01$

⁴¹ Rao Scott chi square test, $p < .05$

(See Figure 7). Most of the young people in the adopted and general population groups achieved the required level, with the adopted group outperforming all other groups⁴². The results for the fostered and the disadvantaged group were the opposite, with most young people not achieving the expected level. These differences remained the same when the young people with severe disabilities were excluded from the analyses.

GCSE results: We then looked at whether the young people achieved the expected 5 A*-C grades in the GCSE exams. The differences between the groups were statistically significant⁴³ with children in the general population and the adopted group more likely to achieve 5 A*-C grades compared with the disadvantaged and fostered young people (See Figure 7).

FIGURE 7. THE PERCENTAGE OF YOUNG PEOPLE ACHIEVING THE EXPECTED LEVEL IN THE EXAMS



EMPLOYMENT AND FURTHER EDUCATION

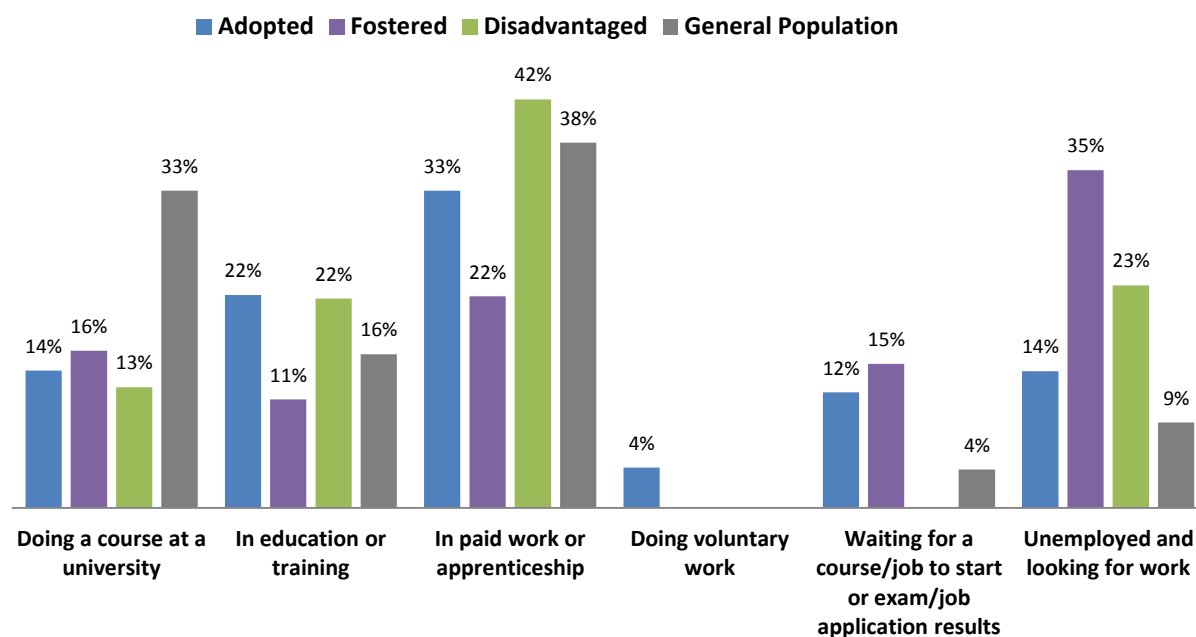
At age of 16-17 years, most young people were in education or employment with only 9% of adopted, 5% of fostered, 24% of disadvantaged and 10% of the general population not in education, employment or training (NEET).

However, this picture changed dramatically at age of 18-19 years with significantly more fostered and disadvantaged young people NEET compared to the adopted and general population groups⁴⁴ (See Figure 8).

⁴² Rao Scott chi square test , $p < .001$

⁴³ Rao Scott chi square test , $p < .001$

⁴⁴ Rao Scott chi square test, $p < .001$

FIGURE 8. YOUNG PERSON'S MAIN ACTIVITY AT AGE 18-19 YEARS, BY GROUP

CONCLUSIONS

The aim of this study was to begin to close the gap in knowledge about the period of transition to adulthood for young people who have been adopted out of care in England. Although we did not have any data on the birth families of these young people, we know from previous research that had they continued to live with their birth families, most of these young people would have faced much disadvantage and maltreatment (Bebbington & Miles, 1989). Therefore the adoptees are likely to have entered their adoptive families carrying some risks to healthy development. They may have genetic vulnerabilities to mental health problems, come from families where they had been abused and neglected, and once they entered care to have experienced further instability through having multiple foster placements.

Therefore the main question that we aimed to answer with this research was whether growing up in enriched substitute care environments made any difference to the lives of these adopted children. To answer this question, we compared the outcomes of the adopted young people with three other groups: 1) young people growing up in foster care (the type of care the young people would have experienced had they not been adopted); 2) disadvantaged young people (the circumstances most of the young people would have been living in had they not been taken into care); and 3) young people in the general population.

It came as no surprise that compared to other young people, the adoptees were growing up in families that had the most advantaged socio-economic circumstances. They had adoptive parents who were significantly involved in their school activities and they were also doing better educationally than all other groups of young people. However, as they went through this turbulent transitional period, the adopted young people experienced more bullying and engaged in more internalising as well as externalising risky behaviours. The adoptees reported more mental health issues as well. The questions about mental health were asked just before and after the GCSE exams. Given that the adoptees were high performers in the exam, it could be that the exam anxieties were being manifested in the scores. The high scores may also be a reflection of their internal struggles as they tried to make sense of why they were adopted. Previous research has indicated that about a third of adopted young people are troubled and unhappy during early adolescence (Rushton, 2004; Selwyn, et al., 2006). This has

implications for the provision of post-adoption support. Although almost all adoptive families in England get some support especially at the beginning of the adoptive placement, long term and life-long support for adoptive families is rare.

The educational and employment outcomes after GCSE exams were also significantly better for adoptees in comparison to fostered and disadvantaged young people. These outcomes are supported by other international research of adoption outcomes. A meta analysis of domestic as well as international adoption found that adoption is an effective social intervention, with marked improvements in growth, attachment and cognitive capabilities since being adopted, compared to the peers that they left behind (Van IJzendoorn & Juffer, 2006).

Although our aim was not to look at the outcomes of foster children, except for comparison purposes, we were very surprised to find that fostered young people had the worst educational outcomes and were doing worse than the disadvantaged group of young people. More positively, fostered children were engaged in leisure and community activities and their carers were actively supporting their education. However, most of the foster carers did not intend to support the young people beyond the age of 16 years. There are important policy issues that need to be addressed about the proportion of fostered young people who leave care at 16-17 years of age without sufficient support.

However, we should take caution in generalising this results due to the small numbers in the sample to start with and the attrition to the samples over the years.

As we know, fostered young people start leaving care at the age of 16, but the adopted young people will have a 'family for life'. Could this stability be the defining factor that may enable the adoptees to have better outcomes? Given that the adopted sample faced the least attrition and most of the sample was retained, it will be interesting to see the pathways of these adopted young people in the next stage of their lives from 19-25 years of age, when further data are released from the LSYPE.

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