

## **Research review - Adoption preparation and post placement support for adoptive parents of older children placed from care**

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### **Introduction**

With increasing recognition of the difficulties children from the care system can bring to adoptive placements, more attention has been focussed on preparation and post-placement support for the new parents. The UK Government, following the Adoption and Children Act 2002, has issued practice guidance on making more detailed assessments of the needs of adoptive families in the interests of providing better support services and improving practice (Bentovim & Bingley Miller, 2004).

Recent publications have explored models of support services (Hart and Luckock, 2004) and practice innovations (Argent, 2003) and the development of recent legislation and current service developments in the UK have been subjected to a critique (Coleman, 1993). Similar policy developments have occurred in the US following the Adoption and Safe Families Act (1997).

This research review covers adoption preparation and post placement support. It does not include support for birth families whose children have been adopted, preparation and support for the adopted children, support for complex contact arrangements, nor support in terms of respite care, practical help, childminding, health, educational and housing services, nor adoption allowances. These are all, of course, important areas and research is beginning to tackle some of the topics, but the focus here is on preparation and support for challenges to adoptive parenting.

### **Preparation of adopters**

Strong expectations have grown up that that all adopters receive appropriate preparation to adopt a child from care. This is clearly a sensible, not to say essential, procedure. However,

preparation for adoption, as set out in the Adoption Agencies regulations 2005, mostly concerns information giving and adoption procedures and the details are left to the discretion of the agency. Only brief mention is made of the skills necessary to be an adoptive parent (para 24, 2(d)).

Little up to date information is available on the typical content, methods and quality of the preparation and training typically on offer (seminars, airing views, structured experiential exercise) and its effects. What is the relevance of the training to the needs of the adopters in relation to the specific child arriving in their home? How is it related to placement success? Is the time and cost devoted to it justified in terms of outcomes, both short and long term?

Admittedly any research designed to answer these questions will pose a considerable challenge in isolating the independent impact of preparation, and its many constituents, alongside the numerous other factors that influence developments in the placement.

In terms of reliable, research-based evidence, only a handful of studies on preparation and training have been published. Where information exists, it is mostly gathered as one element only of a broader enquiry into the adoption service. Little evaluative, rather than simply descriptive research, has been undertaken. No recent national mapping of adoption preparation per se has been undertaken.

The nature of the preparation services have however been developing more of a partnership model, with more group-based sharing of potential adopter experiences and expectations. This has gradually replaced a traditional, top-down, expert information-giving model. Initial group meetings can offer the opportunity for unrealistic expectations to be challenged and misperceptions to be explored before moving to the decision to adopt. The way this is being done and how it is being received could well profit from closer investigation.

The Maudsley Adoption and Fostering study, conducted a decade ago (Quinton et al, 1998), showed that although most of the adopters expressed satisfaction with the preparation, by no means all were positive. The experienced parents were the most dissatisfied, and many thought insufficient attention was paid to the impact on the families' own children. Most significantly, adopters found the training too global, not sufficiently focused on their child, with too little on relevant parenting skills.

Lowe and Murch et al (1999) in their study of supporting the adoption of older children, found that agencies vary considerably in the way they prepare adopters. Although group meetings led by social workers and individual meetings were found to be the predominant form of preparation, agencies varied as to how much group and how much individual preparation was

offered. Some kept the preparation and assessment functions separate while others merged them. The researchers favoured clear boundaries being maintained.

This research listed 10 elements of preparation, of which individual social work visits and agency groups were the most frequently used. More was on offer, generally, from voluntary than statutory agencies. A small minority of potential adopters had had no preparation whatsoever! Some adopters found the social workers extremely helpful, but others found the agencies unsympathetic or that they failed to recognise their previous parenting experiences. Some complained of selective imparting of information about the child.

Once again, there was lack of information about practical parenting strategies. Clearly only so much can be achieved via this introductory group model, and providing the skills to handle the likely difficulties of the child to be placed has proved hard to achieve in advance. However, the researchers recommended greater tailoring of the preparation and less use of fixed practices.

Two recent US studies have made a useful contribution to knowledge about preparation and many of the findings, but perhaps not all, generalise to the UK scene. Studies which focus on how the public and private adoption agencies perform, for example, may produce results which are less relevant or not easily comparable with UK services. Also, analyses of surveys, given the different ethnic mix, is likely to concentrate on differences according to Black, Hispanic and Caucasian responders.

The study by Egbert and LaMont (2004) tried to tackle the concept of 'preparedness'. It was based on a postal survey of 368 adoptive parents and their retrospective views of their 'level of preparedness to adopt'. The analysis of the responses showed that the following post-placement factors were associated with 'preparedness': ease of attachment to the child (highly associated with the child's abuse history and behavioural and emotional problems); the parents' relationship with the adoption agency (they appreciated open information sharing about the child's history); the duration of the adoption (those placements made long ago may have been accompanied by less good training). As ever, there was dissatisfaction by adopters when they thought the child's problems had been minimised by the social workers.

This study was limited in that it was not an investigation of adopters' reactions to specific preparation programmes, but to their perceived 'level of preparedness'. Furthermore, there was a fairly poor return rate (34%) to the questionnaires, and the authors acknowledge possible recollection bias because the sample included families who had adopted many years ago.

The California Long-range Adoption Study (Wind et al, 2005) had the opportunity to conduct a mailed survey of more than 1,000 adopters, a fifth of whom had adopted children aged over 3 years. Information gathered from the parents included their knowledge of the child's pre-

adoptive risk history (which could be subject to inaccuracy), pre-placement and pre-adoption preparation services and their 'sense of preparedness' at the time of adoption.

The researchers have gone further than others in detailing the content of preparation and testing the significance of the association with other factors. This is particularly useful as the term preparation can be used to cover many different activities. They identified 18 types of adoption preparation service including a general introduction to adoption, information giving on the child's history and psychological status and family background. In the first place, they found that less than half the families received 'general preparation', that is opportunities to meet other adopters, to receive reading material and pre-adoptive counselling.

The study employs complex statistical modelling made possible by the large sample size. The researchers provided evidence that where children had a history of pre-placement adversities, the families were more likely to receive services focusing on the child's past experiences and caretaking history. There was therefore some logic connecting needs with services. However, the study does not explain why this desirable result was achieved. Were more services provided because of sound professional judgement and related activity or did the adopters with greater needs seek and attend more services? Like the previous studies, the authors recommend that preparation is more tailored to the unique circumstances of the placed child and the characteristics of the adoptive family.

### **Future research on preparation**

Although methods for managing difficult behaviour are sometimes mentioned in these studies, few further details are given on what is offered, what skills are taught and whether any advice is absorbed and carried usefully into the placement. Research is clearly needed on the extent to which preparing adopters with skills in advance of placement is a feasible and useful strategy.

At least ongoing research should be conducted into keeping track of theoretical developments, recording practice innovations, and mapping the extent to which services are developing evenly and are readily accessible. It would be more ambitious to conduct a comparison of different models of preparation and to examine differential cost-effectiveness.

### **Support for adoptive parents of children placed from care: Evidence from surveys of adopters**

Studies of adoption support have tended to concern professional rather than user support, although group-based, mutual help groups for adopters have become an important resource in

the UK, but are under-evaluated. Most of the research base comes from surveys about adopters' needs and perceptions and as such is mostly descriptive rather than explanatory.

Rushton et al (1993) in their 5-year follow-up of late placed adoptions found that none of the families were receiving a social work service, although some had managed to negotiate psychiatric or educational help. Studies such as this conducted on adoptions arranged in the late 1980s set down a marker to indicate how little was on offer at that stage.

Quinton, Rushton et al (1998) investigated post placement social work support in the first year of placement. Considerable variation in the quality of service was found by the social workers' own accounts, from very infrequent support through to detailed discussions with the parents about the problems leading to advice on using specific parenting tactics. There was evidence that by the end of the first year a more intensive service was being offered in cases where the child was showing many psychosocial problems or was not developing an attachment to the new parents.

The study by Lowe and Murch et al (1999) recorded adopters' difficulties in having the seriousness of their child's problems recognised, problems of misleading information and in accessing services. Many adopters, even those who admitted to good preparation and information giving still found the level of disturbance in the child presented a more severe challenge than they had expected. The authors conclude with many recommendations for radical changes to the adoption support system.

Sturgess and Selwyn (2007) have conducted a broader survey of the support provided in non-infant placement adoptions not just by social services departments, but by health, education and child and adolescent mental health services (CAMHS) both pre- and post- adoption order. This was an interview and questionnaire based study of 54 families where the adoption was still intact and who agreed to be interviewed (82% of all those traced).

The adopters were asked about the support they received and would like to have received. The study documents, as others have previously, the complexities of help seeking for adopters. Although a third of these adopters were happy to receive services, others were reluctant to seek help for fear of seeming to have failed or feeling blamed or because they preferred to struggle alone. This highlights the complex relationship between needs and contact with services.

Social work services ceased fairly soon after the adoption order was granted and was provided only when there was a crisis in the placement. The adopters were not satisfied with the behaviour management advice available through the SSD. As in other studies, there were disappointments that CAMH services often failed to provide relevant, sustained and effective help and had poor understanding of the adoption context. The authors regret that little will be

achieved until the quantity and quality of adoption services expands and there is greater accessibility. As the placements reported on here were made in the early 1990s, the research has captured service levels during this period and the findings represent only one area of England.

The picture painted in these UK studies is of inconsistency in service provision. Evidently some families were full of appreciation for the help they received, but many had complaints about the absence of services suited to their needs, and at the time that they needed them. Financial constraints on local authorities, the quality and training of social work staff, rural or urban locations and many chance factors conspired in determining who got what kind of service. The availability and accessibility of post adoption services needs continuous monitoring so that we learn to what extent the policy and legislative initiatives have actually brought more effective support to adopters (Rushton and Dance, 2003).

Evidence from the US comes from a recent survey by Zosky and Howard et al (2005) who gathered adopters' views of 'adoption preservation services' as they tend to be called in the US. Over 800 adopters completed feedback forms after receiving a service. They were found to favour free, home-based support that was sensitive to the unique and complex needs of the family. They appreciated help in understanding the behaviour and feelings of the child and wanted to develop better parenting strategies for dealing with difficult behaviour, anger and lack of trust.

The factors that emerge from surveys tend to emphasise the need to understand the children's problems, how to manage behavioural difficulties and, how to encourage commitment to the child, especially when the child is unrewarding or has a weak or distorted attachment.

### **The effectiveness of interventions to support adoptive parenting**

Much faith has been based on providing a secure, nurturing family environment for abused and neglected children. This may benefit many children, but not all, and follow-up studies of late placed adoptions have shown that problems can persist for many years after the adoptive placement (Rushton and Dance 2006).

This has led to the need to develop better targeted and more intensive interventions. It is a major research challenge to demonstrate conclusively that an intervention is capable of reversing the serious problem behaviour that has arisen from early adversity. As rigorous evaluations of support for non-infant adoptions have yet to be published, we need to look to the nearest examples, namely maltreated children placed in foster family care.

Most interventions have been targeted on the carers and designed to have a cascading effect on the children. Minnis et al (2001) were the first to conduct a randomised controlled trial (RCT) of

a group based programme to improve foster carers' ability to communicate with children. MacDonald and Turner (2005) tested, also with an RCT design, a cognitive behavioural programme with foster carers. In both cases the foster carers reported on benefits from the programmes, but no statistically significant differences were found at follow-up on the primary outcome measure of change in the children. It is possible that the children were too pathological to show differences in behaviour in the relatively short term, or the programmes were not sufficiently well targeted or intensive enough or sufficiently absorbed by the participants that it noticeably changed their parenting behaviour.

New US-based studies in foster care are currently evaluating such intensive interventions. The key goal in Mary Dozier's study is to help the carers to enhance the children's regulatory capabilities (Dozier et al, 2006). This approach is adopted because of findings that stressful early experience is related to problems regulating physiology, behaviour and emotions (Gunnar and Fisher, 2006).

Preliminary findings have been reported from a randomised controlled trial with a sample of 60 infants and toddlers. She and her colleagues tested the 'Attachment and Bio-behavioural catch-up' intervention designed to 'enhance regulatory capabilities' and compared it with a developmental education programme. They were both based on 10 week, home-based sessions. Patterns of cortisol production in the experimental group became more like the norm. In terms of the key behavioural measure, greater effect was shown on the toddlers than the younger infants. Experimental group toddlers were doing better than control children, but not significantly so.

Fisher et al (2005 & 2007) have conducted a trial with older children (aged 3-5) in foster care. They focus on the importance of a responsive caregiver who can assist with the child's stress regulation. The sample of 117 foster children in the age range 3-5, was randomly assigned to the multi-dimensional treatment foster care programme for pre-schoolers or to regular foster care conditions.

The experimental intervention was designed to support the foster carers in providing consistent and contingent responses to the children. Foster parent consultants worked intensively with the foster carers to encourage positive behaviour and to set limits for problem behaviour. The children attended therapeutic play group sessions. Based on carers' reports, increases were shown in secure behaviour and decreases in resistant and avoidant behaviour.

The authors claim that this is a first step in showing that attachment related behaviour can be modified. Such studies, more scientifically constructed in terms of clearly specified

interventions, detailed multiple measures and relatively large samples are producing promising findings with strong implications for adoption interventions.

The development of more intensive, structured parenting interventions, tailor-made for adopters is one promising approach. A randomised controlled trial is currently being conducted to investigate the cost-effectiveness of two, 10-week, home-based interventions to enhance adoptive parenting (Rushton, Monck et al, 2006).

Behaviour management advice is being compared with an educational programme to aid understanding of the children's problems and both are being compared with services as usual. The sample has been collected and the interventions delivered. When the six months post intervention data are collected it will be possible to compare the outcomes of the intervention and control groups.

However, this is a brief intervention designed for the early period of the placement. Longer term therapeutic help may be needed for some adopted children with enduring behavioural problems and attachment difficulties together with appropriate, readily available supportive services for adoptive parents who are not seeing great evidence of their child's recovery from poor early experience.

#### **Future research on post placement support and parenting help**

Questions about what form adoption support should take, whether education-oriented, skills based, counselling- or therapeutically-based have been around for many years (Rushton, 1989). Effectiveness research has lagged far behind and is only now beginning to be set up.

From an evidence-based point of view, it is advisable to treat with caution the strong claims by service providers and the selective testimony of satisfied customers. Some statements can sound very authoritative and persuasive but are theoretically or value driven and have never been tested.

More rigorous investigation is needed into the effectiveness of a variety of interventions (family-based, group-based, parent-child based) that could contribute to more effective adoptive parenting. Scott and Lindsey (2003) outline a range of current therapeutic approaches.

Research is needed on how parenting programmes are received by Black and Minority Ethnic adoptive families. For instance, are praising and ignoring and use of 'Time Out' comfortably received and consonant with the parenting norms and values of different cultural groups?

For the future, the hope is that research will deliver definitive results on what works in supporting adoptions from care. As this evidence base develops, manualised interventions can

be disseminated and used in training. These should then be modified as necessary and in the light of ongoing feedback.

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