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# The relationship between institutional care and the international adoption of children in Europe

The study reported by **Shihning Chou** and **Kevin Browne** explored the link between institutional care for young children and international adoption, using a survey of 33 European countries. Official figures were available from 25 countries on the proportions of national *versus* international adoption within their own countries, together with the number of children under three in institutional care. Results indicate an association between international adoption (both incoming and outgoing) and a high number of young children in institutional care. The evidence suggests that, rather than reduce the number of children in institutions, international adoption may contribute to the continuation of this harmful practice. A child rights-based approach to providing alternative care for children separated from their parents is proposed.

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## Introduction

The harm caused by the overuse of institutional care of young children in most parts of Europe and Central Asia was recently identified in the *British Medical Journal* (Browne *et al*, 2006). Some argue that international adoption is, in part, a solution to the large number of children in institutional care, as it is believed to contribute to the overall deinstitutionalisation of children in adversity. Several well-known celebrities have encouraged the international adoption of children from 'orphanages' (Wigmore and Simpson, 2006) by very visibly adopting a child from a developing country. Although celebrity adoptions have highlighted the situation of so-called orphans in Africa and East Asia, figures indicate that international adoption is now a worldwide phenomenon and involves a large number of children and families.

During 2004 in Europe, the countries which received the majority of children adopted from overseas were Spain (5,541), France (4,079), Italy (3,398), the Netherlands (1,307) and Sweden (1,109). However, the USA receives the

largest number of internationally adopted children worldwide – 22,884 children in 2004, which is equivalent to the whole of Europe (Selman, 2002, 2006). Official figures from the USA reveal that the numbers more than doubled between 1991 and 2006 (US Department of State, 2007). The countries with the most adopted children granted US visas in 1991 were Romania (2,594), South Korea (1,818), Peru (705), Colombia (521) and India (445). In 2006, China (6,493), Guatemala (4,135), Russia (3,706), South Korea (1,376) and Ethiopia (732) were the predominant sending countries.

## The example of Romania

Romania is no longer the most frequent sender of children to the USA. International adoption was banned in January 2005 (with the exception of adoptions by parents or grandparents living abroad) owing to poorly regulated practices, together with the need to stabilise the country's own child care and protection services prior to joining the European Union in January 2007.

Before the government ban, a moratorium on international adoption was established in October 2001 while the Romanian government reviewed legislation related to children and adoption practices. However, international adoption continued, with approximately 1,000 Romanian children being adopted abroad in the three years between January 2002 and December 2004; 45 per cent of these children were adopted by parents in the USA. At the end of 2003, there were 36,946 children (0–17 years) in institutional care and 9,950 professional foster carers available. The government's Romanian Adoption Committee estimated that there were 4,876 adoptable children without parental care. This represented one child

in every thousand Romanian children aged 0 to 17 years. However, the majority (62%) of these children were less than seven years old, almost a third (31%) being infants and toddlers under three. At the same time, there were 1,216 applications to the court for national adoption which could only benefit 25 per cent of those registered as adoptable. With a large number of children waiting for adoption, it is hardly surprising that other countries express an interest in adopting Romanian children.

In terms of international interest in adopting Romanian children, data are available showing a country breakdown. The National Authority for Child Protection and Adoption held 1,227 applications on the 22 January 2003 from 23 different countries: Spain (506 applications), USA (282), Switzerland (139), Greece (64), Italy (60), France (36), Israel (36), Germany (33), Ireland (22), Canada (15), Denmark (8), Ecuador (5) and Andora, Australia, Austria, Belgium, Luxembourg, Cyprus, Malta, Norway, Holland, Turkey and the UK with four or less applications each. In contrast, there were 1,256 applications for national adoptions in Romania. Not surprisingly, there has been enormous political pressure on Romania to re-open international adoption since its banning in 2005 (Harty, 2005; Smith, 2005; Thomas, 2006).

### **The legal perspective**

The United Nations Convention on the Rights of the Child (UNCRC Article 21b) recognises that:

*... intercountry adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin.* (United Nations, 1989)

However, these alternatives are often not considered before placing a child for international adoption. It has been shown that the vast majority (96%) of European children in so-called 'orphanages' are not true orphans and have at

least one parent, often known to the child welfare authorities (Browne, 2005; Browne *et al*, 2006).

There are a number of options available nationally to children who require substitute care because their parents do not have the capacity or means to care for them appropriately. These are: care and guardianship by extended family, relatives or friends (sometimes referred to as 'kinship care'); fostering by paid carers not related to the child; and national adoption. The child has the right (UNCRC Article 19) for the state authorities to assist his or her parents in difficulty (for example, alcohol/drug rehabilitation services, mental health services, etc). The parent unable to cope also has the right under European Human Rights legislation to be supported and treated to help them develop a 'good enough capacity' to care for their child(ren) before losing their parental rights. Loss of parental rights should only occur after there is a failure of the parent(s) to respond to intervention. However, in those countries where children are available for international adoption, such rehabilitation services are limited. Even when the necessary legislation exists, parents in difficulty are rarely helped in countries undergoing economic transition due to the poor development of community, health and social services. Hence, to encourage international adoption under these circumstances is a failure to uphold international legislation on the rights of parents and their children, which is rarely in the best interests of the child(ren).

### **The ethical perspective**

The UNICEF (2004) publication *Child Protection: A handbook for parliamentarians* also expresses ethical concern over the lack of legislation governing international adoption in some countries and identifies it as a problem in Chapter 9 on 'Trafficking and the sale of children'. We also quote Saclier (1999) at p 11 of the UNICEF *Innocenti Digest*, No. 4, as follows:

*In the last two decades, intercountry adoption has progressively changed. From its initial purpose of providing a family environment for children, it has become more demand driven. Increasingly in industrialised countries, intercountry adoption is viewed as an option for childless couples . . . To meet the demand for children, abuses and trafficking flourish: psychological pressure on vulnerable mothers to give up their children; negotiations with birth families; adoptions organised before birth; false maternity or paternity certificates; abduction of children; children conceived for adoption; political and economic pressure on governments . . . Indeed, a booming trade has grown in the purchase and sale of children in connection with intercountry adoptions.*

### **Aims**

Despite the ethical and legal arguments, the effectiveness of international adoption in reducing institutional care for children and the impact on national services for children have never been scientifically investigated. Therefore, campaigns for international adoptions have been based on an untested assumption that the practice reduces the number of children in institutional care. This could be referred to as the 'dogooder hypothesis', which posits that there will be a negative correlation between the number of children in institutional care and the number of (a) incoming and (b) outgoing international adoptions. (This would indicate that international adoption is associated with a reduction in institutional care.) We seek to test this assumption and explore the link between international adoption and the number of young children in institutional care.

### **Methods**

A survey in 2003 mapped the number and characteristics of children aged under three in institutional care across Europe (Browne *et al.*, 2005). Two questionnaires were sent to the relevant government departments of 33 European countries (excluding the Russian-speaking states).<sup>1</sup> The purpose was, first, to obtain information on the number, characteristics and reasons for children under three residing in institutions for more than three months without a primary caregiver; and second, to request information on the proportion of national and international adoptions, fostering and professional support to families in need within the same country.

Overall, official figures were available from 25 out of the 33 countries surveyed, on the proportions of national *versus* international adoption within their own countries. Only countries which had figures on the number of children under three in institutional care and international adoption were entered into analyses. Countries with less than one child per 10,000 (Norway and UK) or no child (Iceland and Slovenia) under three years old in institutional care were also excluded from the correlation analyses. The use of institutional care for young children in these countries was extremely rare and there may have been some justification for international adoptions into them due to the lack of children available for adoption nationally.

Owing to the small sample of countries available for analysis ( $n = 21$ ), two Spearman's Correlations were run on:

- the officially reported number of children under three in institutional care and the proportion of *outgoing* international adoptions ( $n = 7$ );
- the officially reported number of

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<sup>1</sup> The 33 countries that were sent the questionnaire were Albania, Austria, Belgium, Bulgaria, Croatia, Czech Republic, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Table 1

**Population, number and proportion (rate per 10,000) of children under three years in institutional care in 2003**

Country	Population	Number in institutions	Rate per 10,000*	International adoption percentage of all adoptions (national adoptions are the reciprocal figure totalling 100%)	
				Outgoing	Incoming
Belgium <sup>2</sup>	383,639	2,164 <sup>7</sup>	(56)		86.7
Latvia	71,250 <sup>5</sup>	395	55	77.4	
Bulgaria	245,704 <sup>3</sup>	1,238	50	47.0	
Lithuania	100,268	458	46	56.3	
Hungary	174,893 <sup>4</sup>	773	44	13.2	
Romania	877,772	2,915	33	31.3	
Slovak Republic	160,186	502	31	4.3	
Finland	168,370	466 <sup>9</sup>	(28)		92.0
Malta	16,485	44	27		55.6
Estonia	37,953	100	26	25.0	
Spain	1,064,764	2,471 <sup>8</sup>	(23)		77.0
Netherlands	818,713	1,284	16		97.0
France	2,294,439	2,980 <sup>10</sup>	(13)		75.0
Luxembourg	16,992 <sup>2</sup>	20	12		98.0
Sweden	278,400 <sup>5</sup>	213 <sup>9</sup>	(8)		98.0
Germany	2,232,569	1,495	7		28.0
Ireland	166,208	95 <sup>8</sup>	(6)		92.9
Cyprus	33,339	15 <sup>8</sup>	(4)		68.5
Austria <sup>1</sup>	107,709 <sup>4</sup>	37 <sup>6</sup>	3		3.5
Turkey	4,388,000	850	2		5.7
Italy	1,614,667	310 <sup>11</sup>	(2)		62.5
Norway	172,877	17 <sup>9</sup>	(<1)		98.6
United Kingdom <sup>3</sup>	2,037,463	65 <sup>9</sup>	(<1)		4.6
Iceland	12,412	0	0		92.9
Slovenia	53,736	0	0		0

\* Figures in brackets should be treated with caution – these figures have either been based on estimates from samples of children over the age of five years or include children who may be in institutional care with a parent, for less than three months, or in a facility with less than 11 children.

**Notes**

<sup>1</sup> Combined figures for three Austrian states: Niederösterreich, Vorarlberg and Vienna

<sup>2</sup> Combined figures for Flemish community and French community

<sup>3</sup> Combined figures for England, Scotland, Northern Ireland and Wales

<sup>4</sup> Estimated from statistic for under-fives

<sup>5</sup> Estimated from statistic for under-fours

<sup>6</sup> Estimated for Niederösterreich from statistic for under-fives

<sup>7</sup> Estimated for French community from statistic for under-sevens

<sup>8</sup> Estimated from statistic for under-18s

<sup>9</sup> Statistic includes some children who may be resident in an institution for less than three months, children who may be resident with a parent/caregiver and those who may be in an institution with a capacity of less than 11

<sup>10</sup> Estimated from places in social service nurseries (2000) and places in medical nurseries

<sup>11</sup> Statistic includes some children who may be in an institution with a capacity of less than 11

children under three in institutional care and the proportion of *incoming* international adoption cases (n = 14).

### Findings from the survey

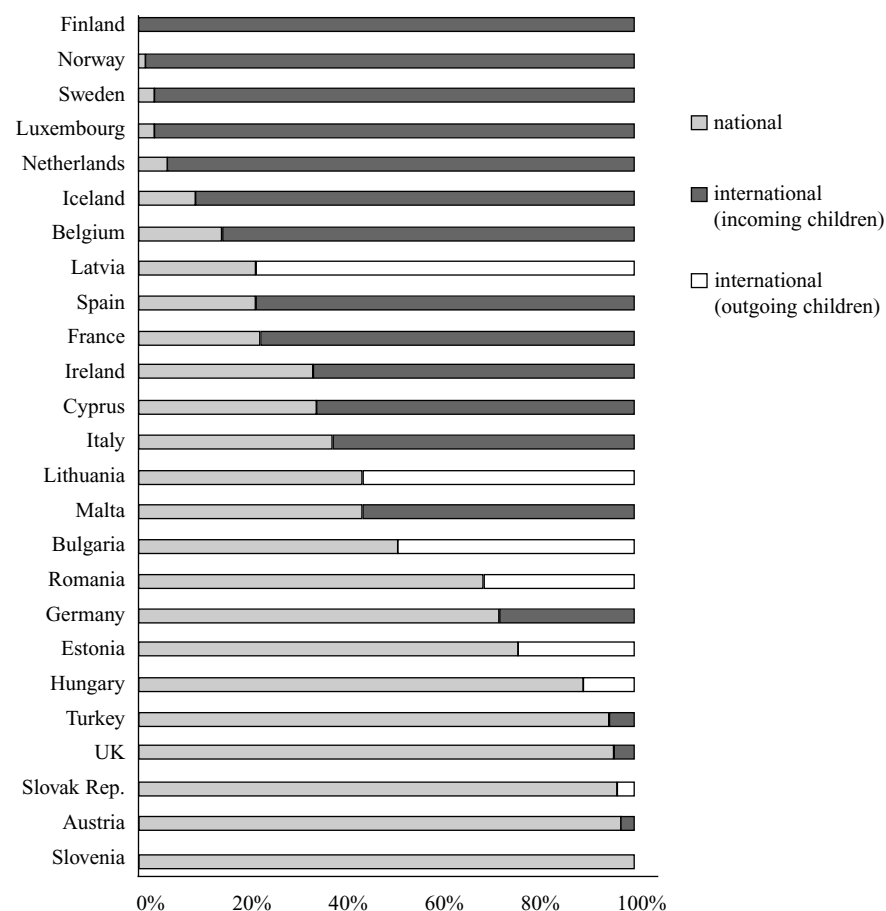
Countries with high rates (over 10 per 10,000) of children less than three years in institutional care were Czech Republic, Belgium, Latvia, Bulgaria, Lithuania, Hungary, Romania, Slovak Republic, Finland, Malta, Estonia, Spain, Netherlands, Portugal, France and Luxembourg. Countries estimated to have more than 2,000 children under three in institutional care in 2002–2003 were France, Romania, Spain and Belgium. These findings seriously challenge the notion that institutional care only exists in countries with

economic problems. Table 1 shows figures from the 25 countries, with both the numbers of children under three years in institutional care and information on adoption.

Figure 1 shows the proportions of national *versus* international (incoming and outgoing) adoptions for all adoption cases in 25 European countries. Outgoing international adoptions were from the sending countries of Bulgaria, Estonia, Hungary, Latvia, Lithuania, Romania and the Slovak Republic. Countries with high proportions (over 25% of all adoptions) of incoming international adoptions were Belgium, Cyprus, Finland, France, Germany, Iceland, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Spain and

Figure 1

### Ratio of national to international-incoming or international-outgoing adoption

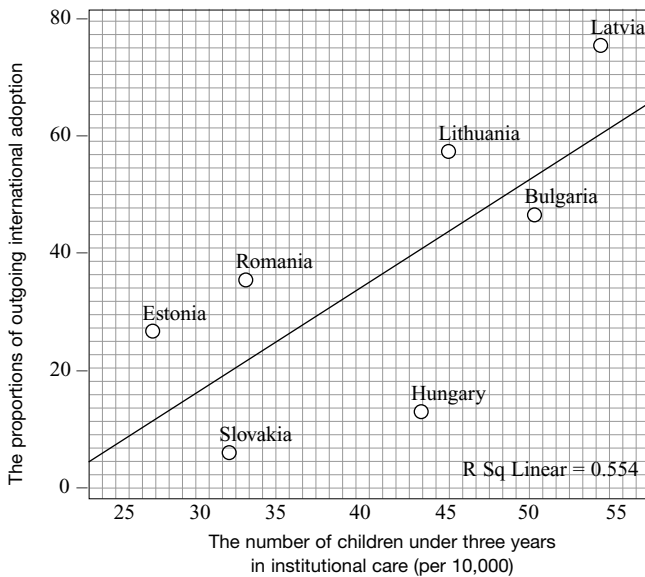


Sweden. Lower proportions (less than 10%) of adoptions from abroad were found in Austria, Slovenia, Turkey and the UK.

**Correlation between institutional care and international adoptions in the sending countries**

A positive correlation was found between the numbers of children under three in institutions and the proportion of outgoing international adoptions ( $r = .786, p = .036$ ) – see Figure 2.

*Figure 2*  
**The correlation between the numbers of children under three years in institutional care and the proportions of outgoing international adoption in 2003**



The data clearly demonstrate that those EU accession countries in 2003 that had the highest rates of children in institutional care also had high proportions of outgoing international adoptions.

**Correlation between institutional care and international adoptions in the receiving countries**

A positive correlation was also found between the numbers of children under three in institutional care and the proportions of incoming international adoptions ( $r = .590, p = .026$ ) – see Figure 3.

The data reveal that those EU or accession countries in 2003 that had the high rates of children in institutional care also had high proportions of incoming international adoptions.

**Discussion**

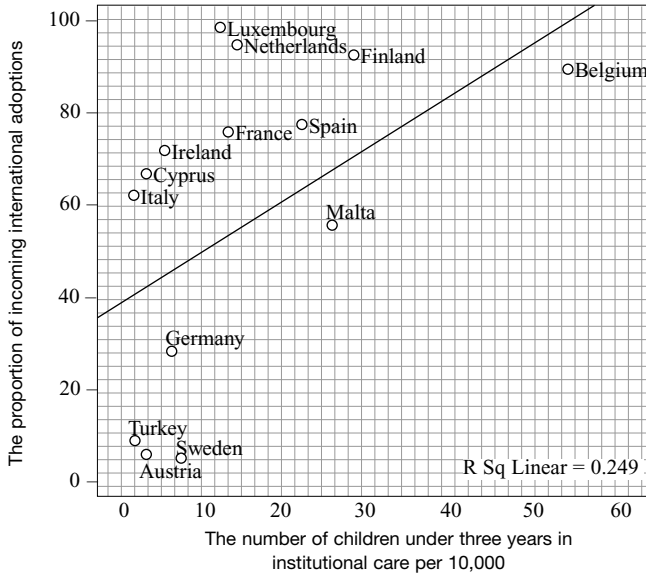
The results show that countries with high proportions of outgoing international adoptions also had high numbers of young children in institutional care. Some may argue that this simply reflects the high use of international adoptions in reducing the number of children in such care and facilitating the process of deinstitutionalisation in sending countries. However, it could be questioned as to 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. Previously, it has been observed that some Romanian children were adopted from foster care in their own country to the USA (Kadlec and Cermak, 2002). In our study, international adoption direct from institutional care was prevalent only in Estonia and Latvia. Children in foster care are not in need of international adoption as they may have already become socially attached to their foster carers. It is in the child's best interests to give the foster carers or kinship carers the first priority on adoption and direct financial and social work resources to them. Where this cannot be the case, national adoptions are preferred for the mental health of the child, as the process of transferring attachments can be gradual with returned visits to the foster/kinship carers (Mulheir and Browne, 2007).

Dickens (2002) highlighted the complex forces driving international adoption and maintaining institutional care between 1990 and 2001 in Romania. Nevertheless, the author's observations have worldwide relevance:

- In economically disadvantaged countries, the income from international adoption is likely to be seen as a source of foreign currency that benefits all

Figure 3

**The correlation between the numbers of children under three years in institutional care and the proportions of incoming international adoption in 2003**



sectors of society. However, this seemingly quick financial income rarely has direct benefits for domestic child care services or families in need. Instead, it tends to normalise international adoption, reduce the motivation to reform local services for children and inhibit the development of foster care or national adoption (Mulheir *et al*, 2004).

- Childcare professionals in countries undergoing economic transitions treat international adoption as equal to (or in priority over) other alternative care placements in the child’s country of origin. Often ignored is UNCRC (Article 21b) recommendation that international adoption should be a subsequent choice when all other family care alternatives have been explored at a national level. In addition, services are rarely available for children and families in need of support, which is against UNCRC Article 19, section 2. There is little attempt to rehabilitate parents in difficulty and return children to their birth families after they have been separated from them and placed in public care.

- The individual financial reward offered to parents or professionals who may be directly or indirectly involved in international adoption is also an incentive for some to discourage the development of foster care and national adoption.

Furthermore, professionals and policy-makers who advocate international adoption believe it to be in the best interests of children in institutional care and a better alternative to years in the residential care system. However, international adoption does little for the development and transition of children’s services nationally. The factors associated with infant and child abandonment are rarely addressed, so that children who are removed from institutions are replaced by new admissions as a result of mothers who abandon their offspring (out of love) in the hope that the child may have a better life in the ‘West’ (Anaut, 1998). Children with disabilities or health problems who are harder to place for adoption do not benefit from the development of community services and therefore are confined to institutions for the rest of their lives.

There is also evidence that international adoption can now be achieved over the internet, putting greater pressure on the international adoption market, and 38 per cent of agencies do not operate in the best interests of the child, as they are in breach of articles of the UNCRC (United Nations, 1989) and principles of the Hague Convention (Chou, Browne and Kirkaldy, 2007). Dickens (2002) observed that when children in institutions cannot meet the demands of international adoption, mothers in maternity units are persuaded to give up their babies, either for adoption, or if they are unsure, into state/public care. Often parents are discouraged from visiting their children in residential care and these children are deemed adoptable after little contact with parents (Mulheir *et al*, 2004).

In our study and previous research, it has been observed that many adopted children actually do not come from institutions. For example, in a US study

of 124 children adopted from Romania, only 63 (51%) genuinely came from institutions (Kadlec and Cermak, 2002). Of the remaining 61, seven per cent resided in an institution for less than two months, 34 per cent were adopted directly from the hospital, as high as 28 per cent came from their biological families and 18 per cent came from foster care. There are even cases where babies were conceived for the purpose of international adoption (Saclier, 2000). These facts contradict the claim that international adoption is an attempt to reduce institutional care. In fact, demand for children for international adoption may create a supply of children into institutions.

The positive correlation found between the number of incoming international adoptions and the number of young children in institutional care in those receiving countries is open to question. It indicates that adopting healthy young children abroad may distract attention from hard-to-place children within the receiving countries (Thoburn and Charles, 1992; Winchester, 2000). For example, France had the highest total of young children under three in institutional care in the EU and also receives a high proportion of international adoptions in the region. This makes older children, children with disabilities, children with health problems and from minority ethnic backgrounds difficult to place for national adoption; consequently, they remain in institutional care for longer periods of time.

The discrepancies between the standards for national and international adoption do not help matters. Couples who are deemed unsuitable or find it difficult to adopt nationally turn their attentions overseas. For example, the Kilshaws, who adopted baby twins over the internet from California and brought them to the UK, were deemed unsuitable to adopt by social services and the children were taken into public care (Dyer, 2001).

Furthermore, in most parts of Western Europe, parental rights tend to be heavily defended in the courts, whereas

in the majority of Eastern European countries such rights are rarely considered before a child is placed for adoption. It may be argued that parental and child rights are not equal across the EU. In addition, as only four per cent of children in institutional care are true biological orphans with both parents deceased, the term 'orphans' and 'orphanages' is a misnomer that confuses prospective adopters who may have good intentions (Browne, 2005).

### **Conclusion and recommendations**

This study was a preliminary attempt to explore the link between international adoption and institutional care for young children. The evidence does not support the notion that international adoption reduces institutional care. On the contrary, survey data suggest that it may contribute to the continuation of institutional care and the resulting harm to children (Johnson, Browne and Hamilton-Giachritsis, 2006). International adoption should be considered only when it is in the best interests of the child (UNCRC Article 3). It must be ensured that the child concerned 'enjoys safeguards and standards equivalent existing in the case of national adoption' (UNCRC Article 21c), taking 'all appropriate measures to ensure that in intercountry adoption the placement does not result in improper financial gains for those involved in it' (UNCRC Article 21d). According to the Council of Europe, 'there is no such thing as the right to a child' (Council of Europe, 2007). There is a pressing need to reform international adoption services so that they cease to operate under a market mechanism and uphold child rights and the interests of children. In the meantime, it is important to investigate this area objectively and take an evidence-based approach for practice.

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