
PATHWAYS TO PERMANENCE FOR BLACK, ASIAN AND MIXED ETHNICITY CHILDREN: DILEMMAS, DECISION-MAKING AND OUTCOMES

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Introduction

This is a summary of the findings of a study funded by the Department for Children, Schools and Families in the *Adoption Research Initiative*. The study aimed to explore minority ethnic children's care careers, and to consider possible differences in decision-making and outcomes for minority ethnic children in comparison with white children.

Key Findings

- The research did **not** find a *systematic* bias against, or mishandling of, minority ethnic children compared with white children from the time they came to the attention of Children's Services. The study did **not** find a tendency to take minority ethnic children into care more precipitately.
- The majority of the looked after minority ethnic children in the samples were of mixed ethnicity. Mixed ethnicity children came from a wide variety of ethnic heritages. It is unhelpful to refer to 'mixed ethnicity' children as if they comprise a meaningful group or community.
- The majority of the mixed ethnicity children had white mothers. In comparison with the other mothers, the white or mixed ethnicity mothers had experienced the most adverse childhoods. These mothers also had the most adverse current circumstances and were three times as likely as other sample mothers not to have any extended family support.
- Mixed ethnicity children's 'care careers' were similar to those of white children.
- The small sub-sample of black children came to the notice of Children's Services when they were older than the sample white, Asian or mixed ethnicity children. Some of these children had been in private foster care and / or had been living in several different countries before the first referral was made. Consequently, they were older when they first became looked after. This affected their subsequent careers - they were much less likely than the white or mixed ethnicity children to be adopted.
- The most striking difference for Asian children was the role played by *izzat* ('family honour') in the birth parent's impetus to relinquish or abandon children.
- The child's age was the most important predictive factor as to whether a child was adopted or not. The older the child at the time of the adoption recommendation the less likely it was that the child would be placed for adoption.



- The likelihood of adoption for both the black and the Asian children was low with plans changing away from adoption for the majority (64%) of the Asian children. Problems in securing adoptive placements may have arisen through an overly narrow approach to matching.
- The quality of the information gathered on these children - for example, core assessments and adoption medicals or health plans - was poor (although it was not good for any ethnic group, including white children).
- In two of the three sample local authorities the majority of children were not promoted through publications and press.
- There was a shortage of minority ethnic adopters particularly for older children. This was related to the low numbers of minority ethnic adults in the community and adopters' preference for infants.
- Professional disagreement over 'same race' placements sometimes arose when white foster carers applied to adopt minority ethnic children who they had cared for since birth and / or where attachments had formed between the carers and the child.

Background:

There is a striking lack of data on minority ethnic¹ children, how and when they come into care, how decisions are made about their placements and their futures, and what happens to them in their care careers. Debates about definitions, terms and underlying beliefs have been fierce, and ethnicity remains a contested and contentious area of study. Although strong statements and claims are often made, there are few research studies that have examined the placement of looked after minority ethnic children.

Methods:

The children in this study came from three local authorities all of which had large minority ethnic populations. The authorities were in London, the Midlands and the North of England. Three sampling frames were utilised for the study:

¹ There is no satisfactory way of referring to minority ethnic children as a group. For ease of reading, black, Asian and mixed ethnicity children has been abbreviated to minority ethnic throughout this summary.

The comparison sample of looked after white and minority ethnic children

This sample was intended to answer questions about differences between white and minority ethnic children in their characteristics, entry to care, service use, decision making and placement outcomes. A random sample of children under the age of 10 who had started to be looked after between April 1st 2002 and March 31st 2003, stratified on ethnicity (48 white and 54 minority ethnic) was obtained.

The majority of these children (77%) were less than one year old when referred to children's services. Case files were read and data collected.

Sample of minority ethnic children with a panel recommendation for adoption

The researchers wanted to see what differences there might be between black, Asian and mixed ethnicity children in their characteristics and how decisions about them were taken forward once the panel had recommended that they should be placed for adoption. A second sample was drawn across the three authorities of all the minority ethnic children who had a recommendation for adoption (n=120) made between 1st April 2005 and 31st March 2006, and data collected on them from case files in exactly the same way as in the comparison study. Again most (66%) of the children had been referred before or at birth.

The interview sample of social workers with a minority ethnic child with a plan for adoption

The research team wanted to track what happened to minority ethnic children once a decision that they should be placed for adoption had been made and how social workers took ethnicity into account when making difficult placement and matching decisions. To do this a prospective 'real time' sample of 50 children whose case was to be referred to the adoption panel between November 2005 and December 2006 was collected. Their social workers were interviewed before they presented their information to the panel and at monthly intervals subsequently, to track the child's progress towards an adoptive placement. A final telephone call was made in July / August 2007 to find out where the child was placed and if there had been any changes of plan.

Findings:

Who were the 'minority ethnic' children in this study?

Current specialist as well as populist discussion of ethnicity in Britain tends to divide ethnic groups into broad categories: white, black/African, Asian and mixed ethnicity.

The most striking feature in this study was the preponderance of children of 'mixed ethnicity' in all three samples. In the comparison sample, 57% of the minority ethnic children were of mixed ethnicity, in the 'adoption recommended' sample 69%, and in the interview study 74%. The great majority of these children had white mothers and were thus the outcome of relationships between white women and men from different ethnic backgrounds. It follows from these data that the groups of children who had two parents of African or of Asian origin in all the samples were small.

Mixed ethnicity children came from a wide variety of ethnic heritages and therefore it is unhelpful to refer to 'mixed ethnicity' children as if they comprised a meaningful group or community. In the North of England authority, most (59%) of the mixed ethnicity children were of white/Pakistani parentage, whereas in the Midlands (64%) and London (50%) the majority were of white/Caribbean parentage. About a quarter of children had parents who were from South-east Asia, Eastern Europe and China, and were categorised as 'mixed other'. Because in this study the pathways of minority ethnic children for whom permanent alternative families are sought is predominantly a story of children with white mothers and minority ethnic fathers, it is necessary to set this within the context of mixed ethnicity children in the UK more generally.

Mixed ethnicity children in the UK

The population of the UK is becoming increasingly diverse, with the fastest growing group being those who describe themselves on official forms as 'mixed'. Nationally, the percentage of mixed ethnicity looked after children has remained stable at 8% (DCSF 2008) compared with a base-rate of 3% in the general population.

Figures of this kind may lead to an erroneous conclusion that this group of children and families are generally more problematic, but research has not confirmed the stereotype of social problems and lower academic achievement. Indeed, the reverse tends to be the case. The 'mixed'

children's population has been found to be achieving well educationally (Bradford 2006) and to be often living in middle-class families who are not facing daily battles around culture or ethnicity (Edwards et al. 2008).

Mixed ethnicity children in the study

There are a number of ways in which the mixed ethnicity children in these three samples are different from those in the general population. They came from a small and a very disadvantaged sub-group and it is important that the problems of this group are not seen in any way to reflect, let alone typify, the lives and families of mixed ethnicity children in general.

The lives and families of the sample mixed ethnicity children were quite unlike those in the families studied by Edwards and her colleagues. Edward's sample included only two parent families, whereas this study's children were more likely to be living with their white single mother and to have a father who had never been part of their lives. Many children had siblings of a different ethnicity. Indeed, in the 'adoption recommended' sample, 75% of all the mixed ethnicity children had a sibling with a different father. Moreover, their mothers, who were usually white, had had more adverse childhoods and had more adverse current circumstances than all other groups, including white mothers of 'white' children. They also had high levels of alcohol and drug addiction. They sometimes experienced overt racism from within their families, which led to the relinquishment of a child. These families were nearly three times as likely not to have any extended family support in comparison with white families.

Because of this profile, about 30% of all the mixed ethnicity children were born showing symptoms of alcohol/neonatal abstinence syndrome, with consequent additional risks to healthy development, beyond the consequences of adverse parenting experiences. The vast majority of mixed ethnicity children were referred as infants, became looked after a year later and had a panel recommendation for adoption 10 months after becoming looked after. Their pathways through the 'care system' and time between the different processes were very similar to those of white children.

How did social workers think about mixed ethnicity children?

Social workers are required to take into account a child's ethnicity, along with other significant factors, in all decisions about a child's future. Interviews with social workers showed that they were struggling with how to think about mixed ethnicity children. The common approach taken (and often reported to be agency policy) was to view the children as 'Black', even when the ethnicity of the father was not known, or when the child had been brought up entirely within a white culture. Social workers were confused about whether they should be placing a child to preserve his or her present identity or to enable the future development of other minority ethnic identities to which the child had some genetic connection.

Because of children's categorisation as 'Black', long-term placements with white foster carers and with white adopters were seen as 'transracial' and thought to be detrimental to a child's future development, especially to the construction of a healthy 'identity'; problems with which could lead to mental health difficulties later in life. However, interview and case file data also suggested that skin colour played a part in deciding the ethnicity of the child (when the father was unknown) and in determining the ethnicity of the family that was to be sought.

Mixed ethnicity children were often described by social workers as 'hard to place', although the focus was on ethnicity as a problem, rather than associated with the children having known or potential developmental problems. Thinking of the child as 'hard to place' was surprising in some ways, as the children were usually very young and therefore ought to have been amongst the easiest for whom to find families. Thinking of these children as difficult seemed mostly associated with difficulties in matching.

How did social workers think about culture and ethnicity more generally?

The social workers interviewed used the term 'ethnicity' interchangeably with 'culture'. When talking about culture, they were often referring only to ethnic categorisations, even though crude ethnic labels did not necessarily help in understanding a child's culture.

Of course, a social worker might have had a keen appreciation of culture and cultural needs, even if she/he was not adept at abstract discussion of ethnicity and culture, so the team searched the

case files for recording of culture, language, religion and identity. The researchers looked particularly for the elements identified in the *Integrated Children's System*, such as whether a child was given the opportunity to learn their own cultural traditions and language, but there was so little recorded that analysis was impossible. The part of the *Assessment Framework* that should have provided information about the child's home, community and cultural background was often blank or had a few formulaic sentences. It was not possible to know for example, whether the birth mothers of mixed ethnicity children had chosen to live in an ethnically diverse area or whether they were living in a predominantly white working-class area. There was virtually no information on the files about the children's earlier cultural experiences.

The pathways to permanence for minority ethnic and white children

Referral to Children's Services

Who referred the children?

If there were systematic differential activity in interventions with minority ethnic children and their families, then we might expect them to come to the notice of Children's Services at a younger age. There were no simple differences of this sort. White and mixed ethnicity children were more likely to have been referred by social services than black and Asian children, usually because their mothers were already well known to services. In contrast, black and Asian families were more likely to refer themselves or to be referred by education services or by their own families.

Black children were on average much older at first referral: 2.2 years versus 10 months old for white children and mixed ethnicity children, and 7 months for Asian children. However, the sample of black children was very small. The census categorisation puts together those of recent African origin and those from the Caribbean. In the study's small black sample, African-Caribbean children were UK born second or third generation, whereas the African children were often older first generation, were moving between countries (which delayed interventions) and were sometimes in private fostering arrangements and these factors led to later referral.

Why were they referred?

Differences in the reasons for referral are another possible indicator that Children's Services are taking more precipitate action against one ethnic group than another. There were high levels of abuse and neglect in all the samples but white and mixed ethnicity children were more likely to be referred for neglect whilst black children were often referred for physical abuse and Asian children because their family was experiencing acute stress and there was the potential for abuse or neglect. Again, this might be a consequence of black children being older when they were first referred, with neglect being seen as of greater concern for infants. Mental health problems and domestic violence were equally prevalent in minority ethnic and white families.

Was the initial service response different?

Domestic violence and drug abuse were prevalent but there seemed to be few services available. Rather, social work interventions focused on dealing with maternal neglect. Forty-two percent of the birth parents of minority ethnic children refused proffered services or failed to turn up for appointments. It was not possible from case file data to know whether this was as a consequence of culturally inappropriate services being offered, language barriers, or the lifestyle and choices that parents had made.

Were there family differences between the white and minority ethnic groups at referral?

White mothers and mothers who were themselves of mixed ethnicity had similar profiles, although the mothers of mixed ethnicity had experienced the most adversity. Their childhood experiences and adult difficulties are very striking and highlight the failures of social provision and support when the mothers in this group were themselves children in care. Unlike the earlier research by Barn (1997), the fathers of mixed ethnicity children in our samples were not predominantly black Caribbean men, but were also of Asian, especially Pakistani, ethnicity.

Many of the Asian and black mothers were not born in the UK: 38% in the comparison sample and 48% in the 'adoption recommended' sample. Many Asian babies were relinquished and the concept of 'family honour' (izzat) played a significant part in this decision. In some ways, their family histories bore a resemblance to the case histories one might have read in the 1960s: a young single mother with a child born out of wedlock, which brought shame on the family and led to the infant being relinquished for adoption.

However, for some Asian mothers the disrepute felt by the family by having such a child was so great that the mothers feared for their lives. Social workers in these cases are in a difficult position. If they reveal any of the details of the mother and her child then the mother's life might be in danger, but if they accept the position at face value, there is no opportunity to test out the extended family's wishes. Any form of contact also becomes difficult.

Being looked after

Reception into care

Lack of difference continued when the researchers looked at the timing of receptions into care. There were no differences between the ethnic groups in the age of the mothers when the children were first looked after, nor in the ages of the children at that point - apart from the older age of the small group of black children mentioned above - nor in the length of time from first referral to first becoming looked after. Neither was there any evidence of greater delay in taking minority ethnic children into care

Adoption recommendations and the adoption process

Overall, there were no statistical differences by the child's ethnicity in plans for placement. Any white/ minority ethnic differences were explored further with the data from the 'adoption recommended' children. The white and mixed ethnicity children went to panel at the same age on average, the Asian children somewhat later and the black children were the oldest at panel, again reflecting the fact that they were older when they first came to the attention of Children's Services. However Asian and the black children did spend statistically longer being looked after before the recommendation for adoption was made. Delayed decision making was more likely when the family were not previously known to children's services.

A number of key assessment documents ought to be available when a case is referred to the adoption panel. These include the core assessment, the Adoption Medical and the Form E (Child Permanency Report). One of the key findings from this study is the worryingly poor quality of - or lack of - documented assessments.

Core assessment: Many children had important documents missing from their files. Completed core assessments were absent for about half the white and mixed ethnicity children and were even less common for black and Asian children.

Adoption assessments: Even when a recommendation for adoption had been made, adoption medicals were missing significantly more often from the files of black and Asian children. Assessments of children's health and emotional and behavioural needs were also poorly articulated in the Form E/ permanency report, particularly for minority ethnic children.

A number of factors contributed to poor assessment: the wish for a 'same race' placement dominated descriptions of children's identified needs and the kind of placement to be sought, frequent changes of social worker which led to a lack of knowledge about the child; an underlying view that infants did not have needs other than basic physical ones; and a wish not to 'label' the child and make them 'hard to place' by being specific about potential problems.

Kin assessment: There was, however, a great deal of assessment activity focused on the possibility of kinship care. About three-quarters of all the children had at least one extended family member assessed for their suitability to care. Many kin assessments took place sequentially, sometimes because family members came forward one after the other, and sometimes because social workers wanted to check each relative's suitability before moving onto the next assessment. Delays inevitably followed, especially when assessments were undertaken outside the UK. Social workers were often instructed by the courts to undertake more kin assessments; even though social workers 'took the view' that these were unlikely to be successful.

While assessments were on-going, family finding activity stopped. Most assessments found that kin were not able to care for the child. In the comparison sample, only 15% were placed with kin (just two of these children were placed with kin for adoption), and in the 'adoption recommended' sample 4% were adopted by kin and 3% placed with kin as long-term foster carers. Some of these kin carers had no previous relationship with the child and ethnic matching was not a priority in these placements.

Assessment process and changes in social workers

The assessment process was also affected by the fact that social workers frequently changed. In the interview sample, the average length of time the social worker had known the child was 8 months, with more than a third having met the child fewer than four weeks before the research interview. At follow up only 29 (59%) of the original 49 social workers were still working with the child and some children had had two or more social workers since the panel had made the recommendation for adoption.

Which children with adoption recommendations found adoptive placements?

By the end of the data collection, 83% of the white children were in adoptive placements, 69% of those of mixed ethnicity, 42% of the black children and 36% of the Asian children. Only black and Asian children under three years old had been found adoptive families and the majority (60%) of Asian children and 42% of the black children had had their adoption plan rescinded. White and mixed ethnicity children were more likely to be adopted and to be adopted at older ages - up to 10 years old.

Multivariate analyses showed that age and ethnicity were the big determinants of adoptive placements. Infants were ten times more likely to be adopted than a child older than three years at the time of the panel recommendation, and mixed ethnicity children were four times more likely to be adopted than Asian children. The average time from the recommendation for adoption to placement with an adoptive family for all minority ethnic children was 12 months. However, many minority ethnic children had their plan changed away from adoption if no adopters had been found within 6 months. Efforts to place white children continued for longer.

From the minority ethnic children with an 'adoption recommendation' sample, most of the children in adoptive placements were exactly or partially matched by ethnicity (80% black, 78% Asian, and 85% mixed ethnicity). Black children were more likely to be in an ethnically matched adoptive placement than a foster care placement. Eighty-one percent of the Muslim and 57% of the Christian children were in placements exactly matched by faith, and all were matched by language.

Most children were placed with a local authority adopter. Voluntary adoption agencies (VAAs) were used for 19% of children in the comparison sample and only 6% in the adoption recommended sample. It is surprising that VAAs were not used more, as some specialise in finding placements for minority ethnic children.

Placement outcomes in the interview sample:

The prospective interview study with social workers was designed to follow-through what happened to minority ethnic children as they went to panel and subsequently. In practice, 22% of the children had their plan changed away from adoption in the few weeks leading up to the panel meeting. In this sample, some children had triple track plans with adoption as just one of many options. Some delays in taking cases to panel were driven by court decisions that there should be more kin assessments and some social workers believed that courts were increasingly willing to challenge the adoption panel's recommendations and social work plans. Most social workers had hoped to find a two-parent adoptive family who already had children and to match exactly by ethnic category.

However, the placement outcomes for the 50 children in the interview sample by the end of data collection were disheartening. Only 13 had been placed for adoption, 19 were still waiting (making 64% in all who were still on an adoption track), 11 had been placed with kin, three were in long-term foster care and three had gone back home. There seemed little prospect of adoption for most of the waiting children, since they were not being promoted and their social workers were pessimistic about the likelihood of adoption.

Some specific issues in the placement of minority ethnic children

Finding adopters

Minority ethnic children had fewer prospective adopters showing interest in them in comparison with white children. Even very young minority ethnic infants often had just one or two possible new families. This limited pool of potential adopters for minority ethnic children arose for a number of reasons: first, community demographics simply meant that there were fewer minority ethnic adults than white adults in the community, even when minority ethnic children made up a substantial part of the child population; secondly, limited or no promotion of the child; thirdly, through social workers' negativity / pessimism about adoption; and finally, due to a concentration on 'same race' placements.

Because they were in short supply, Asian and black prospective adopters were able to turn down children that did not meet their preferences. As a consequence of more minority ethnic children and fewer adopters, potential minority ethnic adopters were able to select the youngest children with fewer apparent difficulties. Many Asian adopters did not want to adopt mixed ethnicity children. There was also some evidence from the qualitative analysis of Children's Services' records of a reluctance to use potential adopters who were in an ethnically mixed relationship.

Promotion and profiles

Family finding activity was generally sequential. Workers first looked in-house, then through the consortium, then to other local authorities and then VAAs were approached for some children. Where children were promoted, more potential adopters were identified and there was greater choice. However the likelihood of promotion was related to agency practice not the child's special needs. When promotion was used, the profiles of the children were sometimes poorly written and often stressed the complexity of a child's ethnicity and asked for an adoptive family that could meet all the child's cultural and identity needs. Meeting these needs in other ways did not seem to be considered, such as linking the adoptive family into specific communities or providing a mentor. Consequently some children were never placed.

Adoption support

Support was not planned for most placements until the identity of the adopters was known. We have few data on the kind and quality of adoption support that was put in place. However, the lack of good assessments of the children makes it likely that support for children's problems will be reactive rather than proactive. Not surprisingly, very few birth parents received any support, given how few had engaged with services over the years of involvement with the authority. It is unlikely that birth parents will accept local authority services at the time of an adoption, when they have never done so in the past.

Professional disagreements

'Trans-racial' placements: The major source of professional disagreements was the requests by white foster carers to adopt minority ethnic children who they had cared for since birth and/or where attachments had formed between the carers and the child. Issues of 'same race' placements were then raised. Social workers tried to decide between the benefits of attachment on one side and the presumed damage to identity and self-esteem on the other. Since mixed ethnicity children were viewed as 'Black', it was argued that they should be moved to a 'matched' placement for the sake of their mental health. This conflict was regularly heard during lengthy proceedings in the courts, during which numerous expert witnesses were called. In such cases in the study, judgement went in favour of the foster carer. Unfortunately, the battle left the relationships between the carer and the authority in disarray.

Sibling placements: Professional disagreements also arose over sibling placements, especially when different social workers held case responsibility for the children. Sometimes workers wanted to give the youngest child(ren) the chance of adoption by splitting the sibling group. This sometimes led to professional disagreement between the children's social workers and the family placement teams.

Additional Information

The full report of the research will be published in book form by BAAF.

A fuller summary of the research will be published on the Adoption Research Initiative website:
<http://www.dass.stir.ac.uk/adoption-research/>

Further information about this research can be obtained from Isabella Craig, 4th Floor, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT.

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The views expressed in this summary are those of the authors and do not necessarily reflect those of the Department for Children, Schools and Families.