

# Enhancing adoptive parenting

## *A randomised controlled trial of adoption support*

This study is part of the Adoption Research Initiative (ARi), a group of major research projects commissioned by the former Department for Education and Skills (DfES). The dissemination of key messages from the initiative was funded by the Department for Education.

The study was undertaken by Professor Alan Rushton, King's College, London and Dr Elizabeth Monck, Thomas Coram Research Unit, London. Data was gathered between 2004 and 2007.

This summary is drawn from the research brief and full report of the study<sup>1</sup>. It reviews the methodology and findings of the research, and highlights key messages for managers and practitioners in adoption and fostering services.

Information about other resources from the study is available at the ARi website [www.adoptionresearchinitiative.org.uk](http://www.adoptionresearchinitiative.org.uk)

### 1. Background to the study

It is now recognised that many adoptive parents may need additional support to deal with the behavioural and emotional difficulties that children bring to their new families. Adoption agencies have responded to this and support services have developed considerably in recent years. However, concerns have been raised by some adoptive parents, professionals and researchers about inadequate provision and unevenly spread services. Failure to recognise the extent and severity of the children's problems has been apparent in health and children's services, and some adopters have reported that problems are underplayed or dismissed by professionals. Inadequate staffing and skill levels have also been a barrier to some families receiving specialised help.

The Adoption Support Services Regulations 2005 offer people affected by adoption the right to receive an assessment of their needs for adoption support services. Service provision is at the discretion of the local authority, taking into account the individual case and the resources that are available locally. In order to make service planning more systematic, local authorities are required to draw up an adoption support service plan and to monitor its implementation.

These developments have been welcomed, but there is little information available about the effectiveness and cost of different approaches to helping adoptive families. The few UK studies that have tried to evaluate the outcomes of adoption support have lacked a non-intervention comparison group and the specific interventions have not been well defined.

This study was different because it was a randomised controlled trial (RCT). This means that the 'intervention' groups (which receive a specific and well-defined intervention) are compared with a 'control' group (which receives no specific intervention). The strength of a randomised trial is that if the characteristics of the intervention and control groups are equally balanced, any difference in outcome is likely to be due to the intervention and not to other differences between the groups.

### 2. What was the purpose of the study?

The purpose of the study was:

- To test the cost-effectiveness of two parenting programmes (referred to as 'interventions'). These were designed to support adopters who were parenting a child recently placed from care and displaying emotional and behavioural difficulties
- To discover how the adopters experienced the parenting programmes and how the parent advisers experienced delivering them.

<sup>1</sup> This summary was drafted by Mary Beek, Professional Adviser to the Adoption Policy team, Department for Education in consultation with the researchers.

### 3. How was the study done?

Thirty seven adoptive families from 15 local authorities took part in the study. Their children were aged between 3 and 8 years and were screened as having serious behaviour problems using the Strengths and Difficulties questionnaire<sup>1</sup>. None of the children had severe physical or learning disabilities and none had been placed with relatives or previous foster carers. Nine of the parents were single and four of the couples were of the same sex.

With their consent, the adoptive parents were randomly allocated to one of three groups:

- Group (a) received a behavioural parenting advice programme (10 families)
- Group (b) received an adoptive parenting education programme (9 families)
- Group (c) (the control group) received 'service as usual' (18 families)

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 an intervention in due course.

The hypothesis of the study was that the two groups receiving the interventions would show improvements in both parenting approaches and in the children's difficulties, and that the control group would not improve to the same degree.

#### **The interventions used**

The two interventions both consisted of ten, weekly sessions of a home-based parenting programme specifically tailored for adopters. One programme focused on providing advice, based on a cognitive behavioural approach adapted to deal with the particular needs that adopted children are likely to have. The other was an educational programme which aimed to help parents to understand the underlying causes and meanings of their child's behaviours. Each programme was based on a manual and delivered by trained and supervised adoption 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 and education delivered via the trial.

#### **The measures used**

Information about the children and the family was collected by standardised questionnaires and through face-to-face interviews with the adopters. Data was gathered at entry into the research study, immediately after the intervention and 6 months later.

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.

The child-based measures completed by the parents were:

- The Strengths and Difficulties Questionnaire
- The Expression of Feelings Questionnaire
- The Post-Placement Problems Questionnaire
- The Visual Analogue Scale (adopters were asked to mark on a line whether they thought progress had occurred in relation to the child's distress, behaviour and attachment relationships)

The parent-based measures were:

- The Parenting Sense of Competence Scale
- The Parenting Daily Hassles Scale
- Parents' Satisfaction with the Parenting Advice Questionnaire
- Weekly feedback after each session

### 4. Key findings

#### **Had things changed for the intervention groups?**

- At the six month follow-up, parenting changes were more apparent in both of the intervention groups than in the control group.
- A significant difference was found in one element of the 'Parenting Sense of Competence' scale. This covered items such as having a sense of accomplishment, doing a good job, having some ability as a parent and not being frustrated or made anxious. Adopters in both of the groups which received the interventions had higher scores in all of these areas than those in the control group.
- Research interviews with adopters showed that some negative parenting approaches to misbehaviour (threats,

<sup>1</sup> Goodman R. (1997) *The Strengths and Difficulties Questionnaire: a research note*, Journal of Child Psychology and Psychiatry, 38, pp 581 – 586.

shouting, telling off) had significantly reduced in the intervention groups compared with the control group.

- Small improvements were found in the level of child emotional and behavioural difficulties for the whole sample. However, there were no significant differences between any of the groups on any of the child based measures. There was, therefore, no clear evidence that the interventions had improved the children's emotional and behavioural difficulties – at least in the short term.

#### **What was the feedback from the adopters?**

- A statistical contrast of the two parenting interventions was restricted due to the small sample size. However, parent satisfaction with the parenting advice was high and similar in both interventions.
- The adopters especially valued regular, home-based, interventions tailored to their specific concerns. They stressed the value of working through problems and strategies with a trusted, skilled practitioner.
- Some adopters stated that they would have liked more input on managing aggressive or violent behaviour.
- Parent advisers reported that some adopters' needs extended beyond the scope of the parenting advice programmes.

#### **Adopter's feedback from the parenting advice programme**

*'I feel more confident: we use praise and play more than we did, and we use the reward system more carefully. I think we are more patient, waiting for change: more understanding about the child's defensive reactions and about the effect we are having'.*

#### **Adopter's feedback from the parenting education programme**

*'I am now more aware of the reasons why E behaves as she does, and how my reactions impact on her. I am now able to identify causes. I'm more relaxed and firmer too. We used to react immediately and without a full understanding of why she behaves as she does'.*

#### **The benefits of play and praise**

Two specific issues received frequent comments from both advisers and parents: 'special play' and 'praise'. Simply persuading parents to find more time in their busy lives for relaxed play was one of the more significant interventions, often leading to an immediate beneficial impact: warmer responses from the child and more enjoyable interaction. This sometimes needed a re-scheduling of the family routine, perhaps getting up earlier, to make space for the 'special play'. One family incorporated focused playtime away from other siblings as part of family life. Some children were said to have loved the special time set aside while others were avoidant or resistant initially. Parents particularly valued simple play materials which promoted closeness and eye contact. Some parents were sceptical at first, ill at ease with play themselves, or too eager to be directive, but in general were surprised at the benefits of relaxed play, especially in helping parent and child to feel closer.

#### **Were the interventions cost effective?**

- The researchers assessed the total costs of all support services (including the parenting interventions), received by each of the groups.
- The combined intervention group had significantly higher costs over the post treatment follow up, but in the longer term, costs were similar for all groups.
- Then the researchers looked at these costs alongside the improvements in the various measures used.
- The 'Satisfaction with Parenting' score was significantly higher for the intervention groups. The researchers concluded that, in the short term, each unit of improvement on the scale cost £731. The scores had continued to improve at the six month follow up and the costs of these improvements were £337 per unit.
- In terms of the aim to reduce the level of the children's problems, the costs of the extra intervention were higher than 'service as usual' but did not result in improvement in the children's problems.
- However, it can be argued that increased satisfaction in parenting creates a better platform for effective parenting and that this is likely to lead to better outcomes for children.

## 5. Limitations and strengths of the study

### Limitations

- The sample size was small (n=37) and this reduced the statistical power of the study. The study would need to be replicated with a larger sample before the results could be used as more than a pointer for good practice in adoption support.
- Local authorities with a high representation of black and minority ethnic (BME) looked after children were invited into the study, but did not participate. BME children are therefore under-represented in the study sample.
- The findings of the study 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. The findings only apply when the parenting manuals, as devised for this study, are used by experienced practitioners.
- We do not know what longer term effects there might have been beyond the six months after the interventions ended.

### Strengths

- The proposal for the study was independently and anonymously peer-reviewed before the work was commissioned.
- The report was independently and anonymously peer-reviewed before its publication.
- The randomised controlled trial design, as used here, is a strong method of evaluation because the comparison with a control group allows the researcher to assess with more confidence whether it is the intervention that is making the difference.
- There were no drop-outs in the intervention groups and the adoptive parents attended almost all the weekly sessions.
- The information gathered from the research follow ups of both the intervention and the control groups was virtually complete.

- The interventions were administered carefully and competently by trained practitioners and a wide range of measures were used to evaluate the outcomes. This gives added weight to the findings.

### Key messages

This study provides some important indicators for adoption support, and also for the support of foster carers offering permanent or long term placements. Providers of these services might:

- Consider home-based parenting programmes as part of the support package for adopters and foster carers of children with emotional and behavioural problems. This study provides evidence that such programmes can result in positive changes in parenting satisfaction and less negative parenting approaches. Raised parenting satisfaction is an important indicator for the well-being of the adoptive or foster family and the future stability of the placement.
- Allow generous timescales for behavioural and emotional change in children and prepare prospective adopters and foster carers for this. In this study, the children's behaviour did not improve significantly and it is likely that the beneficial influence of a longer period of stable, positive family life would be necessary to see greater signs of change. Building the confidence, satisfaction and resilience of the caregivers is likely to be the most productive focus of intervention in the early stages of a placement.
- Keep in mind the dual strands of 'education' (understanding more about children's difficulties) and 'advice' (understanding more about how to handle them) when supporting adoptive parents and foster carers. Both interventions were equally appreciated by the adoptive parents in the study and neither showed superior results. These appear, therefore, to be equally important elements of post placement support.