

## **Adoption & Fostering journal #14 | Outcomes from attachment-based group interventions for foster carers and adoptive parents transcript**

Hello and welcome to another episode of our 'Adoption and Fostering' journal podcast. Today, we will be talking about a newly published article titled [\*Outcomes from Attachment based Group Interventions for Foster carers and adoptive parents: A systematic review\*](#). This type of research. Use a systematic surge of scientific databases and a standardised screening process with predefined in and exclusion criteria. To summarise, all the current evidence on a particular. Topic and it is my absolute pleasure to welcome the authors of this review today - Ranjitha David, Natasha Dembrey and Pallab Majumder. How are you today?

Thank you. How are you?

Very good, thank you.

Yeah, I'm not too bad. I'm actually a bit under the weather, so my podcast recording might sound a little different from the ones we've done before. Why don't we start by introducing yourselves to our listeners? Shall we start with you?

Hello Dennis. I'm a child and adolescent psychiatrist working with the CAMHS Crisis Team in Nottingham. I also have a research interest that I pursue alongside my main role. I supervise systematic review workshops for higher trainees who are training to become CAMHS psychiatrists. This is my first systematic review publication, so I'm really excited about it.

I'm just going to go clockwise on my screen. Would you like to introduce yourself next?

Hi everyone. I'm also a child and adolescent psychiatrist working in Nottingham. I work with looked-after children in a specialist service called the Looked After Children's Loss and Mental Health Service, which is a part of CAMHS. I also have academic interests in this area and am an Associate Professor at the University of Nottingham. My research focuses on the mental health and emotional difficulties of looked-after children and unaccompanied refugee children.

The three of us worked together on this systematic review because we are part of a specialist team within child and adolescent mental health services. Our clinical and academic interests align closely, so we are really excited to have this review published and shared for others to benefit from.

Fantastic. And now over to you Natasha.

I'm a paediatric trainee — a paediatric ST3 — also working in Nottingham. I came on board with this project after previously working in inpatient CAMHS. I heard about the project and it sounded really interesting, so I've been working on it since then. This will be my first publication ever.

Very exciting — first publications are always special!

Just quickly, before we dive deeper, I'll mention the title of the systematic review again: it's a systematic review on outcomes from attachment-based group interventions for foster carers and adoptive parents.

So why did you choose to focus on this particular topic for the systematic review?

Yeah, that's a good question.

I've been reflecting on why we're so passionate about this particular review. My clinical area of work is with looked-after children — children

Thank you. How are you, Dennis?

Very good, thank you.

Yeah, I'm not too bad. I'm actually a bit under the weather, so my podcast recording might sound a bit different from the ones we've done before. Why don't we start with you introducing yourselves to our listeners? Ranjitha, shall we start with you?

Hello Dennis, I'm a child and adolescent psychiatrist working with the CAMHS Crisis Team in Nottingham. I also have a research interest that I pursue alongside my main role. I supervise systematic review workshops for higher trainees who are training to become CAMHS psychiatrists in the future. This is my first systematic review publication, so I'm really excited about it.

I'm just going to go clockwise on my screen, so Pallab, if you want to introduce yourself next?

Hi Dennis and hi everyone. My name is Pallab Majumder. I am also a child and adolescent psychiatrist working in Nottingham. I work with Ranjitha, and I specialise in working with looked-after children's mental health. The service I work in is called the Looked After Children's Loss and Mental Health Service, so it's a specialised area of CAMHS.

I've got research and academic interests in this particular area as well, like Ranjitha. I am also an Associate Professor at the University of Nottingham, and my research interests include working on the mental health and emotional difficulties of looked-after children and unaccompanied refugee children.

Ranjitha, Natasha, and I all worked together on the systematic review because we are part of a team within child and adolescent mental health services that specialises in the mental health of looked-after children. That's why our clinical and academic interests are quite aligned. We're really excited for this systematic review to be published and circulated so people can benefit from it.

Fantastic. And Natasha?

I'm a paediatric trainee, a paediatric ST3, also working in Nottingham. I came on board with this project because I previously worked with Ranjitha in inpatient CAMHS. She told me about the project she was doing and it sounded really interesting, so I've been working on it since. This will be my first publication ever.

Very exciting. First publications are always special!

Before we move on, I'll just quickly mention — slight product placement — the title of this systematic review: it's a systematic review on the outcomes from attachment-based group interventions for foster carers and adoptive parents.

Pallab, why did you choose to focus on this particular topic for the systematic review?

Yeah, that's a good question actually. I've been thinking about the rationale behind it and why we are so excited and passionate about this particular systematic review.

Like I mentioned in the introduction, my clinical area of work is with looked-after children — children who have inevitably been exposed to or experienced adverse childhood events and developmental trauma.

In our clinical work, we often see attachment-focused group interventions being used to support and help foster carers and adoptive parents who look after these children and young people. Anecdotally, we know from speaking to colleagues across the country that attachment-focused group interventions have been used for many years in clinical settings with good effect.

Feedback from carers often indicates that this approach can be quite helpful. However, attachment-focused group interventions have largely remained on the sidelines when it comes to inclusion in clinical guidelines, such as NICE guidelines.

We believe one reason for this is the lack of robust evidence regarding their effectiveness.

Ranjitha and I were working in the same team at the time and often reflected on why such a widely used intervention wasn't backed by stronger evidence. This led us to do a quick scoping exercise to see what evidence was available.

We found there was some evidence supporting the intervention — both from subjective reports by carers and some objective, quantitative outcomes regarding children's mental health improvements — but it wasn't systematically gathered.

That's what led us to think: why not systematise the available evidence? Formalising it could strengthen the case for this intervention to become more mainstream.

When we looked at previous systematic reviews, many were quite old (more than 10 years) and generally focused on all psychological interventions for carers, not specifically on attachment-focused group interventions.

Additionally, prior reviews often focused only on quantitative outcomes and missed the qualitative studies that captured carers' subjective experiences.

So, the purpose of our review was to gather evidence around both subjective experiences and quantitative outcomes for attachment-focused group interventions. That's how this project started.

Ranjitha, you wanted to add something here?

Yes, when I was working with Pallab, we did a brief service evaluation of the attachment-based group intervention running within our service.

That's when we started looking into the literature. As Pallab mentioned, we found that results were quite positive — carers completed questionnaires before and after the intervention, and we could see clear improvements.

It seemed like a really useful intervention, but there was clearly a gap in the formal literature.

So the idea started there, and three years later, here we are with our publication!

That's a good point. Many services run this intervention, but often there's no structured effort to gather evidence about its efficacy. Your service also runs it, right?

Yes, exactly. As Ranjitha mentioned, we regularly receive informal feedback suggesting the intervention is helpful. We wanted to gather more structured evidence to support that.

It opened our eyes to the realisation that, despite widespread clinical use across health and social care settings, there hasn't been much formal research effort to back it up.

Moving on — you focused particularly on group-based attachment interventions. Natasha, maybe you could explain to our listeners what some of the advantages are of using group-based attachment interventions?

Yeah, sure.

Even before we did the review, the main advantages we could see were that it's a very economical way to deliver a service.

You can include a lot more families at once, which is important given that funding within the NHS — especially in child psychiatry and social care — is so tight.

So, it's a way of reaching more people.

From doing the review, one of the strongest themes that came out was that families really valued the peer support and understanding they received from hearing other people's stories.

So beyond the cost and efficiency advantages, families really appreciated not feeling alone and learning from others' experiences.

You only need one clinician to deliver the intervention to a group, which again makes it much more scalable.

Right — I think I've seen that theme pop up in other studies too.

For example, among foster carers looking after unaccompanied asylum seekers — which is quite a unique experience — peer support was hugely important.

It seems that feeling less isolated is a major benefit across different group interventions.

Yes, absolutely.

We'll talk about the results in more detail in a bit, but that theme — valuing peer support — was definitely one of the strongest findings from the qualitative data.

I'd like to add another point — the aspect of time-saving.

We know about the long waiting lists for NHS and other services. Group interventions, while not a complete solution, help deliver interventions to more people at once, saving both time and costs.

We can take 8 to 10 pairs of carers at once and offer them support, which might help people get timely help rather than waiting months.

So there are quite a few advantages — cost-efficiency, time-efficiency, and peer support.

It would be great if we could also show strong efficacy to strengthen the case further.

Now, we already know from Pallab's introduction that you included both qualitative and quantitative findings.

Obviously, the topic is attachment-based group interventions.

Natasha, what were the other inclusion and exclusion criteria for the systematic search?

Sure.

So, very specifically, the intervention had to be group-based and attachment-focused.

We only looked at children under 17 because that's the cut-off we use in the UK.

Also, it couldn't involve biological parents — we excluded papers that were focused on biological families.

There were some studies that mixed biological and foster carers where we couldn't separate the groups clearly, and we had to exclude those too.

So, those were the main inclusion and exclusion points.

And were the interventions targeted at the young people or the carers?

It could be either, but all the ones we ended up including were targeted at foster parents.

In terms of outcomes, we were quite broad — we looked at outcomes for carers, such as whether they found the intervention helpful, and outcomes for children, such as behavioural improvements.

Maybe from the service perspective — what are you usually aiming for with these interventions?

Is it mainly about improving relationships, or are you looking for broader mental health and behavioural benefits?

Mainly, we want to see benefits for the young people.

But often, by helping foster parents to better understand and empathise with the child, you indirectly help the child.

That theme came through quite strongly in the background studies — if foster parents understood their child better, they could support them much more effectively.

So yes, ultimately improving child outcomes, but via strengthening the carer's skills and understanding.

That's interesting — and actually, in most studies, improvements in parental confidence and empathy were more consistently reported than direct changes in children's behaviour or mental health outcomes.

Exactly.

That's a key finding we'll get into — improvements for carers were more consistent, while outcomes for children were a bit more mixed.

I feel by now our listeners are probably on the edge of their seats waiting to hear the findings.

Could you summarise the findings for us, so everyone can relax again?

That's a really interesting question, because, yes, that's often the ambition when you take on a systematic review — that you'll be able to reach a clear verdict. But quite often, it isn't that straightforward or conclusive.

That said, I'd like to break it down a bit for the audience, because, as you said — and as Rajita also alluded to — the findings were quite granular, with a lot of inconsistencies and mixed outcomes. I would really encourage everyone to read the paper to appreciate those nuances properly. But if I had to summarise the take-home message, or give a verdict, I'd say there's very strong indication that this intervention is effective and useful — something we already suspected clinically.

If you asked me, as a clinician, would I recommend this intervention for foster carers and adoptive parents of children with trauma, I would say yes. Absolutely.

But speaking from a researcher's perspective, and as a group of researchers, we have to stay neutral and loyal to the findings. And what the findings say is that there is strong indication of effectiveness — particularly when it comes to the subjective, qualitative experiences of carers who received the intervention.

There was overwhelming evidence that carers appreciated the intervention — whether that was through better understanding of their child, understanding the psychological mechanisms behind attachment theories, developing more empathy, or building stronger relationships with the children. That was consistently reported in the qualitative outcomes across most studies. Carers also reported feeling more confident in how they responded to the challenges children with trauma presented. And this greater confidence seemed to have a positive knock-on effect on children's behavioural outcomes.

When it came to carer-focused quantitative measures — for example, measures of parental confidence — again, the findings were quite consistent and positive.

However, when you look at child outcomes — measured by scales like the Strengths and Difficulties Questionnaire or the Child Behavior Checklist — the findings were much more variable and mixed across studies.

So, to summarise:

There's strong, consistent evidence that this intervention is effective for carers.

The evidence for direct child outcomes is more mixed and less conclusive.

Where do we go from here? In terms of recommendations, I'd say we need more good-quality studies. We were just talking about this before recording — designing randomised controlled trials (RCTs) is a heavy and challenging task, but it's important. We as researchers, and the wider academic community, should take this on. Hopefully our systematic review gives a nudge in that direction: to design better quality RCTs that can build more solid evidence — not just for carer outcomes, but for child outcomes too.

That's really the core verdict from our systematic review. Again, I would really encourage everyone to read the full paper — there are so many interesting, nuanced findings in there.

Did you have any theories or reflections on why the child and young people outcomes were more mixed?

That's a really good question. I think there was a lot of variability across the papers. Some studies mentioned who was delivering the interventions — and in some cases, the foster carers already had an existing relationship with the person delivering it, which seemed to make a difference.

Also, carers in some studies had more time available to commit to the intervention, whereas others dropped out or weren't able to complete all the sessions. Then there's the issue of duration — the number of sessions varied a lot.

Because the papers were so heterogeneous, it was really difficult to pinpoint exactly what was driving the differences. But we can assume it's probably a combination of factors affecting the outcomes — which might explain the discrepancy between parent and child results.

Another point is that most papers mainly measured parent outcomes. Very few studies actually reported on child outcomes. Some papers noted that the child's attachment patterns didn't really change in the long term after the intervention, or that their symptoms didn't significantly improve. But again, that was only in a handful of studies.

So I think one big gap is the lack of child outcome measures. That's something future research could focus on — not just looking at how carers feel or cope, but objectively tracking how children progress over time.

It's also worth noting that some carers might need top-up sessions or follow-up interventions. A few papers mentioned this — that without ongoing support, the effects might fade. Others noted that no provision for follow-ups existed, which may have affected the outcomes.



Did most papers only measure outcomes immediately after the intervention, or were there longer-term follow-ups?

Yeah, most papers only measured outcomes immediately after the intervention — usually just a few months later. There were a few exceptions — some looked at outcomes a year later — but they were definitely the minority.

That's another research gap: we need studies that measure outcomes in the longer term.

Do you remember if the ones that did follow up a year later found the intervention effects maintained?

From memory — and just checking the table now — the paper by Labone et al. did look at outcomes a year later. A few others did too, but honestly, not many. The majority just did short-term follow-ups, immediately post-intervention.

Another important point: some interventions themselves were quite short — like six-week programmes — and the sample sizes varied a lot. Some studies had very small samples, like 6 or 10 carers, which obviously makes it harder to detect or sustain longer-term effects.

And doing long-term follow-up in this population must be particularly challenging?

Yes, absolutely. Especially with foster children. They often move placements, sometimes multiple times. So even if an intervention had a positive effect at the time, three years down the line the child may have been through several other placements.

That makes it really difficult to follow up in a meaningful way and link any outcomes clearly back to the original intervention.

For adoptive families, it might be a bit easier because placements are more stable, but for foster care, it's a real challenge.

Any other recommendations for future research and practice?

Yes. I think a few key points came up:

Foster carers and adoptive parents should be looked at separately.

We combined the outcomes in our review, but foster care tends to be more temporary, while adoption is more permanent and secure — which could influence outcomes. It would be valuable to analyse them separately in future studies.

Consider cultural matching.

Most carers in the studies were white British, particularly in the UK-based studies, and cultural matching wasn't really accounted for. A child feeling culturally understood by their carer could impact outcomes. So future research should definitely take cultural factors into account.

Refresher sessions should be built into the intervention model.

Each child is different. A foster carer might have been trained for one child, but years later they're fostering a different child with completely different challenges. Regular refresher sessions could really help maintain skills and adapt to new situations.

And maybe we also need to normalise the idea that interventions aren't "one and done." Refresher sessions should be seen as a standard part of ongoing support — not just an optional extra.

Another reason refresher sessions would be valuable is because carers reported in the qualitative data that peer support — connecting with other carers during group sessions — was one of the most helpful aspects of the intervention.

Looking after children with trauma can be extremely challenging, and having a network of other carers going through similar experiences can be a real source of strength. Refresher groups could help maintain that network, alongside updating skills.

It's been really valuable to have this conversation — to deconstruct and critically reflect on our review. It's useful for us as the authors, and hopefully for listeners too.

We're very excited for the paper to be published, and for readers to engage with it in detail. There's a lot of nuance that we couldn't fully capture here, so we'd definitely encourage people to read the full paper — the link will be included with the podcast.

Thanks so much for giving us this opportunity — we really appreciate it.