
ADOPTION RESEARCH INITIATIVE BRIEFING

ENHANCING ADOPTIVE PARENTING: A RANDOMISED CONTROLLED TRIAL OF ADOPTION SUPPORT

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Background

It is now recognised that many families adopting older children from care need professional help to deal with the more severe behavioural and emotional problems of the children. However, concerns have been raised by adoptive parents, professionals and researchers about inadequate provision and unevenly spread post-adoption services. Failure to recognise the extent and severity of problems of the placed children has been apparent in health and children's services, and adopters feel that when they report problems they are underplayed or dismissed. Furthermore, staffing and skill levels have been a barrier to the families acquiring accessible therapeutic help.

Adoption Support Services Regulations 2005 offer people affected by adoption the right to request and receive an assessment of their needs for adoption support services. Service provision in individual cases is at the discretion of the local authority taking into account the individual circumstances of the case and the resources that are available locally. In order to make the identification of needs and service planning more systematic, local authorities are now required to draw up an adoption support service plan and to monitor its implementation. These are welcome developments, but not enough is known about what post adoption services need to offer, how intensive they should be, at what stage they should be delivered and by whom, and with what level of skill. Little is known about the effectiveness and cost of helping adoptive parents to deal with the difficulties presented by some placed children. The few UK studies that have tried to evaluate the outcomes of adoption support have lacked a non-intervention comparison group and the specific post placement adoption support has not been well defined.

The aim of the randomised controlled trial presented here was to test the cost-effectiveness of two programmes designed to support adopters who were parenting a child recently placed from care, and displaying emotional or behavioural difficulties, and to conduct a qualitative analysis of the intervention process. The strength of a randomised trial is that with equally balanced characteristics of the intervention and control groups, any difference in outcome is likely to be due to the interventions and not to other differences between the groups.

Sample and method

An introduction to the research was given to 26 authorities but only fifteen finally participated; these varied in size from large county councils to small unitary authorities. Adoptive parents with children between 3 and 8 years who were screened to have serious behavioural problems using the Strengths and Difficulties Questionnaire (SDQ) participated in the trial. Thirty-seven families participated: nine headed by single parents, four by same-sex couples; and the rest by married couples. With their consent, the adoptive parents were randomly allocated to one of two interventions (a) behavioural parenting advice with a cognitive element (n=10) and (b) a tailored adoptive parenting education programme (n=9), or to a 'service as usual' control group (n=18). The adopters in the control group were invited to receive one of the interventions following the final research interview. In this way all participants in the trial were offered a service whatever the results of the random allocation.

The two interventions consisted of 10, weekly sessions of home-based, parenting advice. Each program was based on a manual and delivered by trained and supervised family social workers. Interviews with the adopters revealed that none of the control group parents had received a service that was at all similar to the individualised parenting advice delivered via the trial.

Information about the children and the family was collected through face-to-face interviews with the adopters and by standardised questionnaires (which provided child-based and parent-based measures) at entry into the research study, immediately after intervention and 6 months later. Adopters in the control group were offered the choice of one of the parenting interventions after the 6 month follow up interviews.

Economic costs were calculated using an established procedure. This entailed estimating

the costs associated with each intervention group and with the control group, and linking this cost information with the outcomes for the children and parents after they had received services.

All but one of the adopters receiving the interventions completed the 10 sessions and research interviews were completed for 100% of the sample at all points.

The parent-based measures included the Parenting Sense of Competence Scale, the Parenting Daily Hassles Scale and a questionnaire on the Parents' Satisfaction with the parenting advice. The child-based measures completed by the parents were the Strengths and Difficulties Questionnaire, the Expression of Feelings Questionnaire, a Post-Placement Problems questionnaire and the Visual Analogue Scale (See chart for more details of the measures). In addition, adopters and parent advisers independently completed weekly feedback forms after each session.

Outcome Measures

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| Child-based measures | |
| Strengths and Difficulties Questionnaire | A 25 item check list of child psycho-social problems, originally intended as a screening questionnaire, but also used to detect change in intervention studies. It provides a total score and five sub-scale scores. |
| Post-placement problems | A questionnaire for adopters, specially devised for the study, covering common problems of maltreated children when placed in a new family. |
| Expression of Feelings Questionnaire | The EFQ was designed to capture the nature of the child's relationship with the new carers, to tap the child's ability to show feelings and to seek comfort and affection appropriately. |
| Visual Analogue Scale | The adopters were asked to mark on a line whether they thought progress had occurred in relation to the child's distress, misbehaviour and attachment relationships. |
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| Adoptive Parent Measures | |
| Parenting Sense of Competence Scale | This scale taps the skills, knowledge and satisfaction related to the parenting role. |
| Parenting Daily Hassles Scale | This scale captures the frequency and impact for parents of events that routinely occur in families. |
| Parents' satisfaction with the parenting advice Questionnaire | Asks the adopters to say what they had or had not appreciated about the parenting advice sessions. |

We hypothesised that the extra parenting advice would lead to improvements, in parenting and child psycho-social problems, in the intervention groups beyond that seen in the routine services control group.

Results

At the six month follow-up, parenting changes were more apparent in the combined intervention groups than the control group. A significant difference ($p < 0.007$) and modest Effect Size (ES $d = 0.7$) was found on the 'parenting satisfaction' scale in favour of the interventions over the controls as detected in the 'Parenting Sense of Competence' scale. The Parenting Satisfaction scale is composed of items reflecting feelings of parenting being rewarding and not a source of anxiety or frustration. The scale has items like: having a sense of accomplishment, doing a good job, having some talent as a parent and not being frustrated.

Research interviews with adopters showed that some negative parenting approaches to misbehaviour (threats, shouting, telling off) had significantly reduced in the intervention group compared with controls.

Small post-intervention improvements were found for the mean level of child emotional and behavioural difficulties for the whole sample. (The mean SDQ scores reduced for the Intervention group from 18 to 17 and for the Control group from 19 to 18). However, no significant differences between groups were found when the baseline data were compared with the post-intervention data or when baseline data were compared with six month post-intervention data. There were no significant differences between the combined intervention group and the control group, adjusting for baseline scores. No differences were found on the SDQ sub-scale scores nor on the other child based measures.

Using Visual Analogue Scales to assess progress in three key areas of children's psychosocial functioning, parents' ratings were more positive than their SDQ ratings, with roughly 80% recording some progress in all three domains.

A contrast of the two parenting interventions was restricted due to the small sample size and consequent low statistical power. However, parent satisfaction with the parenting advice was high and equivalent in both interventions.

Qualitative analysis showed that the adopters especially valued regular, home-based, interventions tailored to their specific concerns. Adopters stressed the need, not simply to receive advice but to work through problems and strategies with a trusted, skilled practitioner. However, parent advisers reported that some adopters' needs extended beyond the scope of the parenting advice programmes. Adopters' views on the relevance and usefulness of their 'preparation for adoption' indicated that preparation was frequently inadequate to manage these children's behavioural or emotional difficulties.

Cost effectiveness

The children and families in this study used a wide range of services before, during and after the interventions were received. The costs of specialist services used by participants in the month before baseline, immediately after the intervention and in the six months before the final follow-up interview were measured. The mean costs at baseline for the combined intervention group and for the 'service as usual' group were similar (£3058 and £3001 respectively). At first follow-up the mean costs were £3186 and £1641 respectively: that is substantially higher for the intervention groups, but this was mainly due to the inclusion of the intervention costs. At the six month follow-up mean costs were again similar (£1511 and £1738).

Combining overall costs with differences in outcomes showed a cost of £731 per unit improvement in 'Satisfaction with parenting' in the short term and £337 in the longer term. In other words, this is the cost associated with gaining an extra unit on the outcome measure. For a relatively modest investment in post-adoption support, evidence can now be cited from this study to show that this money would be well spent in aiming to enhance adoptive parenting. However, in terms of the aim to reduce the level of the children's problems, the costs of the extra intervention were higher but did not result in improvement in the children's problems.

Limitations of the research

The planned sample size ($n=70$) proved impossible to achieve even when the number of participating authorities was increased and the time scale of the research extended. This reduced the statistical power of the study. We must therefore conclude that this trial, in only achieving a sample size comparable to a pilot study, requires a larger sample replication before

the results can be used as more than a pointer for changing practice in post-adoption support.

Also, as about half of the parents whose children had high SDQs did not finally join the study, the sample is not therefore fully representative of the target sample.

Local authorities with high representation of black and minority ethnic (BME) looked after children were invited into the study, but in the event did not participate: BME children are therefore under-represented in the study sample.

For research ethics reasons, all the adopters were free to seek what services they wished. The trial therefore did not have a true non-intervention control group. However, very few control group adopters received an intervention comparable to the 10 parent advice sessions, although four attended the 6-session group based training - 'It's a Piece of Cake?'

These findings should not be generalised to all adoptions, only to families in which children are placed between 3 and 8 years and show substantial emotional and behavioural problems in the first 18 months of placement, and only apply when the parenting manuals, as devised for this study, are used by experienced practitioners.

Finally, we remain ignorant of what longer term effects there might be beyond the six months after the parent advice sessions ended.

Other lessons learned

Apart from the main outcomes from the trial, a number of other lessons were learned from the research:

Not all adopters wanted the free parenting advice offered by the study. We were a little surprised by this, especially when we knew they were struggling with severe difficulties. There are clearly complex help-seeking issues for adopters. Some may have preferred to struggle alone or to see if improvements would occur; some may have been waiting for a CAMHS appointment or other specialist help; possibly some were content with the level of help being delivered or promised, by their post adoption social worker. We suspected that some families were uncomfortable with the 'intrusion' into family life they thought would be associated with the parenting sessions.

Conducting a trial in a 'real world', rather than a clinical setting poses considerable difficulties. Much research time and effort has to go into enlisting the help of adoption social workers and recruiting the adopters. Good co-operation from the local authorities is essential.

This study attempted to define and standardise the parenting help by the use of written manuals. The parent advisers found the manuals sound and appropriate and the adopters found them relevant and of practical help. Some parents and advisers commented that there was too much material to cover in the 10 sessions and some would have preferred the sessions to be about two weeks apart rather than weekly.

Conclusions

The randomised controlled trial design, as used here, is a stronger method of evaluation than the one group, before and after study. Furthermore information gathering from the follow ups of both intervention and control groups was virtually complete.

The findings suggest that a home-based parenting programme for adopters caring for children with substantial emotional and behavioural problems in the first 18 months of placement resulted in positive changes in parenting satisfaction and less negative parenting approaches, when measured up to six months after receiving the intervention. Satisfaction in parenting their child rose after receiving the advice sessions, while the satisfaction of the control group fell slightly. For the intervention group, raised parenting satisfaction could be seen as a better platform on which to stand when looking to the future stability of, and satisfaction with, the adoption.

The parenting advice did not prove more effective in reducing child problems than 'service as usual' within the timescale of this evaluation. This lack of change in the children might be explained as a consequence of the extremely adverse pre-adoption histories. The children in the study had experienced maltreatment, separation from birth families, a period in care, multiple changes of placement, and then a relatively late placement in an adoptive family. Perhaps the beneficial influence of a longer period of stable, positive family life would be necessary to see significant behavioural change. Furthermore, some effects of earlier maltreatment might not readily be remedied, even in the longer term.

As both parenting manuals were equally appreciated, as neither showed superior results and as adopters generally wanted both 'understanding' and 'strategies', there is a strong case for combining the manuals into a single document. Further research is needed using larger samples and with the development of measures of outcome more sensitive to changes in this sample of children. However, we hope the study will be of use to providers and commissioners of adoption support services in being able to refer to an advice programme for adoptive parents that has been empirically tested.

Additional Information

Further information about this research can be obtained from Isabella Craig, 4th Floor - ARD, DCSF, SB2, Great Smith Street, London SW1P 3BT

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There are several related publications currently available:

Rushton A. and Dance C. (2002) Adoption support services for families in difficulty: a literature review and survey of UK practice. British Association for Adoption and Fostering.

Rushton A (2007) Enhancing Adoptive Parenting: A Randomized Controlled Trial of Adoption Support. Association for Child and Adolescent Psychiatry Occasional papers no. 26. Fostering, Adoption and Alternative Care. Conference special issue.

Rushton A., Monck E., Upright H. and Davidson M. (2006) Enhancing adoptive parenting: devising promising interventions. Child and Adolescent Mental Health, 11,1, 25-31.

A book based on the study is to be published by British Association for Adoption and Fostering and articles will be submitted to scientific and practice journals.

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