

*The recovery function of adoption. A study carried out in the Italy's Veneto region **

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Summary. *The number of adoptions has grown significantly in Italy over the last ten years. The adopted children come from backgrounds that have adversely affected their development, both physically and in terms of their abilities to relate to others. Numerous international studies have shown that when such children are introduced into a positive and protective family environment they are able to recover this lost ground. The regional authority of the Veneto decided to invest much of its resources in following up the families during the three-year period after the adoption placement. An analysis of the case records kept on 424, national and international, adoptees in the Veneto Region from 2005 to 2008, has made it possible to see the recovery of the children in terms of their physical and relational growth in the three years following the adoption, as well as to see in what ways the Adoptions Team of the Local Social Service has been able to assist them by providing support.*

Keywords: *Adoption; Parent support; Recovery; Social Services; the Veneto region.*

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Framework

Numbers of children adopted in Italy

The number of adopted children in Italian families is increasing in what is an ever more widespread phenomenon. The data gathered from the Commission for International Adoptions¹ record how from 2000 to 2012, there were 31,529 couples who applied for authorisation to bring children into Italy, with the numbers steadily increasing to a peak in 2010 when the number of adopting couples was 3,241. Domestic adoptions remained constant over the period at around 1,000 per year, for a total from 2000 to 2010 of 11,638 (figures from the Ministry of Justice, Child and Adolescent Department).

Following the more widespread application of the Hague Convention by numerous countries, the characteristics of the adopted children have changed over time. The mean age of entry into the new family has risen over the years, peaking at 6.1 years in 2011, while the numbers of “special needs adoptions” have also risen, i.e. where the child needs greater support from the families due to particular personal circumstances such as their being older (7 years and upwards), or being in a group of two or more siblings, or having health or disability issues that have given rise to serious functional, psychological or behavioural problems (Chistolini, 2010).

Within this general picture it has proven ever more important for the specialist health and social services to work alongside the newly adopting families not only by helping to prepare them but also supporting them over time.

The Veneto Region has an excellent record in the field of adoption in Italy, paying particular attention to post-adoption support for the families. It is in fact the only Region that runs a continuous three-year post-adoption programme², provided by the Adoptions Team of the Local Social Service

¹ The Commission for Intercountry Adoptions (CAI) established with the implementation of the provisions of the Hague convention of 29th May by means of ratifying law 476 of 31st December 1998. The Central Italian Authorities warrants that adoptions of foreign children take place in accordance with the principles enshrined in the Convention on the Protection of Juveniles and Cooperation in relation to Intercountry Adoption.

² The term “post-adoption” has come into common usage from those involved in adoptions, both social services and parents, with reference to the period following the entry of the children into the family.

(AT)³, as well as having in place an operative protocol for its collaboration with some of the Adoptions Authorized Agency (AAA)⁴ working in the area.

The recovery function of adoption

The changes that have taken place in the adoption scene, connected with the emergence of a new and ever greater complexity, have aroused much interest among researchers studying the process. The empirical research panorama for the adoption sector has thus been greatly enriched and now offers a depth of detail that has not previously been seen.

What emerges from these studies is the seriously disadvantaged start these children have in terms of their physical and psychological development and their ability to form social relationships, while this is especially true of those that come from institutional backgrounds (Barbato, 2010; Gunnar & Kertes, 2005; Roy, Rutter, & Pickles, 2004; Rutter, O' Connor & E.R.A. Research Team, 2004). It is important however to stress how effective the new family and social situation can be in terms of safeguarding the wellbeing of the child. Favourable family and environmental circumstances have the power to reduce the effects, not only

³ The Adoptions Team of the Local Social Services, was established with Resolution 712 of the Veneto Region Council of 3rd March 2001. It is a specialist service within the health and social services departments set up with the aim of following the progress of adopting couples during all stages of the process. It can be said, by way of summary, that the Team in question carried out principally the following three functions:

- a. preparation of the couple for adoption with the provision of the information and awareness courses for them;
- b. acquiring knowledge of and appraising the psychological and social situation of the couple and of the family unit (couple assessment);
- c. post-adoption family support.

⁴ The Adoptions Authorised Agencies (law 476/98, articles 31 and 39ter) are private bodies that act as official intermediaries that assist in the adoption procedures involved with adoptions from foreign countries. They have, among other things, the task of informing the couple of the procedures applying in the foreign country; organising the further awareness courses subsequent to those provided by the Adoptions Team and specifically concentrating on international adoptions; dealing with the couple's meeting with the child on his or her entry into Italy and supporting the family unit in the post-adoption period in collaboration with the Adoptions Team. These Agencies also operate in foreign countries to foster and support projects that assist children in difficulties and work for the rights of children.

of early bad experiences but also of adverse genetic and constitutional factors (Barbato, 2010; van IJzendoorn, Bakermans-Kranenburg & Juffer, 2007; van IJzendoorn & Juffer, 2006).

Even though it is well recognised that children who are adopted are disadvantaged as compared with those of their age who come from intact families, a growing quantity of empirical data shows that the differences between the two groups are only minimal (Palacios et. al., 2010; Juffer, van IJzendoorn, 2009; Miller et al., 2000; Verhulst, 2000; Brodzinsky et al., 1984) and that the early conditions of disadvantage can be wholly or partially negated. This is the case provided certain essential factors are in place that are capable of preventing, minimising or improving the negative experiences, whether biological or social, that have marked the child's growth (van IJzendoorn & Juffer, 2005; Rutter, O'Connor & E.R.A. Research Team, 2004; Rosnati & Marta, 1997).

Palacios et. al (2010), in a study conducted on 289 children adopted in Spain, originating from six different countries, namely Guatemala, China, Rumania, Colombia, India the Russian Federation, reported that three years after adoption the children had recovered to a surprising extent: 52.5% of the sample had shown normal physical development with respect to their delayed start while 62.3% of the children appeared to be normal as regards their psychological development. In terms of the time needed for the children to recover, higher improvement scores emerge in the various areas within the first two years of adoption, falling off in the third and fourth years where the progress continues but at a slower rate.

There was then a change in the theoretical models guiding research in the field of adoption. The change involved a shift in concentration on psychological risks and disorders to the examination of the capacity of children to recover from their adverse early experiences.

Researchers today agree on the need to redefine adoption practices by investing in the development and implementation of adoption services designed to intervene before problems become chronic, preventing the development of critical problems for the adopted children. As Pazè (2008) says, the presumption that the success of the adoption depends on the choice of good adoptive parents no longer applies, since however strictly access is limited to what are apparently the best spouses, the variables in the post-adoption period are so many that a poor outcome or failure remains always a possibility. A high percentage of failures are however avoidable. The percentage failure rate can be brought down, for example, by the introduction of more complete, efficient and above all preventive intervention on the part of the social services. When an adoption fails, not

only the parents and the child 'fail' but the whole institutional system fails (Palacios & Sanchez-Sàndoval, 2005).

In conclusion it has emerged from these studies that adopted children demonstrate a surprising capacity for recovery, with the help of their adoptive parents, succeeding in overcoming many aspects of their early disadvantages. The adoption process thus illustrates the plasticity of early childhood development and the resilience of the adopted child. Slow starts can in large part be made up with the help of the adopting family. For this reason adopting families must be given the opportunity to draw on additional help and support in bringing up their children (Rosnati, 2010).

The Veneto Region Adoption system: the importance of post-adoption support

As a consequence of the increase in adoptions and the changes in adoption legislation⁵, the Regional authorities have been active in the provision of support systems for couples and families. Initially the attention of the services was focussed on the preparation of the couple before the adoption took place, the essential idea being to increase the couple's knowledge so they would be better prepared to become adoptive families. The aim was then to ensure that access to adoption was given to those couples that seemed best aware and possessed of the best resources needed for the taking on of deprived children. Over the years, however, social policy in relation to adoption has shifted in the direction of post-adoption support. This is part of a new and less judgmental adoption culture that understands the difficulties that the adoptive family will encounter during the various stages, with the services working to stand by the family to offer guidance, support and pointers.

The Veneto Region, seeking to give a concrete response to the legislative changes effected in the area of international adoption, has developed a specific system that operates at the legal and local levels, called "Veneto Adozioni" [Veneto Adoptions]. The intention underlying this decision has been to create an integrated system, that is both local, through the promotion of joint action between the various parties involved in the adoption, and international through the creation of a network of services, bringing together those in Italy and those in the children's countries of origin.

⁵ Law 476/98 and law 149/01.

In particular, the decision to work alongside the adopting family for the three years subsequent to the adoption itself is based on the belief that it is essential to support the family unit in this initial period. The idea is to facilitate the recovery of the physical, psychological and cognitive abilities of the children as well as to assist the new parents and to monitor the establishment of stable bonds with the children.

Veneto Adozioni is based on an operative protocol that has the purpose of coordinating the parties involved in the adoption process. It has been conceived most specifically for international adoptions, favouring collaboration between public services, such as the Adoptions Team of the Local Social Service (AT) and the Juvenile Court, and the private services, such as the Adoptions Authorised Agencies (AAA).

The new operative protocol⁶ pursues the following principal goals:

- Reducing fragmentation in the adoption process, a risk intrinsic to the Italian adoption procedures;
- The realisation of unitary and consistent ‘accompaniment’ for those concerned, through all of the stages in the adoption procedure;
- The seeking out of ways of integrating between public (AT) and private (AAA) service, during the planning, monitoring and realisation stages;
- To develop and give stability to the actions designed to support the family and the children, both in the time awaiting adoption and after the adoption itself, and both as regards international and domestic adoptions;
- Determining kinds and methods of support, coordination and promotion of the activities of the AAA both within and outside the children’s country of origin, in accordance with and in compliance with its areas of competence under the law;
- Finding methods of verification and intervention that involve the AT and the AAA, including in response to individual reports or complaints.

⁶ The first Operative Protocol was approved in 2004 while the latest was approved in 2011 and is currently in force for the two-year period 2012-2014. In procedural terms the most recent protocol renews that which preceded it as signed by 17 Adoption Authorised Agencies operating in the Veneto Region, by the Juvenile’ Court and by the government of the Veneto Region, being valid for two years and approved also by regional law DGR n. 1132 of 6th May 2008.

Study Aims and Methods

The principal aim of the study has been to understand how the developmental evolution of children in health and relationship terms adopted in the Veneto region of Italy has fared during the post-adoption period defined by the regional protocol. The further aim has been to understand the method behind the system of support provided by the Adoptions Team of the Local Social Service for the adopting parents.

Information was collected regarding all the children adopted in the areas of Padua, Verona, Treviso and Vicenza⁷, from 1st January 2005 to 31st June 2008⁸.

The data was taken from case records at the Adoption Team services and broken down into the following macro-areas:

1. Socio-demographic background of the Adoptive Families;
2. Adoptive Children's Health;
3. Adoptive Children's Psychological and Relational development;
4. Adoptions Team's professional support;
5. Social context of the Adoptive Families.

The sample

The sample consisted of 424 children, adopted by 359 families. 20% of the children joined their families by way of the national adoption process while 80% were international adoptions. The latter group originated from 26 different countries, the most numerous being from the Russian Federation (29.1%), Ethiopia (13.4%) and Colombia (12.5%).

The 71% of the children were adopted alone and 29% together with at least one sibling. The numbers with accompanying brothers or sisters was

⁷ Specifically regarding children adopted in the local social service areas of Ovest Vicentino, Treviso, Padova and Bussolengo (Verona).

⁸ The choice was for this period for two reasons: in the two-year period 2004-2005, with the drafting of the Operative Protocol, the regional services began to follow the progress of adopting families over the three years subsequent to the entry of the children into the family; in the second year it was decided to study the adopted children by 31st June 2008 so as to be able to carry out the monitoring procedure for the three-year post adoptive period ending on 30th June 2011.

higher among the international adoption (32%) than in domestic adoptions (17.4%). It should be emphasised that almost a quarter of the sample, (21.4%), left at least one sibling when they were adopted, a situation that was slightly more frequent in the case of the international adoptees. That is 22% of the children as against 20%.

As regards the sex of the children 53.8% were males and 46.2% were females. The average age of the children was 4 ½ years, ranging from one month to 16 years. A significant difference emerged between the mean age of the child according to the type of adoption, with age being lower in domestic adoptions, at 3 ½ years on average and the higher figure of 4 years and 10 months in the case of the international adoptions.

In the study sample, 55.9% of the children had special needs. The question of special needs is equally important in national and international adoptions, breaking down across age ranges with a higher health issue component in children below the age of 3 years. Another fact that came out of the study was that in 12.5% of cases (53 children) there was previous maltreatment, while in 3.5% (15 children) there had been actual abuse. These figures could be higher as in around a half of the cases the subject was not explicitly taken up in the records (47.9% as regards maltreatment and 52.1% in the case of abuse). This omission should realistically be attributed to the absence of detailed information on the child's past history.

Health and relationships: the children's capacity to recover lost ground

In order to understand the psychological and physical progress of the children, as well as the development of their abilities to relate with others, the health, psychological and emotional development of the children was analysed at two different times after adoption: at the time of the placement into the new family and three years later, i.e. at the end of the post-adoptive 'accompaniment' period provided for in the Veneto Region. This in particular reflects the moment which, according to the international literature, should represent the end of the recover process.

The health situation was assessed on the following scale:

Absence of disease;

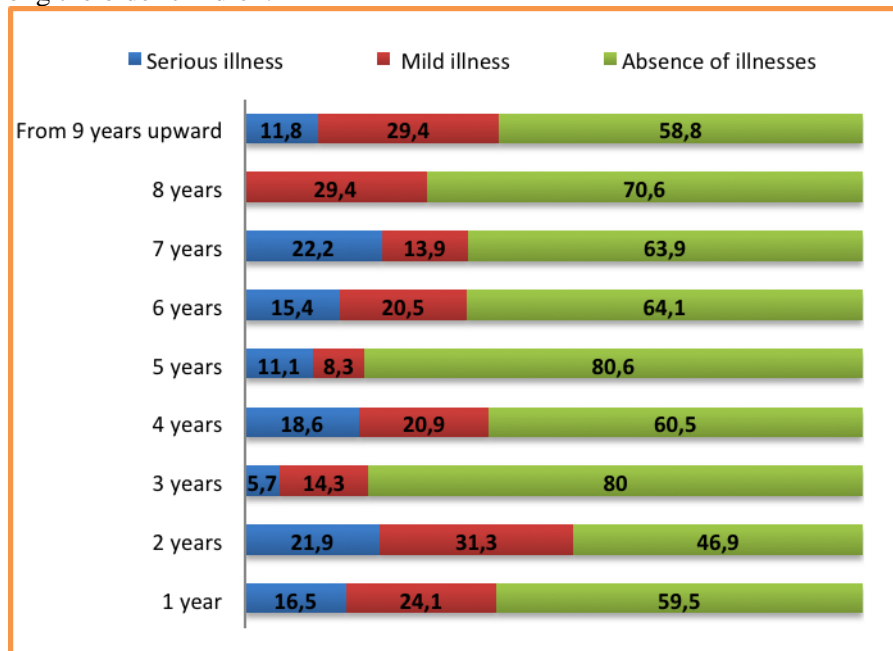
Minor illnesses (easy to treat and recover from);

Serious pathology (complex illnesses, including disabling diseases that cannot always be resolved).

The case records show that 63.9% of the children presented with no pathologies at the time of entry into their families, while the remaining 36.1% were not in good health: 15.1% with minor illnesses and 21% with serious conditions.

The most common of the minor illnesses included suffering from parasites, mild malnutrition, asthma and slight hearing and sight problems. Among the serious diseases were hepatitis B, cleft lip and palate, rickets, heart's disease and various degrees of delayed development. Two of the children in the sample had Down's syndrome.

On cross-referencing these data with the ages of the children a complex situation emerges (graph 1) where, while there was a tendency for the children up to the age of two years to be more likely to be suffering from disease, both mild and serious, the higher risk nevertheless remained among the older children.



Graph 1: The % of the presence of pathologies at the time of entry into the family, according to the child's age.

The studies carried out showed that at three years from the child's entry into the adoptive family, the health situation had improved. The incidence

of disease was found to remain in only 10% of cases, of which 3.3% could be described as serious (being chronic conditions or incurable conditions already present at the time of adoption).

As regards the psychological and emotional situations of the children, those most significant factors considered were the degree of bonding with the parents, the status of relationships with their peers and with adults other than the parents. The psychological and emotional situation was assessed on the following scale:

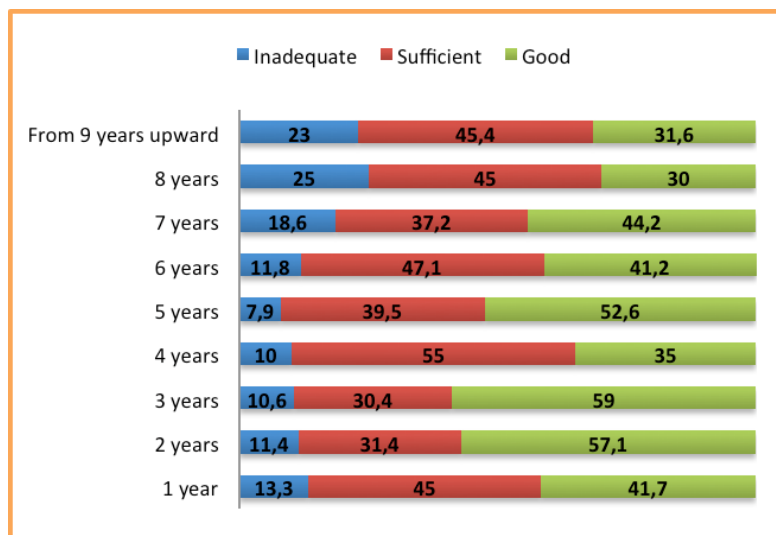
Inadequate: where the children have failed to develop the necessary capacity to relate to others in regard to their age.

Sufficient: the children have skills in their relationships with others but this is still not completely on a par with the norm for their age.

Good: the stage of development in terms of relationships is on a par with children of the same age.

The case records examined showed that the psychological and emotional situation of the children on entry into their new families was generally sufficient (44.6%) and good for 42.3%, while the remaining 13.1% of the sample presented with a situation that could be assessed as inadequate.

Cross-referencing the findings with the ages of the children (Graph 2), it can be seen that the older children were those with less adequate relational abilities (8 years: 25%, and from 9 years upwards: 23%), while children of 2 to 3 years of age presented a greater degree of competence.



Graph 2: The % level of psychological and emotional development at the time of entry into the family according to child's age

Significant improvements were also found in this area at the conclusion of the post-adoptive monitoring period. The psychological and emotional situation of the children had risen to good for 76.8% of the sample and sufficient for 20.1%, while the figure for inadequacy had fallen to just 3.1%.

In overall terms then the three-year period following the entry of the children into their families is characterised by significant improvement as regards health and wellbeing in terms of their relationships, thanks to their living with the family, enabling to rectify the effects of deprivation in their past histories.

The support of the Adoptions Team to the specific needs of the family

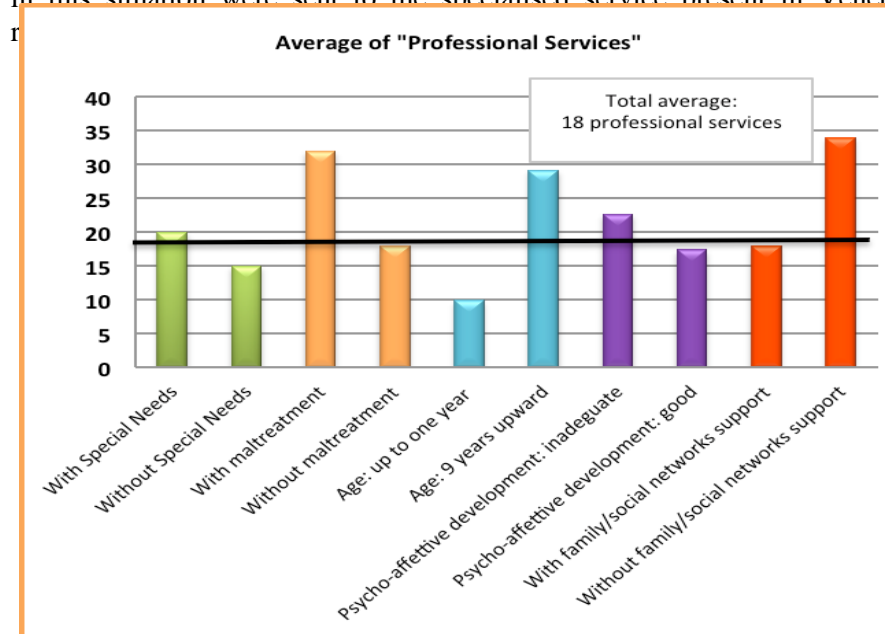
In the years following the arrival of the child into the family, the Adoptions Team support the bonding building with the adopted child through various psychological and social support activities (hereinafter referred to as the “professional services”), such as interviews with the family and other involved parties (i.e. Adoptions Authorised Agencies, school and other services), observations of the child, home visits and support groups. The aim was to determine, by studying the activities in question, which of the children’s characteristics had the greatest effect on their psychological and social needs in relation to their families and which involved most attention on the part of the Adoptions Team.

The Adoptions Team involved in the research intervened with their professional services in the three years from adoption of the child or children into the family an average of 18 times per family, with a minimum of once and a maximum of 113. The professional service most used in support of the family was the psychological and social interview with the parental couple, with an average of 5.2 such interviews per family. The interview, usually conducted by a psychologist and a social worker, was aimed at providing support for the couple, giving help on how best to build on their various parenting skills (in emotional, normative and educational terms), and providing also support for their understanding of how the child relates to others. The second professional service most frequently employed was that of observation, with a mean of 2.4 observations per child. These observations were carried out by the psychologist using games and interactive activities to identify the child’s bonding mechanisms and bring

into focus his or her processes for recovering emotional and relational capacities and abilities.

In general terms, the number of professional services undertaken depended on the series of factors considered here below (Graph 3).

Where the family took on children with Special Needs, the number of such services employed was increased, where 20 professional services were provided as opposed to 15 in the case of those not coming within this category. The average number of professional services was influenced by the incidence of previous maltreatment. Where the child had been subject to maltreatment, the number stood at 32 as compared with 18 in the case of children that had not suffered in this way. On the other hand the numbers of such services was not influenced by a history of sexual abuse since children in this situation were sent to the specialised service present in Veneto



Graph 3: Factors that influence the average of “Professional services”.

The professional services increased even in relation to the child’s age. A mean number of 9.9 services were effected with regard to children up to one year of age, a 29.2 services on average for children from the age of 9 years upward. The number of such servicwes also increased when the degree of psychological and emotional development was not adequate (rising from 17.4 in the case of satisfactory development to 22.7 where

inadequate), while the health situation did not of itself affect these figures. The families thus turned to the Adoptions Team above all in relation to problems of a psychological, social or relationships nature, turning to the health services on strictly health matters.

The post-adoption professional services were finally influenced by the presence or absence of supporting family, friends or neighbour networks or social support groups such as associations, the parish and the school. This is illustrated by the fact that there were 34 such professional services undertaken if no such networks were present, as opposed to the average of 18 where such a support network was in place. The existence of networks, particularly family groups, represents a fundamental support system when the couple becomes a family group with the arrival of a child, helping both the new family and with the care of the child. This also seems to be true for adoptive families.

Conclusions

The ever greater focus in Italy and abroad on the protection of children has led to the natural consequence of increasing numbers of older children and at-risk children, in terms of their health, being adopted. These include individuals often also suffering from the traumas of abandonment and of institutionalisation that undermine their ability to establish bonds with parental figures. These Special Needs children make up an increasingly large category, both nationally and more specifically in our region of the Veneto.

Though the backdrop is therefore more complex and more delicate in such cases, adoption proves to be an important resource available to the children concerned who, on entering into a family, are given a significantly improved chance both of enjoying good physical health and benefiting greatly in terms of their psychological situation and ability to form health relationships. When they entered the families 36% of the children in the study were not in good health, while after three years this percentage figure had fallen to 9%. The same applied to the psychological and emotional aspects, where children described as having problems in these areas amount to 13% of the sample, a figure that went down to 3% three years on from adoption.

Even though adoption may be considered as something of a last resort when it comes to the care and welfare of the child insofar as it involves its being uprooted from its original family network, and sometimes even from its country of origin, where the capacity of the family of origin to care for the child has been completely compromised, it may also be seen as the best

solution of all as it affords the opportunity of a total positive transformation in the lives of these children.

This general panorama of recovery must not be allowed to take anything away from the weight and delicacy of the situations the adopting family is called upon to face, situations that require the active responses of competent professional figures.

Given the above scenarios, the Veneto Region has set about formulating a suitable response for couples and for the best possible help for the adopted child and their families. The policies undertaken in support of this adoptive parenthood have been further shored up and the post-adoption stage has become the very core of the whole adoption journey. The services no longer take as their central focus the pre-adoption assessment of the candidate couple, but tend rather to concentrate additionally and especially, on extending the resources of the spouses and standing by them from the time of the arrival of the children.

In the area examined in the study it has been seen that the services on the ground completely fulfil their role as point of reference for the adopting families in their communities. They have shown themselves to be to adapt their actions and response to the specific needs of particular users of their services while at the same time the adopting families themselves seem well aware of the intrinsic difficulties of adoption and have been found to be open to suggestions and willing to implement the proposals coming to them from their Adoptions Team.

Adoption can therefore be said to be an important act of social intervention capable of altering the course of the lives of children that do not have the good fortune to enjoy an adequate care from their parent. In the same way the services operating in this community in the field of adoption seem well able to assist the families concerned in this task of recovery of lost ground for the children, by providing them with good support and considered and informed proposals. An emerging need for the future requires the services in the field to be likewise a social instrument, in the sense of not only seeking to ensure that the child settles well in its new family but also in the broader community to which it belongs. This means also nurturing the capital of social relationships, which influences the wellbeing of the family itself, and consequently that of the child as well.

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