Support for adoptive families A review of current evidence on problems, needs and effectiveness

This review of research literature is concerned with selected aspects of adoption support, namely the problems for the placed children, the characteristics of the new families, the needs of both children and parents for services and what is known about the effectiveness of interventions for placements in difficulty. Alan Rushton identifies the most useful findings and considers their relevance for providing a modernised adoption support service. He concludes that knowledge is accumulating in many areas although more evaluative research needs to be conducted on promising interventions.

Introduction
New adoption legislation has been enacted by the English parliament, a Taskforce is assisting local authorities to improve their adoption practice, and plans are being laid to implement National Standards and new adoption support provisions. In the light of this activity, no doubts can exist that there is a window of opportunity for much-needed improvements in adoption support services. Furthermore, related developments are taking place in the rest of the UK. But as progress is made with policy and legislative changes and, it is hoped, with resource allocation, developments should also be conducted within a research framework. We need to keep abreast of research findings in a number of fields and to consider how reliable findings can best be integrated into adoption practice. Of the many possible questions, those selected here for discussion are:

- What does research tell us about the problems of the placed children?
- What are the characteristics of the new families?
- What are their needs for services and what is known about the effectiveness of those services?

This article provides a selective review of research relevant to these questions. Other significant aspects of supporting placements, such as work with birth families, pre-placement preparation and facilitating contact arrangements, cannot be covered here. However, this is not meant to imply that they do not have an important place in a comprehensive adoption support service.

The problems of children placed from care for adoption
We know, from a substantial body of research, that a significant minority of adoptive placements of looked after children either disrupt or continue with enduring difficulties (Triseliotis, 2002). We know, too, that the factors most strongly associated with difficult placements are older age at placement and the child’s adverse experiences in previous environments. Older children placed from care may have experienced a range of adversities over time. They will have lost significant relationships in their lives and most will have experienced some form of maltreatment, whether intentional or not.

However, psychological research into the consequences of early adversity and maltreatment has not been easy to conduct. Despite numerous papers appearing on the antecedents and consequences of various types of maltreatment and neglect, rigorous reviews of the evidence tend to dismiss much of the research because it is methodologically flawed in some way. Confident conclusions about the effects of maltreatment are therefore harder to establish than previously thought (Knutson, 1995). Furthermore, the maltreatment literature remains rather separate from the adoption adjustment literature. We are only beginning to learn what happens to a child’s problems once they are in a continuing, stable family placement. Adoption professionals and, indeed, adoptive families themselves, need to be aware of the broad findings in

Alan Rushton is Senior Lecturer in Social Work at the Institute of Psychiatry, King's College London

Key words: adoption support, maltreatment, psychosocial problems, consumer views, effectiveness
order to bring greater understanding to the child’s post-placement adjustment.

It has been shown that maltreatment affects development across a wide spectrum of psychosocial functioning. Comprehensive reviews by Skuse and Bentovim (1994) and Cicchetti and Toth (1995) summarise the known effects upon emotional, relationship and cognitive problems, educational performance and behavioural difficulties. It has proved more of a challenge to establish whether differential outcomes arise from the subtypes of maltreatment – that is physical, emotional and sexual abuse and neglect. The strongest specific links that emerge from the research are that physically abused children tend to be more aggressive and sexually abused children tend to display more sexualised behaviour.

However, studies have not found much direct correspondence between events and effects, since abuse rarely falls into one category and the outcomes will be influenced by a range of complex factors. These include the intensity and duration of the maltreatment, combinations of types of adversity, other aspects of the birth family environment, the identity of the perpetrator or perpetrators of abuse, the vulnerability of the child and the availability of supports. The links will therefore be complex and result in a range of outcomes. Furthermore, it is not simply the events themselves but the meaning of these pre-placement events for the child that will influence outcome (Rutter, 1989). Future research will need to deal with these confounding factors when conducting follow-up studies into the consequences of the sub-types of abuse (MacMillan and Munn, 2001).

A tendency has been evident in the therapeutic and practice literature to emphasise the contribution of stresses and trauma on the children. However, it is important not to ignore the influence of factors prior to any mistreatment, for instance poor maternal nutrition and pre-natal exposure to drug and alcohol misuse during the pregnancy, or the mother’s physical and mental health before and after the birth. Additionally, a higher risk exists of inherited mental health problems in children adopted from care as certain psychiatric problems and anti-social behaviour are more likely to be present in the birth parents (Cadoret, 1990). Nevertheless, genetic factors do not affect the children’s development directly, but rather may make them vulnerable to, or protect them from, adverse environmental influences (Rutter, 2000).

More recently, research has been conducted into neurological changes associated with pre-natal, neo-natal and childhood stress and maltreatment (Perry, 1995; Schore, 1996; Fisher et al, 2000). Early adverse experiences can have lasting negative effects when they occur during sensitive periods in the development of the brain. Advances in the psychobiology of child maltreatment may prove increasingly important in explaining some common behavioural characteristics, for example high activity levels, frequently found among looked after children, as well as aggressive responses and educational under-achievement (see Glaser, 2000, for a comprehensive review).

The problems of looked after children and children placed from care

In the USA, both Groze (1996) and Barth and Berry (1988) have shown that most of the children placed from care when older exhibited significant behavioural disturbances. UK studies have mostly relied on standardised questionnaires to new parents as a means of assessing the child’s difficulties, rather than on independent observations of the children or parent-child interaction. Other information has been gathered from teachers, independent professional assessments and, much less commonly, from the viewpoint of the placed children. Studies have mostly been based on data at one point in time, but are much more informative if samples can be followed up to establish whether difficulties disappear or whether placements that start out as largely problem-free become difficult later.

Rushton and colleagues (2003) have shown that over the first year in a late-placed sample, child–parent relationship problems persisted, but only for a minority, while behavioural difficulties were more common at the outset of the
placement and were more likely to persist than decrease. When they followed up the sample five to six years after placement, problem levels of the children, when at an average age of 14.5 years, were substantially elevated compared with matched community controls, both on total scores and all individual domains, especially over-activity, conduct and peer problems (Rushton and Dance, in preparation).

Psychological problems had persisted for the group well into placement and 40 per cent scored in the abnormal range (17–40) versus six per cent for the controls. Careful measurement of the extent of continuing problems in representative samples constitutes some of the strongest evidence on which to build an argument for long-term adoption support and intervention.

Howe’s study (1997) showed that the combination of having a ‘poor start’ in life and being placed late for adoption was associated with the worst outcome. He found that many of these children at adolescence were angry, hostile, confused and frustrated, although it was encouraging to see that much had improved for them by early adulthood. This illustrates the importance of appreciating adoption as a lifelong process.

Problems and challenges as reported by new parents

In the attempt to record the placed children’s problems, somewhat different responses are produced depending on the question that is asked. If the question to adoptive parents is ‘What troubles you most about the child?’, different information may be obtained compared with asking ‘Which of the following pre-selected problems does your child have?’. In some ways, knowing which difficulties are producing the greatest strain for the parents is more useful when thinking about how to respond with relevant services. However, different types of difficulty have headed the list in different adoption studies. Sometimes behavioural difficulties predominate and sometimes educational or financial problems. This may, of course, reflect differences in the samples of children placed. For example, health concerns and needs for information tend to predominate in samples containing many children with disabilities, cognitive problems in samples with children with pre-natal substance exposure and financial needs in lower-income families. Yet findings on problem frequencies are sometimes presented as if generalised to all children placed for adoption.

Level of difficulty as perceived by new parents

It may be helpful to consider the following grouping of problems which children exhibit in the home setting in the first year of placement. This information is derived from research interviews with new parents in the two Maudsley studies of late-placed children (5–11 years) (Rushton et al, 2000; Rushton et al, 2001).

1. Common but manageable problems – emotional distress, anxiety, sleeping difficulties, incontinence and mild eating problems

2. Problems presenting a stronger parenting challenge – conduct problems, defiance, unco-operativeness, stealing, lying, over-activity, restlessness, poor attention, sexualised behaviour. These behaviours have more of a negative impact on family life and relationships. They are likely to need more carefully worked out parenting strategies and skills to manage them effectively.

3. Problems that are a threat to placement stability – severe parent–child relationship problems, weak return of affection or rejection, extreme forms of behaviour, especially persistent non-compliance, violence and aggression. These are more likely to challenge parents to the point of questioning the wisdom of the placement and more specific and sustained supportive interventions will be needed.

These are general categories and, of course, particular problems are more troublesome to some parents than others because of their own personalities, their values and tolerance levels. For example, sexualised behaviour or academic difficulties may have much more impact on certain parents.
It is important to recognise that problems should not be thought of solely in individual terms, or only as parent–child problems. Difficult interactions may arise between children placed as a sibling group and between placed children and children already in the family. Sibling disputes, rivalries and jealousies can be severe and unrelenting and a major challenge to adoptive parents. Managing these relationships may require expert help and the employment of specifically designed interventions.

The new parents, family functioning and family integration
Researchers are beginning to investigate the significance of the role played by the new parents in promoting successful placements. Many suggestions are made in the practice literature on what the likely positive characteristics might be, for example being child oriented, having realistic expectations, a flexible parenting style, sound motivation and having supportive partners. Indeed, due to their motivation to adopt and to the selection process, most adoptive families probably have above-average capacities. Erich and Leung (1998) have made one of the few attempts to measure adoptive family life. They gave family functioning questionnaires to parents in long-term, intact adoptions. Most of the families were found to have good family functioning: that is they were high on problem-solving, communication skills, cohesiveness and future orientation. Cohen et al (1993) found that adoptive families seeking help had greater psychosocial resources and better family functioning than non-adoption clinic referrals, and they recommended that these strengths could be relied upon more in devising therapeutic interventions.

At the same time, when assessing the capacities of prospective adopters it is important to recognise that certain characteristics like warmth and sensitive parenting may be apparent at recruitment interviews, but that they may not be easy to maintain in the face of later severe difficulties in the child. For example, parents may be unable to sustain their positive feelings in the face of an unresponsive, rejecting or poorly attached child (Dance et al, 2002).

An important development is the recognition of a need for a longer-term perspective on adoption, not simply during the early stages of placement but throughout childhood and adolescence and even beyond. For example, Pinderhughes and Rosenberg (1990) have developed an understanding of family readjustment in relation to late-placed children. They are interested in how the families adjust and readjust in reaction to new developmental hurdles in the children. They recognise that a new member or members can de-stabilise the system which has to go through a re-stabilising process, and argue that if these phases are regarded as expected, this may improve acceptance and tolerance of difficult behaviour.

This more recent focus on family functioning is important for the development of support services. Knowledge currently being developed on family strengths, as well as difficulties, is crucial for crafting a well-attuned service response. Employing a model of family development over time is very valuable for considering how to expand a support service beyond the early phase of placement.

Support from the social work service and universal health and education services
Once the child has been placed with a new family with a plan for adoption, the frontline work to support the placement will usually be supplied jointly by the child’s social worker and the family social worker. Although several agencies have maintained an ‘open door’ approach to adopters after an adoption order, until recently it has been common for routine contact and support from both these workers to cease at the point of adoption. The provision of continuing services by local authority social workers has varied according to their understanding and skill, and the priorities of individual practitioners and departmental managers. Voluntary adoption agencies have long had a reputation for being more proactive after an adoption order, often keeping in touch
with adopters and children long after an order has been granted by means of regular social events and activities.

The needs of adoptive families are multi-faceted: some need financial support, some need help in securing appropriate education or health services, others need assistance with management of behaviour problems or over-activity, and still others need guidance in building meaningful relationships with their children. Such a variety of problems cannot always be effectively addressed by a family’s social worker and the involvement of the combined expertise of a multi-disciplinary team is often needed.

Until quite recently, the majority of families needing help beyond that which a social worker could provide have had to seek help from universal services. For the most part, this would be local Child and Adolescent Mental Health Services (CAMHS). In adoptive families, unlike families with children in need, the service needs of the children and the parents are rather different. The CAMHS may be appropriate for the child but not for the parents, where the need is to build on existing family strengths and experiences rather than to seek to explain how they might be implicated in the problem.

Adoptive families are for the most part healthy and well motivated and want a partnership with professionals to help them deal more effectively with special parenting difficulties and challenges. As the nature of CAMHS is likely to change in the future it will be important to learn whether, in general, they are making modifications to provide a more appropriate service to adoptive families.

Although the crucial role of education of children in the care system is increasingly recognised (Jackson, 2002), the appropriateness and effectiveness of educational provision for children adopted from care is worthy of further investigation. School problems are likely to assume greater importance as the placement progresses. Parents often have to adjust to slow educational progress and to respond to school reports of difficult behaviour, poor relationships with peers and teachers and communication and concentration problems. Parents continue to have battles with the education system over obtaining psychological assessments, appropriate school placements and educational help and advice. The school system, like the therapeutic system, also needs to be more adoption-sensitive.

**Measuring satisfaction with services**

In recent years there has been increasing interest in surveying the opinions of users in order to incorporate their views into shaping and improving future provision of adoption support services. But questions remain about the accuracy and the validity of the information gathered so far. How well represented has the adopters’ experience been? Is the complexity of users’ views being captured?

Edwards and Stanszewska (2000), in their review of research into the user’s perspective, complain that consumer research usually lacks a theoretical foundation so, for example, it may not be at all clear what the term ‘satisfaction’ means. Satisfaction can have many facets and there is a danger of reductionism. Brief and quickly completed satisfaction questionnaires sent out by adoption agencies may be constrained by the question posed, rather than encouraging respondents to say whatever they think, and little opportunity may be given to qualify responses.

A variety of means of assessment has been used by individual agencies and different studies have produced widely differing overall satisfaction levels. Clearly this disparity may depend on what sort of placement is being evaluated, and the variously phrased research questions. Furthermore, if new parents do not know their entitlement and what might be available, it is not easy for them to say if they are or are not satisfied. Edwards and Stanszewska (2000) argue that qualitative research using group discussions is likely to produce more consideration of, and reflection on, services. The existing research on ‘satisfaction’ is therefore rather soft, so that it has been difficult to reach general conclusions. It would be useful, as a start, for researchers to work towards agreement on what standard items should be included under the concept of service satisfaction.
Adopters’ views on the social work service

Information on the views of adopters comes from a number of sources. No large-scale representative national survey of adopters’ opinions on services exists as yet in the UK, although there are several research studies, rather than agency-based enquiries, that have examined support services. One major national study (based in England and Wales) focusing on post-adoption support was conducted in 1994 (Lowe, Murch et al., 1999). This was in three parts: a family study, an adopted children study and an agency study. The agency study will be referred to later on.

The family study was concerned with children late placed (at five years and older). Unfortunately, as with many such studies, researchers received only a 40 per cent response rate to postal questionnaires. This may be average for this means of enquiry, but they were, of course, still missing 60 per cent of responses. Many research respondents were lost because of disrupted placements, which inevitably skewed the provision of information. Although some examples of well-supported placements were found, in general the families made it clear that services were hard to come by and concluded that ‘good-quality adoption services were a lottery’. The views of adopted children on the support or services they need have rarely been sought, although the Thomas and Beckford et al. study (1999), Adopted Children Speaking, was a bold attempt to do this.

Phillips’ study (1988) was based on interviews with adoptive families in two regions in Scotland. The children had been up to five years in placement and had an average age of eleven. Problems experienced by families were found to be both wide ranging and long lived. The new parents had low expectations of post-placement support and they reported that visits stopped abruptly after the adoption order. They were largely unaware of other services apart from whatever the placing agency provided. It is important to note, however, that the majority of adopters did not want the visits to continue as they thought it might upset the child or because they valued their independence.

The Maudsley studies have revealed a fairly consistent picture of regular and sometimes intensive social work visiting in the first year of placement, albeit mostly withdrawn after adoption. The encouragement and affirmation of the adopters’ parenting skills were welcome, as were attempts to explain the child’s difficult or odd behaviour, but little practical parenting advice was received. For example, lying and stealing were very prominent in the placed children, which posed difficulties for most carers who wanted to be offered specific techniques and strategies. The service satisfaction varied with the skill and expertise of individual practitioners and ease of access to specialist services. Parents often said they had trouble seeking help because of a fear of failure and an expectation that they should cope alone. They feared being blamed for the difficulties and that disclosure of their shortcomings or feelings of being overwhelmed might lead to the possibility of removal of the child by the local authority.

Thoburn and colleagues (1986) investigated 15 families with special needs children placed by the Children’s Society in Norwich. In relation to the family social workers from the project, the new parents wanted a consultative approach, whereby they were given the opportunity to explore alternative ways of handling problems. A show of genuine concern for the families was seen as the most important factor in determining whether the service was helpful.

The needs of minority ethnic adoptive families

Given the special efforts that are being made to recruit adopters whose racial and cultural backgrounds are matched to those of black and mixed heritage children, little research material is available on the particular needs of black and Asian and other minority ethnic adoptive families. It is important to know whether these families are satisfied with the quality and sensitivity of adoption support: in particular, whether they feel that racial stereotyping or discrimination were at work or if they think a culturally
competent service was being offered. These questions need to be asked of health, housing, educational and financial support services as well as the social work services. A practice literature is growing on help for minority ethnic children, which includes promoting a positive sense of racial identity (Banks, 1992), the significance of black sibling relationships (Prevatt Goldstein, 1999) and on the placement progress of black adopted children (Thoburn et al, 2000).

**Evidence of effectiveness**
Attempts to assist adoptions in difficulty can target a range of problems and take different approaches. For example, they may focus on the child, the new parents, the whole family, on groups of parents or on groups of children. Novel interventions are being devised and existing methods are being adapted to help adoptive families. How far have the range of therapeutic interventions with adoptive families shown that they can be effective? Do existing studies give reliable answers to these questions? It is odd that studies which ask whether levels of service are related to better outcomes often reveal that more services are related to worse outcomes. This is simply because the most problematic and crisis-dominated cases attract services, but as the problems have usually become severe the outcomes are usually poor regardless of the service. This will always be the case with cross-sectional studies and the need is for prospective research to see whether one approach produces more favourable results over time, having started with equivalent groups. Very few examples of effectiveness studies exist in this field. Even fewer use a design where cases are randomly allocated to intervention and non-intervention groups so that, if differences in outcome are found, they can be attributed to the intervention and not to prior differences in the groups. It is a considerable challenge to mount such a study for methodological and ethical reasons and in terms of the feasibility of carrying out the research plan. Unless the study is of sufficient size and length of follow-up, the results cannot be relied upon. However, it is hard to see how progress will be made until such studies are conducted.

The following four studies are worth examining as the only randomised controlled studies in the research review which were related to intervention in adoptive or fostering placements. They have been grouped together here because of their common experimental design, but with an acknowledgement that the studies are based on dissimilar groups of children and placements. Nevertheless, they have been summarised in order to show that such evaluative studies are feasible and, if the studies can be conducted as rigorously as planned, they are likely to produce more reliable and more instructive results than any other approach to evaluation.

A Dutch study by Juffer et al (1997) was based on 90 internationally adopted infants placed with inexperienced families before five months. Behaviourally focused intervention was used with video techniques to enhance maternal sensitive responsiveness. The cases were randomly allocated to a non-intervention control group (n = 30), a group given a personal book on sensitive parenting (n=30), and a group given the book plus a video feedback session (n = 30). A significant effect was found for the book plus video feedback group using independent ratings in terms of maternal sensitive responsiveness and secure mother–infant attachment. The seven-year follow-up (Stams et al, 2000) showed enduring effects in mixed families (that is those with biological and adoptive children).

Myeroff and colleagues (1999) evaluated an intervention with 23 adoptive families requesting help at the Attachment Centre at Evergreen, USA. Children aged 5–14 years were provided with multi-modal attachment-based intervention including ‘holding therapy’. Cases were randomly allocated to a treatment group (n = 12) or to a no intervention group (n = 11). It was claimed that aggression and delinquency showed a significant drop in problem behaviour scores in the treatment group.

Clark et al (1994) trained family specialist case managers to recruit services mainly from existing social,
health and educational provision. The sample consisted of 132 children aged 7–15 in foster care and at risk for emotional and behavioural disorders. Cases were randomly allocated to experimental (n = 47) or to routine services (n = 62). Significantly greater improvement was found in the behavioural and emotional adjustment of the children over an 18-month period in the experimental group.

Minnis and Devine (2001) based their study on 182 foster children aged 5–16 placed with 121 foster families in Scotland. Random allocation was conducted either to a group-based training programme for foster carers designed to improve communication skills and attachment (57 families, 76 children) or to a standard service (64 families, 106 children). No significant differences were found immediately after training, but at the nine-month follow-up, non-significant improvement was revealed in favour of the intervention group when comparing self-esteem, children’s strengths and difficulties and an attachment measure. However, the special intervention was well received by foster carers.

Comments on evaluative studies
Two of the above studies appear to have shown proof of effectiveness. In the Dutch infant adoption study, the use of video feedback to help mothers to observe and modify their behaviour towards their child appeared to be a strong factor in the success of the intervention. In the foster care intensive case management study, positive effects were demonstrated when families were given specialist help to gain access to services. The Scottish foster care study did not show significant gains, perhaps because the group-based educational inputs were not sufficiently powerful to affect longstanding and severe difficulties in the children. Finally, the Evergreen study was small and therefore the claim for significantly reducing aggressive behaviour has little statistical power. Outcomes were not conducted by independent investigators and it is not clear which of the several intervention techniques employed contributed to outcome.

Further evaluative studies are urgently needed to test the value of a number of adoption interventions that appear promising and are theoretically sound. However, such studies need to meet at least the following criteria:

- They need to use a random allocation method, taking care that ethical concerns are met.
- The interventions must be specially tailored for adoptive parents and have clearly defined targets, and established measures must be employed that are capable of detecting meaningful change.
- The interventions must be replicable, without multiple components and with sufficient sample size in order to perform comparisons of outcome measures and test for significant differences.
- Adequate length of follow-up is required to test whether any benefits are maintained and efforts must be made to keep to a minimum any loss of cases to the research samples.

Conclusions
This review has summarised selected aspects of the need for, and provision of, support for adoptive families. It has shown that research has delivered some knowledge on the range of the problems presented by, and experienced by, the placed children, although there is much more to learn about what early adversities lead to what consequences and which problems persist for which children. We understand something of what the families require, but more needs to be known about adopters who do not attend for services or who have not been reached, or have not wanted to participate in research. Finally, we are learning, but far too slowly, how to provide cost-effective help to families, for which problems and with which methods. The knowledge that we do have needs to be digested and integrated into policy and practice and widely disseminated, especially within social services and child mental health services, but also to all the broad services with whom adoptive families come into contact.
Acknowledgements
Thanks are due to the Nuffield Foundation for funding this research. This article is a modified and abridged version of the comprehensive literature review which appears in Adoption Support Services for Families in Difficulties: A literature review and UK survey (BAAF, 2002). Thanks are also due to Jessica Bjorkund for her help with the literature search.

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