THE UNIVERSITY OF HULL

Adopted Children with Underdeveloped Sensorimotor Systems: Exploring Parental Post-Adoptive Adjustment, Emotional Wellbeing and Attachment

Being a Thesis submitted in partial fulfilment

of the requirements for the degree of Doctor of Clinical Psychology

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By

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Overview

This portfolio comprises of three parts:

Part One: A systematic literature review in which the literature relating to dyadic parental wellbeing during the post-adoptive period is reviewed. Ten studies were identified for inclusion following a systematic search of electronic databases. A narrative synthesis of findings discussed presentations, and protective and risk factors of post-adoptive parental wellbeing. Suggested clinical implications were also reviewed and conclusions were drawn in relation to the wider literature.

Part Two: A qualitative empirical research study using thematic analysis to explore adoptive parents' experiences of attachment in the context of their child's underdeveloped sensory systems following early trauma. Nine participants completed semi-structured interviews and thematic analysis was used to analyse the data, from which two overarching themes and six sub-themes were generated. These themes were discussed in the context of previous literature and implications for clinical practice were made.

Part Three: Appendices including all relevant documents relating to the systematic literature review and the empirical research study. A reflective statement on the process of completing the portfolio and an epistemological statement are also included.

Total word count: 16,727 (excluding references, figures, tables and appendices).

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Part One: Systematic Literature Review

A Systematic Literature Review of Parental Post-Adoption Adjustment and Emotional Wellbeing

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Abstract

Aim: Although much is known about postnatal mental health in birth parents, particularly birth mothers, there is still little known about parental mental wellbeing during the post-adoption period. As research has traditionally focused on the postnatal and post-adoptive experience of women, this paper aims to review the current literature into post-adoptive wellbeing of parental dyads.

Method: Three electronic databases (APA PsycInfo, Medline and CINAHL Complete) were searched for peer-reviewed academic journals exploring the emotional impact for parent dyads during the post-adoption period. Bibliographies of selected journals were also searched. Of 293 non-duplicated studies, 10 studies met inclusion criteria.

Results: During the post-adoptive period, parents experienced wellbeing difficulties including depression, anxiety and increased stress. The most consistently reported risk factors were unmet parental expectations and specific child demographics such as older age at adoption and parent-reported child behavioural difficulties. The most influential protective factors were social support and a positive partner relationship. Clinical implications included the need for more in-depth pre-adoptive training, and increased pre- and post-adoptive support from specifically trained professionals.

Conclusion: These findings suggest the need for systemic approaches to working with families during the pre- and post-adoptive period and demonstrate the importance of parents accessing both formal and informal support to protect their wellbeing during the transition to adoptive parenthood. As most samples were homogeneous, further research should aim to take a systemic perspective in assessing family adjustment within various cultural contexts.

Keywords: Post-adoption, Adjustment, Parental, Emotional Wellbeing, Transition, Adoption

Introduction

The transition to parenthood is a challenging time of adjustment for most couples (Lawrence et al., 2007). The introduction of a new child into the family system creates new roles and relationships for everyone within the family system, and a re-definition of the parents' identity and dynamics within the couple (Cigoli & Scabini, 2006). Family Stress Theory suggests that major stressful life events lead to a reorganisation in the family's functioning, influenced by the meaning families ascribe to the stressful event (Patterson & Garwick, 1994). The family's resilience and ability to adapt is also dependent on the family's resources and capacity to fulfil the physical and emotional needs of its members (Brown-Baatjies et al., 2008).

Although the transition to parenthood is a widely researched topic amongst biological parents, comparably little is known about this process in adoptive parents (McKay et al., 2010). This attentional bias to biological parents and cultural pronatalism remains prominent throughout many societies, including England (Brown & Ferree, 2005), with recent English government legislation recognising the increased need for perinatal support almost exclusively considering the mother's experience, and entirely disregarding the experience of adoptive parents (The NHS long term plan, 2019). Additionally, the National Institution for Health and Clinical Excellence's (NICE) guidance defines postnatal mental health as the mental health of women up to a year following biological childbirth (NICE, 2014). This narrative of support services and government legislation prioritising the physical aspects of maternal childbirth minimises not only the social and emotional adjustment of new parents, but also marginalises the transitional experiences and potential difficulties for adoptive parents, potentially limiting access to supportive services (Lawrence et al., 2007).

This brings into question adoptive parents' experiences of transitioning into parenthood. Adoptive parents are not impacted by the biological changes of pregnancy, have planned to become parents and have time to prepare, yet often experience a similar psychosocial adjustment to biological mothers (Mott et al., 2011). Adoptive parents often also undergo additional adversities challenging the couple prior to adoption, such as a history of loss and infertility or experiences of discrimination or stigmatisation as same-sex couples, in addition to uncertainty and stress of the legal adoption context (Mott et al., 2011; Speilman, 2011; Sullivan & Harrington, 2009). Comparative studies show that the overall impact of adjusting to parenthood is similar for both first-time biological and adoptive parents (Ceballo et al., 2004). There are some discrepancies, for example, adoptive parents reported higher family satisfaction and increased overall marital quality, whereas biological parents showed an overall decrease in marital quality. However, adoptive parents had more spousal disagreements and there was little difference between adoptive and biological parents' wellbeing (Ceballo et al., 2004).

Little is known about the mental wellbeing and adjustment of adoptive parents, though research suggests similar prevalence of postnatal/post-adoptive depression in adoptive mothers to that of biological mothers, with 12.8% of adoptive mothers reporting significant symptoms of depression 13-52 weeks post-adoption (Payne et al., 2010). Maternal post-adoption depression is associated with high levels of stress and adjustment difficulties in parents (Payne et al., 2010). However, Senecky et al. (2009) suggested that post-adoptive experiences of depression were linked to symptoms of depression pre-adoption. Conversely, Mott et al.'s (2011) comparative study demonstrated higher wellbeing and less anxiety in adoptive mothers compared to biological mothers, but similar levels of depression. In adoptive mothers, sleep deprivation, a history of infertility, self-reported previous mental health diagnoses and lower marital satisfaction were associated with higher levels of

depression in the year following adoption, mirroring several prominent factors for biological mothers (O'Hara & Swain, 1996, Misri et al., 2010).

Despite a higher proportion of adoptive parents being male (Jones, 2009), literature often focuses on adoptive mothers' wellbeing so comparisons can be made with postnatal women's wellbeing. Prevalence rates of paternal post-adoptive depression are estimated to be between 11–24%, with risk factors including lifestyle changes, unmet expectations of the child and a lack of support and resources (Foli et al., 2013). Professionals also observed fathers with post-adoption depression as more likely to become disengaged from their families, and more likely to express their depression through anger and frustration, rather than sadness (Foli & Gibson, 2011).

The importance of fully understanding postnatal/ post-adoptive mental health, and supporting those experiencing this, is emphasised by research demonstrating the impact of parental distress on child development. Although no research is known exploring this in adoptive parents, postnatal distress has been shown to relate to cognitive and socioemotional delay in the child's development (Kingston et al., 2012; Grace et al., 2003), as well as impacting negatively on the parent-child attachment (Nicol-Harper et al., 2007). Ramchandani et al. (2005) also demonstrated links between paternal postnatal depression and adverse emotional and behavioural difficulties in children.

Post-adoptive parental wellbeing research has come into fruition in the past 25 years (Speilman, 2011), and there is still a lot to be explored. However, comparative studies suggest it is overly simplistic to explain postnatal mental health as purely a consequence of hormonal changes in women during pregnancy (Bloch et al., 2005), as similar wellbeing difficulties are experienced in adoptive parents (Mott et el., 2011; O'Hara & Swain, 1996, Misri et al., 2010).

In 2010, Mckay et al. conducted a literature review concerning post-adoptive experiences during the transition to parenthood. This review aimed to examine parental mental health, physical health and intimate partner relationships during the post-adoption period, yet concluded that there was insufficient research to establish clarity on the characterisation of physical and psychological adaptation for adoptive parents. This paper additionally identified many methodological flaws in the reviewed research, such as a lack of diversity in participants (only one study included same-sex couples and a low proportion of male participants overall); therefore, highlighting the need for further research to evidence and inform post-adoptive parental support.

The current review aims to conduct a narrative analysis (Popay et al., 2006) of up to date literature to gain a comprehensive understanding of parental wellbeing within the post-adoptive period. In addition, this review specifically considers dyadic adoptive couples' mental health.

By considering the dyadic parental experience, this review considers the systemic adjustment of the family system, important in Family Stress Theory (Patterson & Garwick, 1994). An advantage is that this approach denies the toxic narrative that exclusively women experience mental health difficulties after having children, and avoids continuing societal discourses that make it difficult for males to access supportive services (Greenwood & Smith, 2015; Vogel et al., 2011), particularly in relation to postnatal or post-adoptive mental health (Foli et al., 2013). This approach also allows the consideration of previously missed same-sex couples' experiences; particularly important given the differential discriminatory experiences same-sex couples report throughout the adoption process (Brown et al., 2009; Sullivan & Harrington, 2009). By inclusively considering experiences of both different-sex and same-sex

parents, this review will better inform professionals about dyadic parental post-adoptive experiences, ensuring that support is appropriate and accessible to all parents.

The research question for this review was: what is the current understanding of parental experiences of post-adoptive wellbeing in couples during the transition to adoptive parenthood?

Method

Data Sources and Search Strategy

A systematic literature search was conducted in February 2020. The search strategy was established in consultation with the research supervisor and university library advisor. Three electronic databases (APA PsycInfo, Medline and CINAHL Complete) were searched for English-language peer-reviewed academic journals exploring parents' mental wellbeing during the post-adoption period. Searches were conducted using the following search terms (* indicated truncation):

("post adoption" or "post-adoption" or "following adoption" or "post adoptive" or "post-adoptive" or "after adoption") AND (adjust* or adapt* or "mental health" or transition or depress* or mood or stress or distress or "mental illness" or wellbeing or well-being or "well being") AND adopt* AND (parent* or maternal or paternal or mother* or father* or m*m or dad or caregiver or guardian)

Journal Selection (Inclusion and Exclusion Criteria)

Table 1. Table demonstrating the inclusion and exclusion criteria used to screen review journals:

Inclusion Criteria	Exclusion Criteria
Research published in a peer-reviewed journal;	Research published pre-2010;
Research methodology must focus on measuring or exploring emotional wellbeing of adoptive parents. Wellbeing was operationalised broadly to encompass parent's quality of life, experiences of stress, and/or mental health difficulties;	Research written in a non-English language
Measures should be completed up to two years post-adoption, to consider the parental adoptive adjustment period;	
Participants were parental dyads	

Data Extraction

Data was collected using the data extraction tool (Appendix D). The literature was narrowed down by screening titles, abstracts and full-texts for inclusion (see Figure 1). Only journals published post-2010 were considered (following McKay et al.'s 2010 review), to review the most relevant up-to-date literature. This review was written following PRISMA guidance (Moher et al., 2009).

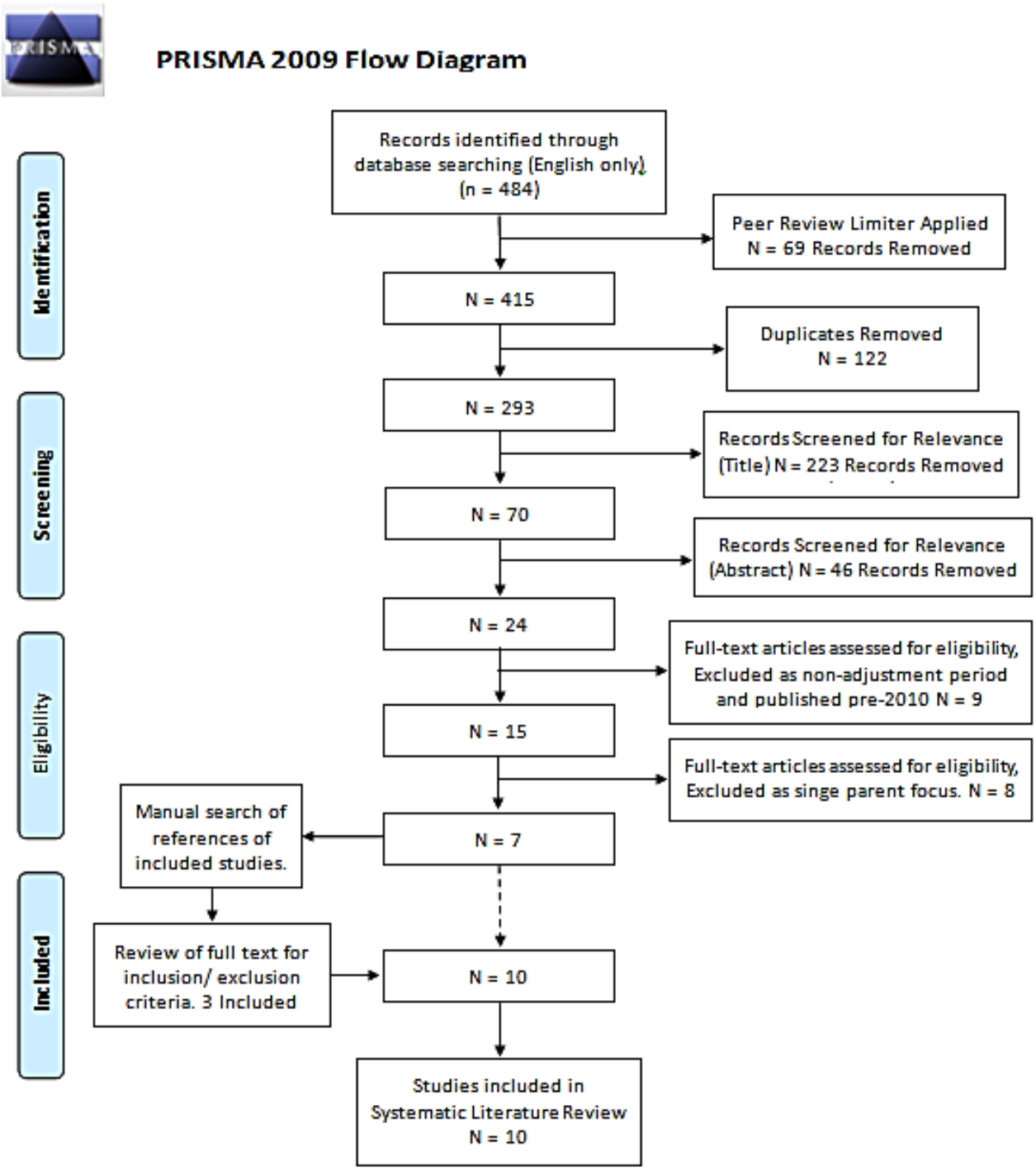

Figure 1 Full research selection process, guided by the PRISMA statement (Moher et al., 2009)

Quality Assessment

The primary researcher completed a quality checklist for all papers. The Mixed Methods Appraisal Tool (MMAT, Hong et al., 2018) was designed for assessing quality in

systematic reviews of empirical studies with varying methodology. As the MMAT discourages the exclusion of empirical papers with low methodology, and literature in this field is limited, no papers were excluded due to low MMAT methodology score. Although the MMAT advises against calculating quality scores, this has been completed in order to contextualise findings in a clear way that makes these findings more accessible to the wide range of targeted readers. An independent researcher also reviewed a blind sample of five papers, to increase reliability of the quality assessments. Few discrepancies in scoring were found. These were discussed and resolved collaboratively.

Data analysis

Due to the methodological heterogeneity of the studies, a meta-analysis was not appropriate. Narrative synthesis was carried out as it allows the researcher to combine findings of papers of varying methodology to reach conclusions informing clinical practice (Dixon-Woods et al., 2005). Popay et al.'s (2006) guidance was used to inform data analysis and increase transparency. Key findings were summarised into categories, enabling comparison and critique in a narrative synthesis to inform conclusions and clinical implications.

Results

Table 2 includes a summary of papers included.

Methodological Quality

A percentage score was calculated for each paper based on MMAT scores (Appendix E & F). Papers within this review attained scores between 40-100%; both qualitative studies (n=2) scored 100% in the quality assessment, whereas quantitative studies mainly scored 60% (n=6, 80% n=1). Only one mixed method study was included, which scored 40%. The

main problematic areas for quantitative research were a lack of participant representation and incomplete data. Several papers critiqued their lack of generalisability of findings due to a focus on a particular demographic of adoptive parents linked to study aims or recruitment methods. Papers often had missing data due to longitudinal design. Additional quantitative quality problems were attributed to the lack of standardised postnatal measures designed or validated for use with adoptive parents (McKay et al., 2010). The explorative nature of research within this emerging field also caused difficulty in identifying confounding variables, as multiple different factors are thought to influence parental experiences. Foli et al.'s (2017a) mixed methods design obtained a low-quality score due to a lack of integration between qualitative and quantitative data; a consequence of this study being part of a larger investigation.

Table 2. Summary of included research

Author(s), Date, Country	Research Aims	Design	Measure	Sample	Main Findings	Limitations (Quality Score)
Canzi, Ranieri, Barni & Rosnati (2019) Italy	- Evaluate parenting stress among adoptive parents during the first year post-adoption - To identify whether parenting stress can be predicted by certain characteristics of the child, of parents' individual well-being, of the parental relationship and with the social context.	Quantitative Self-report questionnaires completed within 2 months of the child's arrival.	- CES-D - PSI (short form) - Children's Strengths and Difficulties Questionnaire - The Partnership Questionnaire - Social Relationship Questionnaire	n=112 participants (56 Caucasian married couples living in north Italy, 83.9% international adoptions, 10.7% adopted siblings)	- Total stress scores were within a non-clinical range for 92.9% for mothers and 91.1% of fathers - Results highlighted the great importance of children's age at adoption and their emotional and behavioural difficulties in predicting both mothers' and fathers' stress, but also the contribution of the couple's relationship quality as a protective factor that could reduce the level of parenting stress. - The couple relationship variables explained the 27.1% of variance in the case of maternal stress and the 25.5% in the case of paternal stress.	- The sample size was small, so caution is needed when generalising findings - Exclusively self-report measures were used causing a self-report bias - The study was cross-sectional, therefore causal relationship of the test variables cannot be established, since factors associated with stress might result as a consequence of stress experience, as well as a source of more stress **(60%)**
Foli, Hebdon, Lim & South (2017a) USA	- To describe parent perceptions and depressive symptoms during the adoption transition via reports collected with an online survey.	Mixed Repeated measures (T1: 4-6 weeks pre-placement, T2: 4-6 weeks post-placement, T3: 4-6 months post-placement)	- CES-D - Demographic data Open ended question (Please use the space below to include any additional information/ any experiences you would like to share with us or anything else that you might not have been asked about that you would like to add) - Content analysis used	n= 64 parents (18 males and 46 females, only 1 same-sex couple identified)	- Five main themes were revealed: transition from uncertainty to a new normal; unique experiences related to adoption; rest/fatigue: out of balance; life stressors; and faith/spirituality. - Two subthemes were also identified: previous losses (pre-placement) and joy and love (post-placement). - During the transition from pre-to post-placement, adoptive parents experience a unique passage, with both challenges and strengths exclusive to this group of parents	- The parents contributing data to this analysis were a subsample of the parents who were recruited for this study - Open-ended optional question following quantitative questions reported in other Foli et al. studies **(40%)**

Foli, Lim & South (2017b) USA	- To examine the relationship between parental expectations and depressive symptoms across time - To describe how parental expectations change pre- to post-placement and consider which variables may be associated with these changes.	Quantitative Repeated measures (T1: 4-6 weeks pre-placement, T2: 4-6 weeks post-placement, T3: 4-6 months post-placement)	- CES-D - Expectations were assessed in four dimensions: expectations of self as parents, of the child, of family and friends, and of society.	n=129 adoptive parents of 64 children (90% heterosexual married couples, 93% white Caucasian, 54% female)	- The percentage of parents who screened above the threshold for depressive symptoms (CES-D ≥ 16) was highest immediately after placement of the child (T2=11.3%, T1=9.5% and T3=9.6%) - Parental expectations changed from pre- to post-placement. With the exception of expectations of self as parent, adoptive parents' pre-adoption expectations were affirmed in the post-adoption time periods. - There were significant negative correlations between expectations of self as parent and depressive symptoms. - In each expectation dimension, higher affirmation of expectations was correlated with decreased depressive symptoms before and after placement of a child. - Significant negative correlations between expectations of family/ friend support and depressive symptoms were also found at all three time points.	- Use of non-standardised investigator-generated tools to measure parental expectations - non-representative sample (adoption agency used for recruitment had Christian focus yet faith not measured here) - Study part of larger investigation **(60%)**
Foli. South, Lim & Hebdon (2016a) USA	- To identify how PDPI-R scores change over time among adoptive parents, particularly from pre- to post-placement - To determine whether there were different trajectories (classes) of PDPI-R scores and examine	Quantitative Repeated measures (T1: 4-6 weeks pre-placement, T2: 4-6 weeks post-placement, T3: 4-6 months post-placement)	- PDPI-R - PSS (Family and Friends scales) - Intimate Relations Questionnaire - IDAS - Life Orientation Test – Revised - Demographics and Likert scales	n=127 adoptive parents (68 mothers and 59 fathers, 93% Caucasian or white, 45% of children have special needs and	Four latent trajectory classes were found. - Class 1 (55%) showed a stably low level of PDPI-R scores over time. - Class 2 (32%) reported mean scores below the cut-off points at all three time points. - Class 3 (8%) started at an intermediate level and increased after post-placement, but decreased at 5-6 months post-placement. - Class 4 (5%) had high mean scores at all three time points. - Significant main effects were found for almost all explanatory variables for class	- Sample size is relatively modest, lacks diversity in demographic characteristics, and reported relatively high levels of income and education. - The main adoption agency used for recruitment emphasises pre-adoption preparation and education as well as full-disclosure to parents regarding their child's

	variables that differ between classes			46% inter-country adoptions)	and for several variables for time. Significant interactions between class and time were found for expectations about the child and amount of love and ambivalence in parents' intimate relationship	emotional and physical status, which is not representative of all agencies. **(60%)**
Foli, South, Lim & Jarnecke (2016b) USA	- To explore the experiences of distinct groups of adoptive parents from pre-to post-placement of a child	Quantitative Repeated measures (T1: 4-6 weeks pre-placement, T2: 4-6 weeks post-placement, T3: 4-6 months post-placement)	- CES-D - PDPI- R - PSS (Family and Friends scales) - IDAS - Intimate Relations Questionnaire - Life Orientation Test-Revised	n=129 adoptive parents (50% females, 125 heterosexual, 2 same-sex, 2 single parents)	Five classes of depressive symptom trajectories were found. - Class 1 (71%) parents with low levels of depressive symptoms across time. - Class 2 (19%) stably moderate (below threshold) scores across time - Class 3 (4%) low levels of depression at T1 and T2, but significant levels at T3 - Class 4 (2%) T1 moderate scores, T2 clinically significant scores, T3, score decreased - Class 5 (4%) significant levels of depression throughout - The majority of interpersonal, psychological symptom, and life orientation variables were significant across classes and by time - Findings also suggest that the dissonance between pre-adoption expectations and post-adoption reality may be modified or mitigated through buffers such as family and friend support and traits such as optimism	- Disclosure of depressive symptoms prior to and after placement may be challenging as parent admission to depressive symptoms is often related to feelings of guilt and shame - Homogeneous sample as well as the modest number of parents who make up certain classes **(60%)**
Goldberg & Smith (2011)	- To examine change in depression and anxiety across the	Quantitative Repeated	- CES-D - PSS (Family and Friends scales)	n=180 parents	- Higher perceived workplace support, family support and relationship quality were related to lower depressive and anxious	- All measures except legal climate relied on self-report, so relied on individual's

USA	first year of adoptive parenthood in same-sex couples - To examine how both internalized and enacted forms of stigma affect the mental health of lesbians and gay men during the transition to parenthood - To examine the role of contextual support	measures (Pre-adoptive period, 3-4 months post-placement, 1 year post-placement – questionnaires only)	- State-Trait Anxiety Inventory - The Human Rights Campaign's "Family Equality Index" - Measure of Internalized Homophobia - Workplace support scale - Relationship Questionnaire - At each stage parents completed questionnaires within a week of the interview.	(90 couples, 52 lesbian, 38 gay male)	symptoms at the time of the adoption, and higher perceived friend support was related to lower anxiety symptoms. - Lower internalised homophobia and higher perceived neighbourhood gay-friendliness were related to lower depressive symptoms. - Individuals with high internalized homophobia who lived in states with unfavourable legal climates regarding gay adoption experienced the steepest increases in depressive and anxious symptoms. - The effect of time on depression was significant, which increased and changed in symptoms experienced over time	perception of their environment, which may be impacted by other factors - Measure of neighbourhood gay-friendliness only consisted of a single item - Other factors known to impact internalised stigma, such as racial identity (parent's or children's), were not accounted for. **(80%)**

Goldberg & Smith (2014) **USA**	- To examine parent-reported child characteristics (measured post-placement) and parent and family characteristics (measured pre-placement) as predictors of post-placement parenting stress and change in parenting stress across time	Quantitative Repeated measures (Completed questionnaires and interviews pre-placement, 3 months post-placement and 2 years post-placement. They completed only questionnaires 1 year post-placement.	- CES-D - PSS (Family and Friends scales) - PSI - Personal Relationship Scale - Interview (perception of child emotional/ behavioural problems, perceptions of child development/ cognitive difficulties)	n= 296 participants (of 148 couples; 50 lesbian, 40 gay, 58 heterosexual - all adopting their first child and only child) 91% of parents were white, whereas their children were disproportionately (63%) of colour	- Parents placed with older children, and parents who perceived severe emotional/behavioural problems in children, reported more post-placement stress. - Parents who reported fewer depressive symptoms, more love for their partners, and more family and friend support during the pre-placement period had less post-placement stress. - Parenting stress decreased over time for parents who perceived severe emotional/behavioural problems in their children, while it increased somewhat for those who reported developmental problems in their children - Child age, depression, love, and family support continued to be significantly related to stress, two years post-placement. The effects of friend support and severe behaviour problems were no longer significant.	- Low reliability of certain measures, e.g. parental perceptions of child's behavioural difficulties - Not representative sample (e.g. most parents were White and affluent), particularly in education level, which may have been a protective factor but was not measured - Most participants adopted infants so a smaller sample of participants was used to reach conclusions about adopting older children **(60%)**
Lionetti, Pastore & Barone (2015) Italy	- To examine whether parents' attachment states of mind and parenting alliance contribute to parental stress in the potentially demanding context of adoption - To investigate a set of individual and dyadic parental	Quantitative	- Adult attachment interview (within 6 months of adoption) - PSI (short form) - The Parenting Alliance Measure (both completed 2 years post-adoption)	n=100 parents (50 mother-father pairs, all children adopted at 5 years or younger, 48 couples only adopted one child, 68% of	- Unresolved attachment predicted stress to a greater extent than insecure attachment and, together with low parenting alliance, significantly contributed to explaining levels of stress perceived by parents. - Unresolved attachment was found to be a significant predictor of stress - for both parents, unresolved attachment positively predicted stress pertaining to the perception of the relationship as difficult to handle - Individual vulnerability (as indicated by an unresolved attachment state of mind) and	- Very limiting exclusion criteria, e.g. exclusion of learning disabilities, psychiatric disabilities and major health problems in adoptive children and/or parents or children over 5 years old - A limited number of participants (24% of mothers and 22% of fathers) had unresolved attachment,

	candidate risk factors that may identify what best explains parental stress.			adoptions were intercountry adoptions)	the dyadic variable of alliance between partners have a considerable impact on perceived stress in both parents, although in different ways. - In mothers, but not in fathers, parenting alliance moderated the effect of an unresolved state of mind on parenting stress.	meaning these conclusions were drawn from a limited sample - The exclusive use of a self-report procedure to investigate parenting stress **(60%)**
Moyer & Goldberg (2017) USA	- To explore the frequency of adoptive parents' unmet expectations and whether some forms of unmet expectations were more stressful than others - To examine parental reactions and adaptations to these unmet expectations with a lens of family stress theory.	Qualitative	Separate interviews completed via phone with partners. Questions determined by researcher. - Thematic analysis used	n=90 individuals in 45 couples (15 couples of gay men, 15 couples of lesbians, 15 heterosexual couples)	- In 11 of the couples (12%) only one partner had an unmet expectation, in the remaining 34 couples (88%) both partners expressed at least one unmet expectation. - Unmet expectations were especially stressful when parents lacked support and when they perceived themselves as having little power to 'mould' their children. - In contrast, perceptions of adequate support and cognitive flexibility appeared to facilitate positive experiences during parents' transition to adoptive parenthood.	- Although it was mention when partners within a couple endorsed the same theme, a within-couple comparison was not made and the data are non-independent - Only interviewed at one time point **(100%)**
Tasker & Wood (2016) UK	- To investigate couples' expectations of adoptive parenthood and explore how these changed with their experience of parenthood. - To examine the	Qualitative Repeated measures (interviews' pre-placement and 6 months post-placement)	- Pre-adoption interviews explored couples' expectations and preparations for adoption - Post-adoption interviews asked couples to describe their experience of adoption:	n= 12 adoptive parents (6 heterosexual couples, all first-time parents, 3	- Expectations of adoptive parenthood mostly transformed smoothly into adoption experience for couples but challenges were experienced when family scripts collided and a continued feeling of unsafe uncertainty then prevailed within these newly formed family systems. - Themes from couples' pre-adoption interviews disappeared from their post-	- The small sample size used in this research meant that these experiences are limited to a narrow demographic range of couples - Though it is not clearly stated in the methodology, it seemed that couples were interviewed together, which

	experience of becoming adoptive parents	whether it was as they expected, or more or less challenging and how it had affected them as individuals, as a couple and within their extended family - IPA data analysis	couples adopting a sibling pair, 3 adopting a single child)	adoption narratives six months later, e.g. concerns about coming to parenthood later than expected. - A new feeling of contented fulfilment in parenthood was evident to some extent in all post-adoption interviews.	may have biased the answers given to more sensitive questions, such as how the adoption influenced them as a couple.

Abbreviations legend: CES-D: Center for Epidemiological Studies Depression Scale, IDAS: Inventory of depression and anxiety symptoms, PDPI-R: Postpartum Depression Predictors Inventory-Revised, PSI: Parenting Stress Index, PSS: Perceived Stress Scale.

Research Characteristics

Seven papers utilised a quantitative design (Foli et al., 2017b; Foli et al., 2016a; Foli et al., 2016b; Goldberg & Smith, 2011; Goldberg & Smith, 2014; Canzi et al., 2019; Lionetti et al., 2015), two were qualitative (Moyer & Goldberg, 2017; Tasker & Wood, 2016) and one reported mixed methodology (Foli et al., 2017a).

Most (seven) studies were completed in the USA, two in Italy (Canzi et al., 2019; Lionetti et al., 2015) and one in the UK (Tasker & Wood, 2016). Sample sizes ranged from 12 - 296 participants (Goldberg & Smith, 2014; Tasker & Wood, 2016). Parent demographics varied, with five studies including both heterosexual and homosexual couples. One study exclusively included same-sex couples (Goldberg & Smith, 2011) and one included exclusively mother-father couples (Tasker & Wood, 2016). Three studies did not provide this information (Foli et al., 2016a; Lionetti et al., 2015; Canzi et al., 2019) though it was presumed that both Italian studies only included heterosexual couples due to Italian adoption and marriage laws. Where identified, participants were reported to be mainly white or Caucasian.

Measures most frequently used were: the Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977) used in six studies; the Perceived Social Support questionnaire (PSS; Procidano & Heller, 1983) used in four studies; and the Parenting Stress Index (PSI; Abidin, 1995), used in three studies. Various additional measures were used across studies testing a range of outcomes, most frequently parental relationship quality. Time points for post-adoptive outcome measures varied from 4-6 weeks post-placement, to 2 years post-placement.

Wellbeing Presentations

Parental wellbeing during the post-adoptive period was understood in a variety of ways. Seven papers (mainly from the USA), referred to or assessed different levels of depression experienced by post-adoptive parents (Foli et al., 2016a; Foli et al., 2016b; Foli et al., 2017a; Foli et al., 2017b; Goldberg & Smith, 2011; Goldberg & Smith, 2014; Canzi et al., 2019). Several of these papers aimed to assess the prevalence or trajectory of depressive symptoms using a range of measures across various time points.

Foli et al.'s papers all assessed prevalence of depressive symptoms across 3 time points: 4-6 weeks pre-placement (FT1), 4-6 weeks post-placement (FT2) and 4-6 months post-placement (FT3). When assessing prevalence of depression using the CES-D (Radloff, 1977) in a sample of 129 adoptive parents, the percentage of parents surpassing the CES-D threshold was highest at FT2 (11.3%), and consistent at FT1 (9.6%) and FT3 (9.5%) (Foli et al., 2017b). The Postpartum Depression Predictors Inventory-Revised (PDPI-R; Beck, 2003) in a sample of 127 parents across these time points revealed that 13% of participants again scored highly at FT2, whereas only 5% scored highly at both FT1 and FT3 (Foli et al., 2016a). However, when combining the CES-D and PDPI-R to measure the percentage of 129 parents with significant levels of depression at each time point, levels increased over time (FT1= 4%, FT2=6% and FT3= 8%, Foli et al., 2016b). Although the percentiles for exceeding the CES-D threshold were not reported in Goldberg & Smith's research (2011), findings of mean CES-D scores across different time points in a sample of 90 same-sex couples showed highest levels of depression at 3-4 months post placement in lesbians (pre-adoption =9.78, 3-4 months post-placement =10.91, 1 year post-placement =10.50), but an increase in mean scores over time in gay men (pre-adoption =9.90, 3-4 months post-placement =10.71, 1 year post-placement =11.99). Depression scores were not reported as an

independent variable in relation to prevalence or time points in the remaining papers (Goldberg & Smith, 2014; Canzi et al., 2019).

Interestingly, only three papers considered the role of anxiety in the parents' transition (Foli et al., 2016a; Foli et al., 2016b; Goldberg & Smith, 2011). Goldberg & Smith's (2011) reporting of mean State-Trait Anxiety Inventory (STAI; Spielberger, 1983) scores in 90 same-sex couples showed that average anxiety symptoms fell below the clinical cut-off score of 39 (mean=33.05), but that there was a significant effect of time on anxiety (p=.001) with anxiety scores increasing over time (from pre-placement to 1 year post-placement). Anxiety scores were not stated as an independent variable in either of the other papers (Foli et al., 2016a, Foli et al., 2016b).

Conversely, three papers avoided diagnostic labels, exploring parental experience through informal wellbeing terms, such as stress or content (Lionetti et al., 2015; Tasker & Wood, 2016), or through a specific lens, such as Smith et al.'s (2009) Family Stress Theory (Moyer & Goldberg, 2017); and two papers considered stress alongside diagnostic measures (Goldberg & Smith, 2014; Canzi et al., 2019). Canzi et al.'s quantitative research of 56 Caucasian married couples showed that 7.1% of mothers and 8.9% of fathers reached clinically significant stress levels (calculated using the PSI) within the initial 2 months post-placement. Although not all papers using the PSI reported this as an independent variable in relation to clinical ranges, the overall mean scores remained relatively consistent across samples, increasing the validity of this data (mean score mothers =63.59, fathers =63.09, Canzi et al., 2019; overall mean of 296 participants =63.5, Goldberg & Smith, 2014).

Risk Factors for Wellbeing Difficulties

All papers aimed to further the understanding of factors impacting on post-adoptive wellbeing. As four of these studies appeared to use the same sample group, or subsets of this

sample (though this is not explicitly stated in their methodology), to avoid over-estimations, those four papers are treated here as one set of results when considering the most frequently occurring risk and protective factors (Foli et al., 2016a; Foli et al., 2016b; Foli et al., 2017a; Foli et al., 2017b).

The most commonly discussed risk factor for a decrease in wellbeing over the post-adoptive period was the unmet expectations of adoptive parents. Parental expectations are not unique to adoptive parents, however, unlike biological parents; adoptive parents have some control over characteristics of preference in their child (Moyer & Goldberg, 2017). Lengthy adoption processes can also impact on expectations, as it allows parents to fantasise about a child who will fulfil their expectations (Tasker & Wood, 2016). Additionally, difficulties can occur when parents do not anticipate the extent of their adoptive child's needs (Foli et al., 2017b). In a sample of 90 couples, 88% of couples shared that both partners had at least one unmet expectation about the adoption (Moyer & Goldberg, 2017). Unsurprisingly, higher affirmation of parental expectations was found to correlate with decreased depressive symptoms in parents (Foli et al., 2016a; Foli et al., 2017b). Most prominent expectations relating to experiences of depression and stress were unmet parental self-expectations (e.g. expectation of being a good parent), or post-adoptive lack in confidence in their own parental abilities (n =3, Tasker & Wood, 2017), which held a significant negative correlation with depressive symptoms (Foli et al., 2017b). Parents additionally reported unmet expectations in relation to their children's age, gender, race and special needs status. These factors varied: parents adopting through child welfare were more likely to describe age and special need status as unmet expectations, while same-sex couples were more likely to describe unmet expectations relating to the child's gender or race. Parents adopting internationally had the lowest child-related expectations, whereas parents who adopted older children or who reported as upset by their infertility were less likely to have expectations met post-adoption

(Moyer & Goldberg, 2017; Foli et al., 2017b). Most expectations were affirmed over time, with the exception of parental self-expectation (Foli et al., 2017b). Unmet expectations were especially stressful for parents who felt they had little power to 'mould' their children, due to parents' missed influence earlier in the child's life (Moyer & Goldberg, 2017).

These findings of the impact of unmet expectations may also provide an explanation for child characteristics being significant in relation to parental wellbeing difficulties. A significant positive relationship between the child's age of adoption and total stress score in parents was reported 2 months, 3 months and 2 years post-placement (mothers, $p=.005$, fathers $p=.024$, Canzi et al., 2019; $p<.001$, Goldberg & Smith, 2014), with adoptive transitions into the new family being easier than expected for many parents of younger children (Tasker & Wood, 2017). Older age at adoption interacted with parental perceptions of child emotional and behavioural difficulties, which predicts higher levels of stress in both parents (Goldberg & Smith, 2014; Canzi et al., 2019). Special needs status was additionally related to parental stress in qualitative outcomes (Moyer & Goldberg, 2017; Foli et al., 2017a). However, the significance of these effects was not duplicated in quantitative studies assessing parental depression (Foli et al., 2016a; Foli et al., 2016b).

Both unanticipated child characteristics and unmet expectations of the adoption process, particularly self-expectations, are likely to influence the developing parent-child attachment, which is a factor increasing stress in first-time adoptive parents (Tasker & Wood, 2016). The pressure for parents to form good relationships with their new child is apparent as unresolved parental attachment style is a significant predictor of stress in both mothers and fathers (Lionetti et al., 2015).

Only one paper explored exclusively same-sex couples' experiences of post-adoptive parental wellbeing and demonstrated that same-sex couples with high internalised

homophobia, who lived in states in the USA with unfavourable legal climates regarding gay adoption, experienced the steepest increase in depression and anxiety over the adoption period (Goldberg & Smith, 2011), demonstrating systemic risk factors for same-sex adopters.

Additional risk factors identified as less significant for lower wellbeing post-adoption included sleep deprivation, social anxiety, previous experiences of loss during the adoption process, the adoption of siblings and a decreased enthusiasm for parenting (Foli et al., 2016a; Foli et al., 2016b; Tasker & Wood, 2016; Foli et al., 2017a).

Protective Factors

Post-adoptive parental wellbeing risk factors and protective factors are often discussed synonymously, with the absence of risk factors being seen as a protective factor, and vice versa; however, for the purpose of the current review these factors were separated for clarity.

The most frequently recognised protective factor across the reviewed papers was social support (discussed in all papers except Lionetti et al., 2015). Papers assessing the trajectory of depressive symptoms reported that parents with the fewest depressive symptoms described highest levels of family and friend support (Foli et al., 2016a; Foli et al., 2016b). This finding was echoed through a significant negative correlation between depression symptoms and expectations of family and friend support both pre- and post-adoption (Foli et al., 2017b). Perceptions of appropriate support facilitated positive experiences of parents transitioning into adoptive parenthood, despite unmet expectations, with parents who reported higher family, friend and workplace support pre-placement experiencing lower levels of post-placement depression, anxiety and stress (Moyer & Goldberg, 2017; Goldberg & Smith. 2014; Goldberg & Smith, 2011). Gender differences were observed in social support, with both women and parents in same-sex couples reporting higher levels of social support than

heterosexual males (Goldberg & Smith, 2014; Canzi et al., 2019). Interestingly, families and friends played different roles in supporting same-sex couples: both family and friend support were significant predictors of lower symptoms of anxiety at the time of adoption, whereas only family support was related to lower symptoms of depression. This suggests that the role of friendship is critically important in alleviating stress related to parenthood for same-sex adopter couples (Goldberg & Smith, 2011). As mentioned, a lack of both informal (reported by 4% of 90 parents) and formal support (11% of parents) is a source of 'considerable' stress in adoptive parents 3 months post-placement (Moyer & Goldberg, 2017), with demographic factors influencing parental access to support, shown by Moyer and Goldberg's (2017) finding that three times more same-sex couples discussed a lack of support than heterosexual couples.

Alongside wider systemic experiences of support, positive partner relationships and experiences of partner support were identified in most papers (n=7) as strong protective factors for post-adoptive wellbeing. High levels of parent alliance act as a protective factor against other known risk factors, such as an unresolved attachment state of mind in parents, though this is found to a greater extent in mothers than fathers (Lionetti et al., 2015). Couples reported that the arrival of their child had both strengthened (n=4) and challenged (n=4) their relationships (Tasker & Wood, 2016). Introducing a new child into the family system had a negative impact over time on relationship qualities, including partners' sexual relationship and the amount of love and ambivalence reported in partners' intimate relationships (Foli et al., 2016b; Foli et al., 2016a). Canzi et al. (2019) found that within their sample of 56 Caucasian married couples, couple relationship variables explained 27.1% of variance in maternal stress and 25.5% of variance in paternal stress. Couples highlighted that different aspects of their relationship were protective of their wellbeing during the post adoptive period, but individuals differed in which aspects they discussed. Generally, individuals with

higher reported love for their partners mentioned lower post-placement stress and couples reporting increased relationship quality showed lower levels of anxiety and depression at the time of adoption (Goldberg & Smith, 2014; Goldberg & Smith, 2011). The effect of gender was additionally shown in Canzi et al.'s (2019) finding that mothers' total stress score was significantly related to quarrelling with partner, whereas both mothers' and fathers' total stress score were significantly related to the fathers' perception of tenderness and sexual satisfaction. However, significant gender differences in other relational factors were not replicated in other studies.

Although support from others was the most influential protective factor in decreasing lower wellbeing post-adoption, individual trait differences such as higher optimism and perceived life satisfaction were also most common in parents with lowest levels of depressive symptoms (Foli et al., 2016a; Foli et al., 2016b). A more positive parental outlook can therefore facilitate more positive parental experiences. This is mirrored by Moyer & Goldberg (2017) who found that parents with increased cognitive flexibility around unmet expectations of adoption showed lower levels of stress. New feelings of contentment and joy were also reported by most parents in relation to post-adoption parenting fulfilment (Tasker & Wood, 2016; Foli et al., 2017a). Spirituality was also considered a protective factor for parents across the post-adoptive period (Foli et al., 2017a), although the role of religion was not measured in detail to fully understand the impact of faith on post-adoptive wellbeing (Foli et al., 2017b).

Clinical Implications of Reviewed Papers

Below follows a summary of clinical implications suggested in the reviewed literature.

In both pre- and post-adoptive care, the requirements of both the child and the parents need to be considered, as parental needs are at risk of being overlooked (Canzi, et al., 2019;

Foli et al., 2017b). Most papers (n=7) recommended increased support or assessment pre-adoption to provide more preventative than reactive support, arguing that the pre-adoptive period is the ideal time to introduce coping skills to ease parents' transitions into parenthood (Moyer & Goldberg, 2017).

Three papers highlighted the need for comprehensive pre-adoptive training for prospective parents. Several papers concluded that this would result in more realistic parental expectations post-adoption (Tasker & Wood, 2016; Foli et al., 2017b). Pre-adoptive training would also be useful for addressing parents' levels of preparedness for adopting a child who may be different from their expectation (Moyer & Goldberg, 2017). The impact of pre-adoptive training on parents' expectations was illustrated in Foli et al.'s (2017b) findings that parents pursuing intercountry adoptions, who have to attend comprehensive pre-adoptive training related to the needs of the child, had lower expectations pre-adoption.

Five papers additionally addressed the need for mental health assessments for pre-adoptive parents, to identify parents at risk of developing parenting stress earlier and to provide preventative support (Goldberg & Smith, 2014; Canzi et al., 2019). Assessments of prospective relationship health, parental expectations and, especially within same-sex couples, the types of support from friends and family are needed to form an inventory of existing support resources, and to address support deficiencies in preparation for this transition (Goldberg & Smith, 2011; Goldberg & Smith, 2014; Foli, et al., 2017b). Moyer & Goldberg (2017) also suggested that clinicians could offer to help parents increase their cognitive flexibility (e.g. through cognitive behavioural therapy) pre-adoption to provide parents with a resource to help reduce stress caused by unmet expectations post-adoption. Moyer & Goldberg argued that offering therapy pre-emptively would avoid overwhelming parents with therapy post-adoption. However, clinicians should consider the ethical

implications of offering therapeutic support before difficulties arise, as unless parents are showing distress caused by unmet expectations during the pre-adoption phase, this therapy would be based on a prediction of the parent's post-adoptive experience, which may not be appropriate given Moyer & Goldberg's findings that unmet expectations were only distressing for a small group of their participants.

Four papers emphasised the need for professionals to monitor risk and protective factors specific to certain demographics of adoptive parents; allowing a more tailored assessment of family adjustment and caregiving support (Lionetti, et al., 2015; Canzi et al., 2019). For example, with same-sex couples, professionals should consider the impact of the broader legal context on parental mental health and parents' level of comfort with their sexuality (Goldberg & Smith, 2011). Professionals need to be mindful of the impact of stigmatisation as same-sex couples emphasised that although some of their adoption expectations were unfulfilled, they were grateful to have a child placed in their family. This suggests that same-sex parents assumed professionals would discriminate during the selection process, and so became more flexible in stated preferences to ensure their ability to adopt (Moyer & Goldberg, 2017).

Professionals also need to be mindful of similarities and differences within the transition to parenthood for adoptive and biological parents to ensure adoptive parents receive appropriate support (Foli et al., 2017b). This could be provided as adoptive parent support groups or couples counselling (Foli et al., 2017a). Education encouraging understanding between the differences of adoptive and biological transitions to parenthood, and potential differential needs of adoptive children, would also be helpful for extended families, considering the importance of their positive support for parental wellbeing (Tasker & Wood, 2016).

Discussion

This review aimed to synthesise findings from current literature to further the understanding of parental dyadic experiences of post-adoptive wellbeing during the transition to parenthood.

This review showed that parents experience difficulties with increased levels of depression, stress and anxiety during the post-adoptive process. Despite increased attention in literature on the wellbeing of mothers during the post-adoptive period, and a lack of research on fathers' post-adoptive wellbeing (Foli et al., 2013), the current review showed that gender alone did not predict post-adoptive experiences of wellbeing (Canzi et al., 2019; Foli et al., 2017b), though these papers' methodological designs were criticised for their approaches to measuring parental wellbeing (Appendix F). Similar rates of depression and anxiety were found in adoptive and birth parents (Payne et al., 2010; Foli et al., 2017b; Goldberg & Smith, 2011; Dennis et al., 2013). Although some other wellbeing presentations were assessed, such as panic and social anxiety (Foli et al., 2016a; Foli et al., 2016b), further research should investigate the full range of mental health presentations in adoptive parents, including obsessive compulsive disorder, as this is experienced by 2.3% of postnatal women (Zombaldi et al., 2009), but is not considered within adoption literature. Such work would not only further the understanding of post-adoptive parents' needs, but also the understanding of the biological and psychosocial aetiology of postnatal mental health. Furthermore, the studies showed the importance of professionals assessing and providing support for all adoptive parents during the adoptive parenthood transition.

Although wellbeing difficulties are clearly demonstrated for some adoptive parents, a lack of understanding about the trajectory of wellbeing difficulties through the post-adoptive period continues to exist. Some papers commented on the trajectory of the prevalence of

depression during the post-adoptive period (none commented on trajectory of anxiety or stress), yet no clear trajectory emerged. Depressive symptoms were considered highest at 1-4 months post-adoption in three studies (Foli et al., 2017b; Foli et al., 2016a; in lesbian mothers, Goldberg & Smith, 2011), whereas others found an increase in depressive symptoms from initial testing to 1 year post-adoption (Foli et al., 2016b; in gay fathers, Goldberg & Smith, 2011). However, it is worth noting that most of these papers' quality assessments were weakened by incomplete outcome data and unrepresentative samples. This inconsistency requires further research into the trajectory of wellbeing difficulties in adoptive parents to understand whether there is a time-related influence of adjustment in parents or whether other variables are more impactful.

A number of factors were thought to either increase the risk of parents developing wellbeing difficulties during the post-adoptive period, or to protect positive wellbeing over this time. The most common, and therefore best evidenced and understood risk factors, are unmet parental expectations and specific child characteristics such as older age at adoption and severe emotional or behavioural problems (Moyer & Goldberg, 2017; Canzi et al., 2019; Goldberg & Smith, 2014). Goldberg & Smith (2014) found a significant interaction between child's age and severe behavioural difficulties relating to higher parenting stress post-adoption. Although this study had some methodological flaws, this interaction between child's age at adoption and behavioural difficulties makes sense when considering that more difficult circumstantial factors are experienced by children adopted at an older age (Nadeem et al., 2017), who are more likely to have experienced prolonged exposure to adversities and had less opportunity to form long-term positive attachments due to more foster-placements (Haugaard et al., 1999; The Department of Education, 2019). Despite this, Nadeem et al. (2017) found that, although behavioural problems persisted over time, parenting stress improved and stabilised, possibly as parents felt more confident in supporting their children.

These factors may also tie into parental difficulties with unmet expectations. Unmet expectations caused challenges for parents who felt unprepared to meet their child's needs or felt they had little power to 'mould' their children, both of which are likely for parents who did not anticipate adopting an older child with increased behavioural needs (Tasker & Wood, 2016; Moyer & Goldberg, 2017). The consistency of these findings within two methodologically highly scoring papers further strengthens this risk factor. These risk factors demonstrate the need for pre-adoptive training and post-adoptive support for parents, as well as children.

The most influential protective factors of parental wellbeing during the post-adoptive period are social support and a positive partner relationship. Interestingly, only one study within McKay et al.'s (2010) previous review considered the importance of the partner relationship, and none considered the influence of social support on parental wellbeing, despite findings that adoptive fathers rated significantly higher problems with social isolation (Judge, 2003). This highlights the lack of insight into the value of supportive networks around adoptive parents, but also the difficulties for certain parents in accessing support. The strength of the current review is its systemic approach in synthesising results from papers researching the experience of adoptive couples, which highlights the systemic influences on parents' experience. The decreased probability of same-sex parents and heterosexual males accessing support is concerning (Moyer & Goldberg, 2017; Goldberg & Smith, 2014), and suggests a need for increased support from services. Barriers to help seeking for same-sex parents stem from negative experiences of discrimination and stigmatisation by professionals throughout the adoption process (Brown et el., 2009; Sullivan & Harrington, 2009). The role of the parents' relationship is highly influential in the wellbeing of biological parents during the postnatal experience (Solmeyer & Feinberg, 2011; Morse et al., 2000), confirming the face validity of current findings. The transition to parenthood requires adjustment in the

family system for any parents, yet certain parental challenges are more salient for adoptive couples, such as an adoptive child using parental labels such as “Mummy” and “Daddy” with one parent but not another (Holmes et al., 2020).

It is vital that clinicians consider systemic theories when assessing and supporting adoptive families. Due to complex needs, adoptive children are the focus of service concern, however this can result in parental needs and other systemic variables being overlooked (Foli et al., 2017b). Bronfenbrenner’s (1988) ecological framework (see Figure 2) highlights that parental experiences (microsystem) influence a child’s experiences (individual), but are also influenced by child characteristics, needs and difficulties. Parents’ experiences of post-adoptive adjustment are also impacted by their relationship with their partner (mesosystem), support from their extended family (microsystem), professionals and their workplace (exosystem), as well as the expectations formed through pre-adoptive experiences, for example pre-adoptive training. Particularly within same-sex couples, post-adoptive wellbeing is influenced by societal stigmatisation or legislative guidance about rights to adopt (macrosystem). Given these different levels are highly influential for parental wellbeing during the post-adoptive period, clinicians and services should offer systemic assessment and intervention.

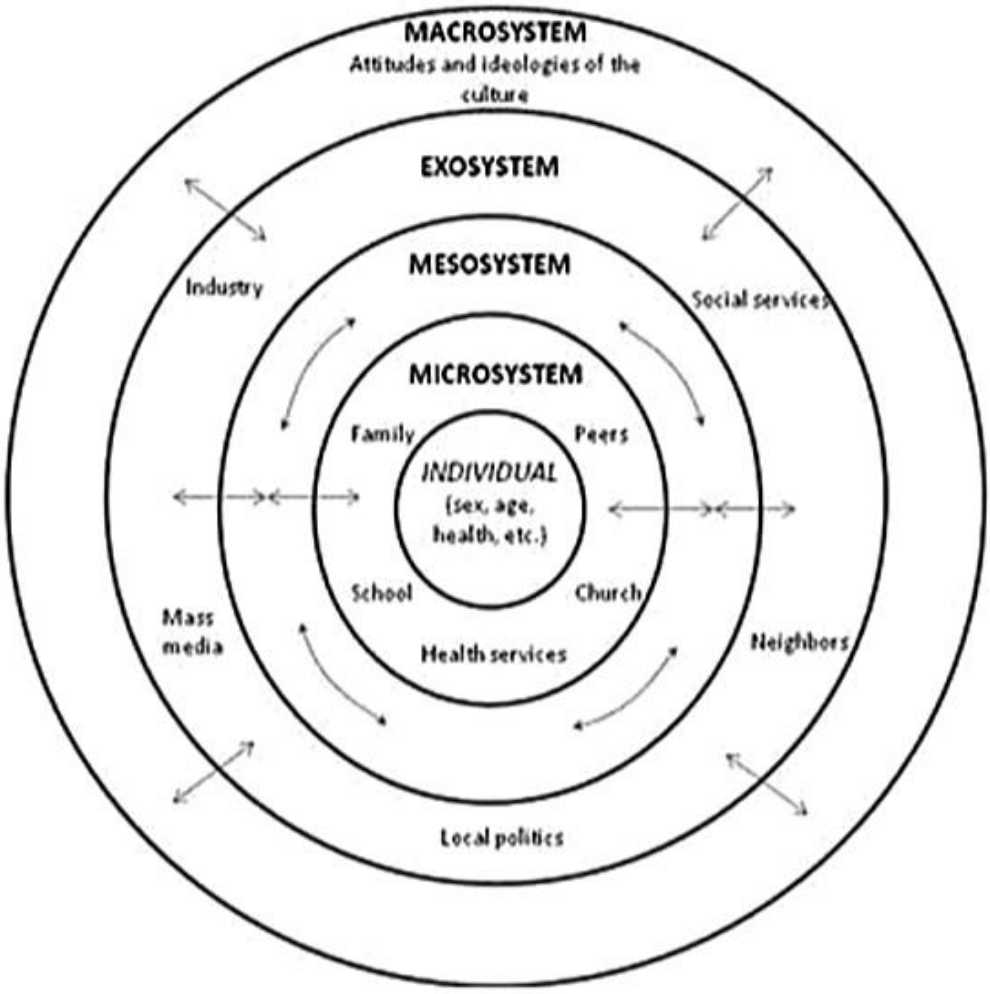

Figure 2. Bronfenbrenner's (2007) ecological theory of human development as in Vélez-Agosto et al. (2017).

Strengths and Limitations

The review's key strength is that it provides an accessible overview of key factors influencing adoptive parents' wellbeing during transition to parenthood. Helpfully, the review highlights several common wellbeing presentations which professionals can monitor in adoptive parents.

Additionally, this review clearly summarises clinical recommendations to advise clinicians on best practice when working with adoptive parents. However, none of the papers

considered the effectiveness of the current support services available for parents, highlighting a need for future research in this area.

A further strength was the focus on parental wellbeing throughout the post-adoptive period, as most (n=8) studies collected follow up data. However, several papers' MMAT scores were weakened due to incomplete outcome data across time points (Appendix F), and the variance in time points and measures made drawing conclusions about differential trajectories of wellbeing for parents over time difficult.

Alongside incomplete outcome data within MMAT scoring, the other main limitation of quantitative studies was the homogeneity of participants, which recurrently consisted of white, educated, affluent individuals. This limits the generalisability of findings, especially considering the use of the same sample group in four out of ten of the studies. It is also worth noting that 7 out of the 10 papers were completed by two key authors within the field (four papers had Foli, South & Lim as named authors and three papers were by Goldberg amongst other authors). The research design and aims are therefore influenced by the perspective and beliefs of the authors, which may limit narratives explored within this research. Additionally, seven out of ten studies were completed in the USA, and although adoptive legislation varies greatly between different states (Goldberg & Smith, 2011), findings would be more generalisable if parents from a wider range of cultures were included, as different countries and cultures vary greatly in their societal views and adoption laws (Bowie, 2004). Interestingly however, there was remarkable consistency between the USA-based findings and those from Italy and the UK.

Future Research

Clinical implications were discussed in the results section and include: increased support pre-adoption, more in-depth pre-adoptive training, and better assessment and

monitoring of protective and risk factors tailored to adoptive parents. This review also identifies gaps within the existing literature. There are many unknowns about the factors influencing parental experiences of post-adoption wellbeing and how adoptive parents should be supported. The main protective factors within this review focus on support from others, so further research should explore what makes support from family or friends more or less beneficial for adoptive parents. This could lead to finer grain understanding of what types of practical and/or emotional support might be useful to whom. Research with larger, more diverse, samples would reach stronger conclusions about the impact of child and parent characteristics that make the family transition more stressful and how these may be contextualised by cultural influences (Bowie, 2004). For example, the transition into adoptive parenthood is more stressful for parents adopting siblings, however, as they were in the minority in most participant samples, few conclusions were reached (Tasker & Wood, 2016).

Finally, further research should use measures tailored to adoptive families' experiences, rather than relying on measures designed for biological parents or the general population. One size does not fit all. More specific measures lead to better understanding and therefore more tailored support models for adoptive families.

Conclusion

Overall, the literature reviewed suggests that adoptive parents experience wellbeing difficulties such as depression, anxiety and heightened stress during the post-adoptive period. Key risk factors for wellbeing difficulties during this time are unmet parental expectations and specific child characteristics, such as older age at adoption and behavioural difficulties. In contrast, the main protective factors are friend and family support, as well as positive partner relationships. The main conclusion is that increased support should be provided pre-adoption, for example comprehensive adoption training, to provide parents with coping

strategies to ease their transition into parenthood. Quality assessment of these papers illustrated that the review was limited by incomplete outcome measures and the homogeneity of previous research, suggesting that further research with larger, more diverse, samples is needed to further progress the understanding of parental wellbeing during the post-adoptive period.

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Part Two: Empirical Paper

Exploring Attachment in the Context of Adopted Children's Underdeveloped Sensorimotor Systems

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Abstract

Aims: This research explores adoptive parents' experiences of their children's attachment in the context of underdeveloped sensorimotor systems following early trauma. The paper aims to bridge the gap between Adverse Childhood Experiences (ACEs) and adoption literature.

Method: Semi-structured interviews were completed with 9 adoptive parents of children with underdeveloped sensorimotor systems following early trauma. Thematic analysis was used to analyse this data.

Results: Two overarching themes were identified: The Adoptive Journey and Accessing Support. Within these themes, six key themes were developed: Child and Family Needs, Parent/Child Attachment, Parental Expectations, Parental Wellbeing, Others' Lack of Understanding and Parental Fight for Support.

Conclusions: The Adoptive Journey and Accessing Support were of key importance when considering parent-child attachment and adoptive children's sensory development. Parents considered challenges in fulfilling their child's needs in the context of difficulties accessing support. Parents strongly advocated for their children, and desired to attune to and understand their children's needs; characteristics that built and maintained attachments. This research demonstrates the importance of accessible support for adoptive families informed by both ACE and attachment literature. The importance of post-adoption support is emphasised and current gaps and failings of services are critiqued. Recommendations for future services adaptations are discussed.

Keywords: Adoption, Sensorimotor, Sensory, Trauma, Adverse Childhood Experience, Attachment

Introduction

Within the UK, numbers of children looked after by local authorities have increased to 78,150; up 4% in the year ending March 2019 (The Department of Education, 2019). Most common primary reasons for children being looked after include: risk of abuse or neglect (63%), family dysfunction (14%), family in acute stress (8%) or absent parenting (7%). These statistics emphasise the difficult experiences (Adverse Childhood Experience, ACE) many children in looked after care have endured. During this year 29,460 children ceased to be looked after, a decrease of 2% from 2018; 12% of these children were adopted. However, adoption rates have continued to fall 7% to 3,570 children adopted since 2018.

During this year, children were in pre-adoptive care for an average of 1 year 11 months, though this average increases for older children. In older children looked after for at least 12 months, a minority had offended (3%) or had substance misuse problems (4%). Additionally, 39% of 5-16 year olds had 'concerning' emotional and behavioural health (scored using the Strengths and Difficulties Questionnaire). The reporting of these specific characteristics, despite low occurrences of offending and substance misuse, maintains a problem-saturated narrative and also creates poor future expectations for children who have been in looked after care.

Although it is clear that children face considerable adversity pre-adoption, it is difficult to establish the impact of ACEs and the adoption process, as adoptive adjustment literature is viewed separately from ACE literature (Rushton, 2003). Traumatic experiences impact multiple areas of children's development, such as emotional, behavioural, cognitive and social development, as well as physical functioning (Perry et al., 1995). Chronic ACEs also negatively impact the child's ability to integrate sensory, emotional and cognitive

information, emphasising the importance of early intervention in helping children build underdeveloped processes (Streeck-Fischer & van der Kolk, 2000).

Such difficulties are mirrored in pre-adoptive children, who experience difficulties with cognitive developmental delays, attachment, social and emotional development, and physical growth (Johnson, 2002). Despite previous research discussing the impact of ACEs on adopted children's needs, adoption support often fails to offer a trauma-informed perspective (Hartinger-Saunders, Jones & Rittner, 2019).

Attachment is a key difficulty for adopted children, as pre-adoptive ACEs of caregiving can create a 'disorganised attachment' due to confusion between the roles of caregiver and abuser (Main & Solomon, 1986). In inhospitable environments, the infant forms and maintains an attachment with caregivers for survival, but this contradicts the infant's innate flight response to dangerous situations. Attachment difficulties due to ACEs are further impacted by the trauma of separation from prior caregivers, both biological and institutional, before and during adoption. This causes difficulties for adopted children in forming new attachments, as these are based on earlier attachment experiences (Bowlby, 1958: Internal Working Model).

Despite early experiences of adversity, adoption can positively impact areas of development affected by ACEs (Johnson, 2002). Beijersbergen et al.'s (2012) longitudinal study of adopted children showed that caregivers' sensitivity of support predicted whether the child changed from an insecure to secure attachment from childhood to adolescence. Juffer, Bakermans-Kranenburg and van Ijzendoorn (2005) similarly found that disorganised attachment in adoptive children can be reduced by increasing the adoptive mother's sensitive responsiveness.

Trauma also impacts on a physiological level with individuals who have experienced trauma showing biologically altered stress responses (van der Kolk, 1994). Fundamental sensorimotor development occurs between 0-7 years and is key in underpinning progressive learning of social and cognitive skills, as illustrated in Figure 1 (Ayres and Robbins, 2005).

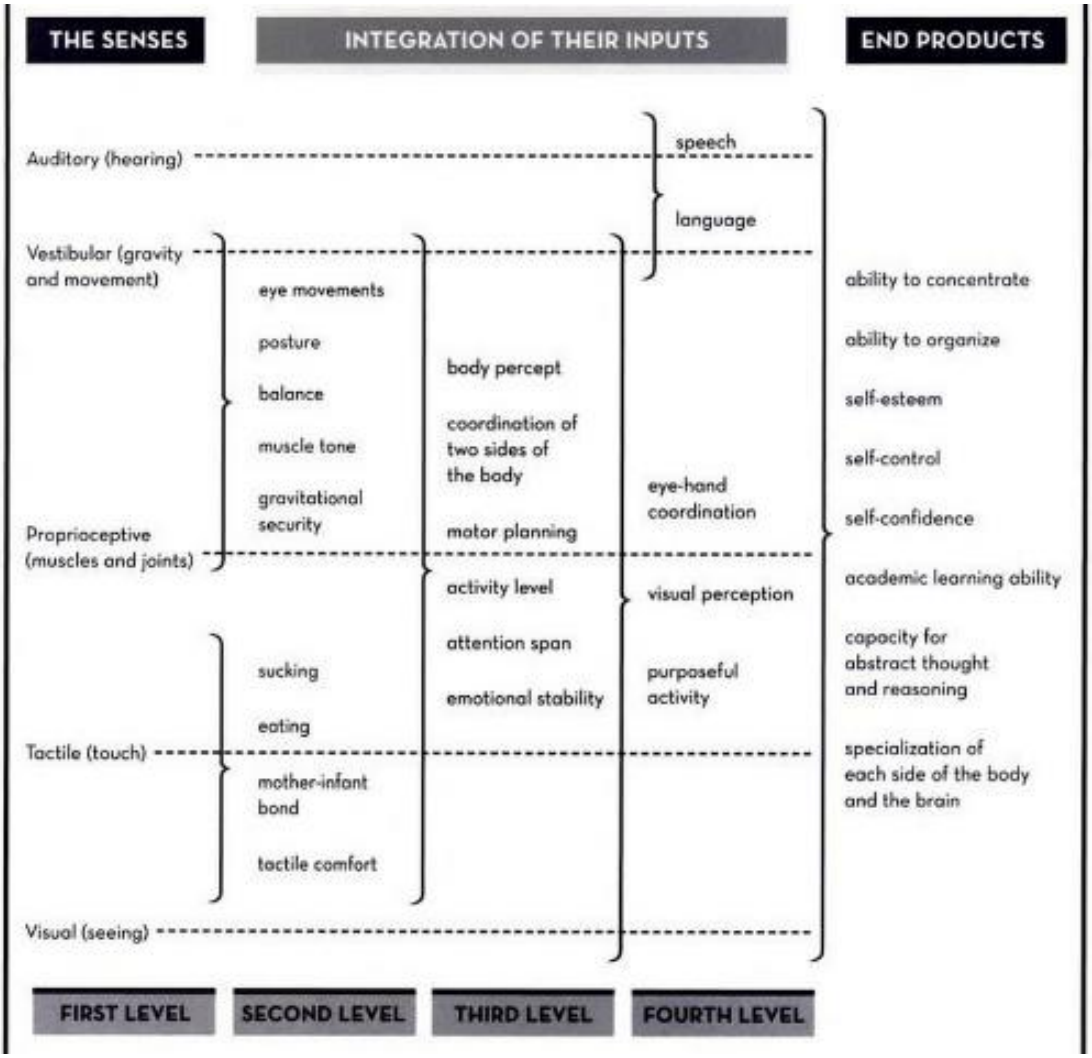

Figure 1. Ayres & Robbins' (2005) diagram illustrating the process of sensory integration

Earlier physiological development creates a foundation for more complex social skills to develop, such as attachment. Therefore, if a child has underdeveloped physiological systems, this will impact the development of these higher level skills. This provides an explanation for deficits within these areas in children with ACEs.

This understanding of development has been further explored to consider the potential implications of sensory processing within children with ACEs (Lloyd, 2016). Lloyd explains that senses help distinguish between safe and threatening stimuli within the environment during early development. Once individuals feel safe, sensory systems develop through exploration and play, establishing a strong foundation for the development of higher cognitive and social functions (see Figure 2). Sensorimotor development therefore occurs differentially in children with ACEs, leading to differential sensory needs.

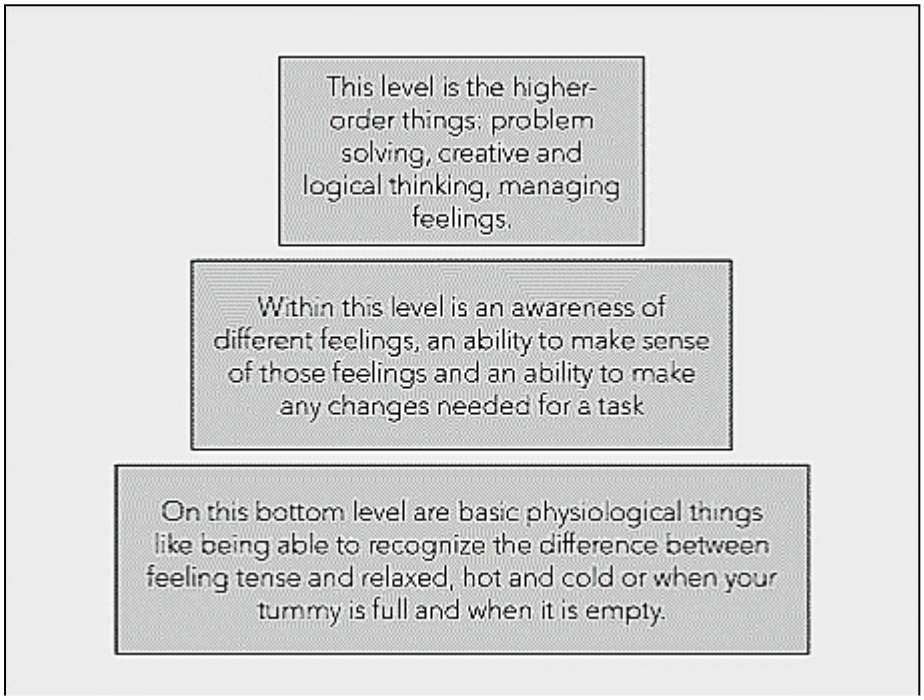

Figure 2. Lloyd's (2016) diagram illustrating the hierarchy of sensory processing development.

In adopted children difficulties with sensory processing are more likely than for those raised by biological parents (Cermak & Daunhauer, 1997). Furthermore, the longer children are in institutionalised care prior to adoption, the more prevalent their sensory processing difficulties due to lower sensory and social stimuli (Wilbarger et al., 2010). Therefore, early experiences of adopted children are likely to cause underdevelopment of sensory systems.

The above literature explains two key areas of child development (sensory processing and attachment) impacted by ACEs, which are areas of difficulty for adopted children. Although

Johnson's (2002) review demonstrates the restorative function of adoption, children's behavioural and emotional difficulties are common causes for adoptive placement breakdown (Palacios et al., 2019). Additionally, adoptive parents report significantly more parenting stress than biological parents (Harris-Waller, Granger & Gurney-Smith, 2016). The complexity of these family difficulties requires fuller understanding to inform appropriate support.

An English White Paper report acknowledged the importance of adoption and identified specific difficulties with current provision, including the lack of support for adopters, high placement numbers per child and inconsistency within adoption law (Department of Health, 2000). The government pledged to increase the standard of adoptive services by giving all families adopting children the right to an assessment for post-adoptive support.

Since 2000, there have been several updates to adoption legislation, including the introduction of the Adoption Support Fund (Lewis & Ghate, 2015); a support fund to aid adoptive families in accessing specialist post-adoptive therapeutic services.

Most families accessing support through the Adoption Support Fund found this was beneficial and improved child and parent wellbeing, parent-child attachment and family functioning (King et al., 2017). However, "improvements were small, inconsistent and life was still challenging" (King el al, 2017., page 158). A longitudinal follow-up added that, although improvements from accessing support were sustained over time, families still experienced high levels of difficulties; many required ongoing support (Gieve, Hahne & King, 2019). So, despite recent improvements in post-adoptive support funding, a greater understanding of adoptive families' needs is still required to inform adequate support.

Although Lloyd's (2016) and Ayres & Robbins' (2005) models fit with the existing literature regarding sensory processing-based needs in children who have experienced ACEs (Perry,

2009), there is little empirical evidence supporting the relationship between physiological and psychological development in relation to ACEs and adoption. As there is limited literature to inform a controlled evaluation of attachment in the context of underdeveloped sensorimotor systems, an explorative and qualitative stance was necessary for this research.

The current research therefore aims to explore adoptive parents' experiences of their children's attachment in the context of underdeveloped systems following early trauma.

Method

Design

Due to the explorative nature of this research, a qualitative design was used. Semi-structured interviews were completed with either one or both parent(s). Semi-structured interviews were considered most appropriate for this explorative study as they allowed participants to speak openly about their perceptions of the most important aspects of their experience, whilst allowing the interviewer to guide the interview by asking questions informed by existing literature (Wethington & McDarby, 2015).

Participants

Participants (n=9) were an opportunistic sample of adoptive parents who had accessed a sensorimotor intervention (the 'BUSS (Building Underdeveloped Sensorimotor Systems) Programme', see Appendix I for more details on the programme), because their children had been identified to have underdeveloped sensory systems as a result of their ACEs. Participants were recruited from only the most recently completed cohort of the programme to ensure similar levels of understanding of sensory development and, as other research on the BUSS programme was in progress, it was important not to over-research participants. The

study aimed to recruit a minimum of 8-10 participants as this is suggested as an adequate sample size to collect in-depth qualitative data (Guest, Bunce & Johnson, 2006) and to produce enough data to complete a thematic analysis (Joffe & Yardley, 2004), however a sample size of 10-20 participants would be preferable for thematic analysis within doctoral research (Braun & Clarke, 2019). Inclusion and exclusion criteria are shown in Table 1. See Table 2 for participant demographics.

The BUSS programme was fully completed by all families but one (n=8), who missed the final session. Families with several adopted children discussed all their children, who were all described as having sensorimotor needs; one family had previously accessed the BUSS programme with an older sibling, one family was waiting to access the BUSS programme for a younger sibling, and one family completed the sensorimotor activities with all their children as a family. Most families accessed at least one other intervention with their child at the time of the interview.

Table 1. *Research Inclusion and Exclusion Criteria*

Inclusion Criteria	**Exclusion Criteria**
Parents must have been referred onto the latest cohort of the BUSS programme and finished accessing this programme before participating in this study.	Parents who were unable to attend any of the BUSS sessions
The child must have attended at least one of the four sessions of the BUSS programme	Parents from earlier or current cohorts of the BUSS programme.
The parent participating in the research must have been present during at least one of the BUSS sessions	
Sufficient fluency in English to allow the application of thematic analysis	

Table 2. *Summary of Participant Demographics,*
*Key: - information missing,*child that accessed the BUSS programme, **child completed BUSS programme previously,*

Parent Pseudonym	**Age (range)**	**Ethnicity**	**Partner Pseudonym**	**Child Pseudonym***	**Age (Range)**	**Number of Siblings**	**Confirmed Diagnoses (Child)**
Laura	25 - 34	White British	Ben	Olivia	5 - 7	0	None confirmed
Hannah	35 - 44	White British	John	Timothy	8 - 10	1	None confirmed
Mark	25 - 34	White British	Pete	Finley	5 - 7	1	Awaiting assessment
Tina	35 - 44	White British	Jacob	Georgia	5 - 7	2	Foetal Alcohol Spectrum Disorder
Cara	45 - 54	White British	Dave	Jake	13 - 15	2	Autism Spectrum Disorder, Type 1 Diabetes
Dave	35 - 44	White British	Cara	(as above)			
Michelle	-	-	Mike	Lily	11 - 14	1**	-
Ellie	-	-	Bernard	Nathan	1 - 4	1	-
Sarah	-	-	Ricky	Molly	8 - 10	1	-

Procedure

The current study was reviewed and approved by the Faculty of Health Sciences Ethics Committee, University of Hull (see Appendix H). During the design of the study, the primary researcher met with parents accessing a different longer-term sensorimotor intervention for adopted children, who served as a reference panel. They considered the study proposal and reviewed study resources for appropriateness (information sheet, consent form and interview schedule); changes were made according to their feedback.

Recruitment

Following their second BUSS session, parents were given the cover letter, information sheet and consent form (Appendix J, K, & L) by the session facilitators. They were informed that participation in the research was voluntary and that there would be no impact on their ability to access the remainder of the BUSS programme. Parents were asked to contact the primary researcher if they were interested and not to inform their facilitator to ensure facilitator impartiality. Following the third stage of the intervention, the centre's Case Manager and

Service Development Coordinator emailed parents, asking again if they would be interested in participating, and if so, whether they consented to the primary researcher contacting them. The researcher contacted the 9 consenting parents, giving them the opportunity to ask questions about the research. Individual interview times were arranged with parent(s) after they completed the BUSS programme.

Interviews

Before the interview parents were given another copy of the research information and were given time to re-read it and ask questions. Following this, the consent form was completed, demographic information (informed by factors impacting on experiences of adoption and attachment within existing adoption literature) was collected (Appendix M) and the interview began. The interviews took 1.5 – 2.5 hours and covered topics including: experience of a sensorimotor-based intervention, observed development post-adoption, the family's adoption journey, and the child's relationships (Appendix L).

Materials and Measures

The semi-structured interview schedule (Appendix L) was informed by existing literature on post-adoption development and interventions for children in adoptive families, as well as observations of the lead BUSS programme Occupational Therapist (OT). This schedule was amended following discussions with the parent reference panel into main questions and prompts. This allowed some structure, with an inductive approach, allowing participant-lead discussions based on their experiences.

Data Analysis

Interview data was analysed using thematic analysis (Table 3) based on Braun and Clarke's (2006) guidelines. Thematic analysis was preferred as this derives key themes from parents'

interviews, highlighting the similarities and differences in the different perspectives of research participants and generating unanticipated insights (Nowell et al., 2017). The flexibility of thematic analysis fits well with the explorative and inductive intent of this research (Braun and Clarke, 2006).

Once interviews were completed and transcribed, the data was analysed. Codes were identified, noting topics that appeared most prominently (Appendix M). Themes were formed by grouping similar factors, to ensure that all factors encompassed in an overarching theme were considered. This process was supervised by the researcher's academic supervisor to enhance the quality and reliability of the analysis in line with qualitative research methodology (Joffe & Yardley, 2004).

Table 3. *Phases of Thematic Analysis (Braun & Clark, 2006, p.35)*

Phase	Description of the process
1. Familiarise yourself with your data	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a 'thematic map' of the analysis
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Researcher's Position

The primary researcher is a white, British, female Trainee Clinical Psychologist in her early 20s, with experience of the adoptive process through extended family members, and is not a parent themselves. The primary researcher worked as a Trainee Clinical Psychologist in CAMHS previously, but had not worked specifically in looked after children's services. The

researcher's post-positivist epistemological stance (Appendix B) and own psychological lens may have influenced the interview style and may have resulted in a preference to explore certain topics during interviews. Although qualitative research is arguably intrinsically connected to the researcher's perspectives, experiences and epistemological position (Noble & Smith, 2015), the researcher attempted to remain as unbiased as possible throughout the research process to maintain the research's inductive intent. Neutrality and reflexivity was attempted through supervision with three different supervisors and qualitative reflective practice groups with colleagues and members of the clinical psychology doctoral research team (Finlay, 2002).

Results

Analysis resulted in two overarching themes and six sub-themes. The diagram below shows these two overarching themes (the family's *Adoptive Journey* and experiences of *Accessing Support*) and six main sub-themes, and how they relate to each other (Figure 3). The sub-themes of the *Child and Family Needs* and the development of *Parent/Child Attachment* were interlinked and mainly discussed in the context of the family describing their A*doptive Journey*. The *Parental Fight for Support* and *Others' Lack of Understanding* sub-themes involved the families' experiences of *Accessing Support*; these sub-themes clearly influenced each other. These two overarching themes both linked to less frequently occurring sub-themes of *Parental Wellbeing* and *Parental Expectations*, which were also closely connected. A detailed description of the topics that developed within these sub-themes can be accessed in Appendix N. The themes are presented in a diagrammatic format to demonstrate the relationships between themes and the lack of consistent chronology of the themes (Appendix O). Throughout this section, interview quotes have been edited with '…' to indicate missing

extraneous information. Information in brackets has been added to contextualise or anonymise the quote.

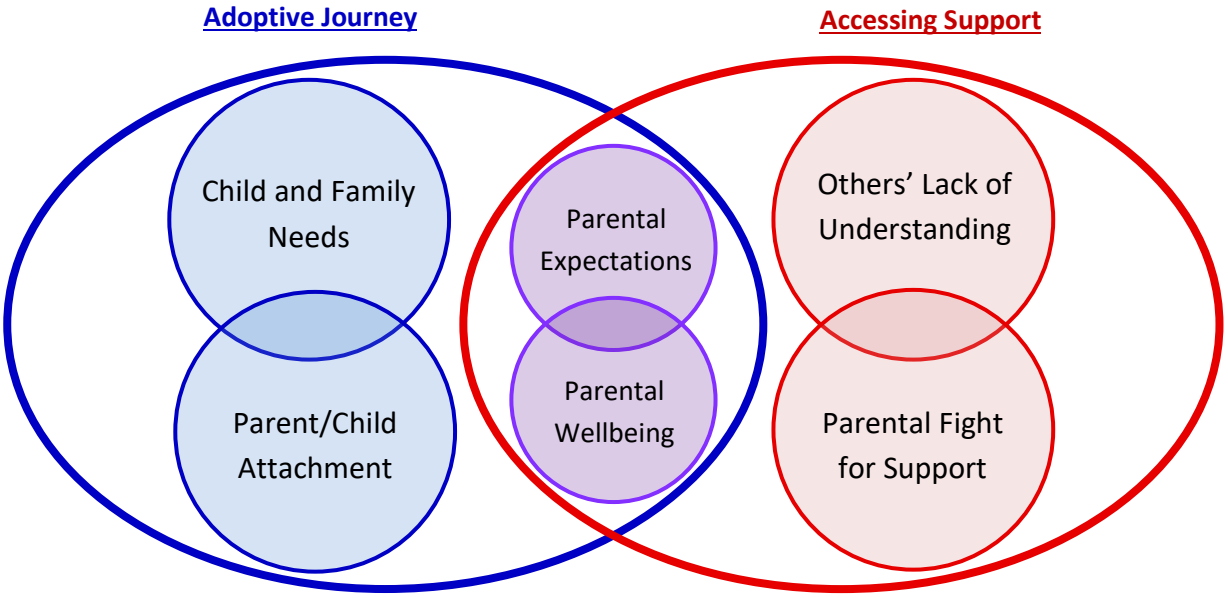

Figure 3. *Diagrammatic representation of the relationships between the themes*

Overarching Theme: Adoptive Journey

Parents contextualised many of their family's experiences as part of their *Adoptive Journey*. All parents to some extent attributed their child's needs to earlier life experiences, and discussed the development of their relationship with their child over time since adoption.

Sub-theme One: Child and Family Needs

This sub-theme encompassed the child's needs, the related needs of others within the family unit and how these developed throughout the *Adoptive Journey*. It occurred within all interviews, and was commonly discussed as impacting on daily life and family functioning.

When considering each child's individual needs, parents reflected on their adoptive children's differences.

"They're (3 adopted children) all different to say the least" (Dave)

However, individual needs around sensory experiences, attachment, emotional regulation, control and hypervigilance, were commonly recounted.

"She'll say will you rock me? And it doesn't matter where you are, she'll ask you to do that … she'll come and say I need to be upside down"… "She's a very sensory child, always has been" (Tina)

"She had an excellent rapport with adults and could chat to adults for ages, but not with her own peers" … "she does focus on quite erm one on one friendships like, to the extreme, like obsession, but that is part of her attachment." (Laura)

Many parents highlighted the child's need to understand their adoptive journey and identifying as an adopted child.

"we'll talk about it and "this is kind of where you're from, this is what you're doing and what you choose to do with that is up to you, but you've developed into this kind of person, not because of where you started but what has happened along the way" (Laura)

All but one parent mentioned the systemic context of the child's needs, contextualised in the family's needs. Family needs were discussed more by parents with multiple children, who reflected on the family dynamic adjustments following adoption, and the impact of the child's needs on their sibling's needs.

"Although the other two (siblings) are older they still need us as well, and it's how many, how much, you can sort of split yourself into" … "so I think that having that (sleep intervention) has been, it sounds as if I'm being dramatic, but I think that it saved us in a way. Because it's given us back our evening with (siblings)." (Tina)

"I tend to think of Molly as the cuckoo. Yeah, she'd kick the other one (sibling) out of the nest. There is not enough. There could not be enough. Nobody could warn me that that was a fact that was not going to go away" … "Molly was really monopolising me and I got swept into it and then it's … they call with the splitting you know when it's one against the other and stuff so - yeah we try and be fair and equal." (Sarah)

Parents shared an understanding that their child's needs were a consequence of difficult early experiences, and all referenced these experiences without prompting. This early life information better equipped parents to understand and support their child's behaviours.

"so you could sort of say for almost the first two years of his life, he didn't get a great start" … "so we had quite a lot of work to do" (Ellie)

"In terms of her background, … there was some bits that … we didn't really know about" … "it wasn't until like months and months later, they went "oh and this …", we were like "ah well if we would have known that" … "we obviously weren't fully equipped with everything beforehand." (Laura)

Half of the families expressed concern about lack of movement during foster-care, and its impact on their child's sensorimotor needs.

"They (foster-carers) adored him really. Erm and … I guess linking to this (BUSS programme), the thing to point out is that even though he was a baby, they did everything for him. So he would be moved from a highchair to a bouncy chair." (Hannah)

Sub-theme Two: Parent/Child Attachment

Attachment was discussed within all interviews. Parents saw that the key to developing good parent/child attachments was through developing an understanding of their child's needs, which allowed increasing attunement to their child. This enabled the child to build trust that parents would reliably meet their needs. Parents frequently reflected upon the development of the parent/child relationship in relation to the family's *Adoptive Journey*. Key factors in this relational development were: separation anxiety; the development of the child's trust in the parent; and the emotional impact of this relational development.

Most parents spoke about their attachment with their child developing over time, but not as quickly as anticipated.

"And I don't think anybody really prepared me in terms of not feeling love. … And I always explain to people how it was for me and that that would be something that can develop and grow over time. I kind of explained, to Molly, that she didn't grow in my tummy, she grew in my heart" (Sarah)

"We spend all this time on how to get the kids attached to you, they never talk about you getting attached to children, I said how does that happen? … they're going to be my responsibility and they're strangers, I don't know these children and then being, I'm referred to as Mummy" … "*it (adoption training) was all about the kids, which it needs to be about the kids, but also it needs to be about you and how you form that bond"* (Michelle)

Discussing the development of the parent/child attachment, three mothers spoke about their child initially refusing to call them "Mummy", whilst comfortably using other family labels.

"the only funny little blips that we had, so for example, Timothy refused to say Mummy. For ages. Yeah, We could go around the room.. And say who's that and he'd go "(sibling)", who's that, "Dada", who's that "Nana".. who's that.. "Mm" and he just wouldn't say it- And it was bizarre… And - We never really got to the bottom of that"… "It was awful at the time (laughs)"… "we kind of "oh my goodness is there some kind of – some kind of psychology going on here about the – he knows I'm not the birth mum" (Hannah)

"I think the biggest overwhelming thing for me was … about two days in with Jake he turned round and says "you are not my mum", I- and I remember I immediately went (deep breaths) and I was really overwhelmed and I was thinking- I didn't think he could … say those words" (Cara)

A key factor in the development of parent/child attachment was building their child's trust in them as parents to be able to meet their needs. Parents explained that once this trust was established, their home and presence became safe for their child, for example, children felt safer at home to show emotions (e.g. through 'meltdowns')

"Sometimes he can hold it ('meltdown') in with them (wider family) – and that's something that used to really bother me, I was like, why is he only doing this with us? What are we doing wrong? But … because of what we taught him and brought him up, he can maybe hold that in for so long, because he trusts us more than anybody, we see the true colours, and I'm like, that makes it worth it" (Mark)

(Grandmother looks after child throughout the day) "when I get in from work she sees a change in ... him when I'm back. And then…. He'll start asking… when's Daddy home ? And then when we're all in .. you can definitely see his spirits are lifted … I don't know if it's that safe feeling of … those important people ... he knows they're all safe, knows they're all here to look after him" (Hannah)

Another development parents noted was their child's ability to seek comfort. Parents understood their children's initial difficulty as fear of rejection due to previous caregiving experiences. A component of care seeking was linked to sensory comfort-seeking.

"Nathan was quite scared of the fireworks … so you really liked getting safety cuddles from me and Daddy … And that was a turning point as well, because I think you realised .. that me and Daddy keep you safe, so we can help you if you're scared" (Ellie)

Parents discussed their struggle to understand triggers of behaviours, and therefore how to support their child learning self-regulation. Parents spoke about not wanting to pathologise their child's behaviours, but also struggled to explain different behaviours.

"It's difficult to know what sets her off. Sometimes you can predict it, other times is just completely out of the blue" (Tina)

"But also, not always looking at it from an adoptive or erm.. an attachment or autism but you know it's just kids, they're just being kids and it's sometimes remembering that … as well" (Cara)

Although parents consistently discussed not being able to identify changes in their child in relation to the BUSS intervention, many parents expressed they had a better understanding of their child's sensorimotor needs and the role this plays in their child's ability to self-regulate.

"It's really interesting to know for me that Molly just needs to slow down."… "Us being aware and working on that to remind her of- the body seems busy, let's do some calming things" (Sarah)

"Is it a success that we know now that there's an issue (sensory), and we can help and improve that, Yes; is it a success in that from us knowing from last year until now, has he improved much, no, not massively, but we know that there's an issue there"… "I think just with that understanding, that holistic picture. This is where that child is... Overall, say, you can make a better decision around what's the right thing for these kids" (Dave)

These quotes illustrate how interlinked the *Child and Family's needs* and the *Parent/Child Attachment* sub-themes are, as parents' attunement is developed by consistently responding appropriately to children's needs.

Sub-theme Three: Parental Expectations

This sub-theme highlighted the lack of congruency between parents' expectations and experiences of their *Adoptive Journey*, and *Accessing Support*.

Parents described their unmet expectations of the *Adoptive Journey* and post-adoption adjustment, including feeling unsupported.

*"It (adoption process) did feel quite a rush" … "We … only did 2 days, it was supposed to be a week, but actually the second day they (foster-carers) were like oh, she's fine, here you go, see you later. Which obviously then was like "oh God!"" (*Laura)

"(returning from foster-carers) I suddenly looked at him (Mike) and said, what the hell have we done? We've got two aliens in the back of the car! … and they're now our responsibility, forever! … And it was, it was literally that realisation" (Michelle)

Parents reflected that the emotional impact of parenthood did not meet their expectations.

"(Dave) it's a different- post-natal (depression) ... you absolutely sit there and go what have we done, and, but it's so hard, it's just hard, hard, hard work" … "(Cara) I wish somebody would have said … - it isn't great and it's OK for it to go wrong and it's OK to feel like that,... and I don't think there was enough honesty at the beginning so you set yourself up for a fall, this is gonna be wonderful 'cos you've always wanted kids and – you strive – and you have these two little things and what can go wrong? But biologically they're not your children and they have their own personalities and .. and you have to learn to deal with that" (Dave & Cara)

Parents equally described a mismatch in their expectations of school and services' priorities when *Accessing Support*.

"They're like oh she's not reading, she's not doing this… I'm like I don't care she's walking to school and she's not crying so I'm sorry but it's – it's, it's her wellbeing rather than your (curriculum)" (Cara)

"the fact that she's brought pupil premiums into that school, and we've had all these issues over (the years), and it's that they've nobody to support. Well, use the pupil premium" (Michelle)

Although experiences differed, all parents shared positive experiences of at least one intervention. The surprise and relief parents expressed when discussing this positive experience illustrate how low their expectations of services had become.

"but the biggest thing … is how refreshing erm .. (OTs from BUSS intervention) are in terms of their level of knowledge and understanding – because honestly – there are so many people that really .. don't seem clued up and who are working in that field all the time" … "so just that like level of competence was really helpful" (Ellie)

(talking about getting a therapy dog) "he's (Finley) certainly calmer and the meltdowns are much quicker, much quicker to come out of them, like it's just amazing, there's no other word" … "the best thing we've ever done for Finley though, is get (dog's name)" … "Works a treat – I cried the first time, because it was, it was almost instant" … "it was only again because I was looking through the internet" (Mark)

Parents also recognised the complexity of their children's needs, and therefore acknowledged that one intervention would not be enough. Parents expected that numerous interventions would be needed to provide the necessary holistic care.

"I'm sure that the BUSS programme has helped, but I can't say that there has been one thing in particular. I think because Molly's a bit - everything, you know it's a bit of everything … that has really helped and I think everything holistically for Molly." (Sarah)

(Dave) "So has it (BUSS programme) helped? Yes … as an adoptive parent, you want to feel a bit more empowered to know what's going on with your child, it's particularly in the school environment, it's also for them as they get older, to explain why they're doing something, it empowers you to give them a bit more information" …. (Cara) "that has taught me as a parent to be a lot more confident to go in (to school) and go 'She can't do it, she won't do it, don't put the pressure on to do it' … (it's) made us a lot more aware with regards to what's going on and understanding why" (Dave & Cara)

Sub-theme Four: Parental Wellbeing

Although all parents spoke about the challenges of the *Adoptive Journey* and *Accessing Support*, only some reflected on the impact of these difficulties on their Wellbeing, when parents' post-adoptive experiences were more difficult than expected (*Parental Expectations)*.

"Just somebody with a bit of knowledge about the mental health development things. It could have been significantly helpful then. Rather than us getting to crisis, really, it really was crisis. We didn't know what the hell to do. We both ended up on sick because it's just, it consumes your entire life" (Mark)

"(Dave) We cope, we cope for now, (Cara) Yeh, we cope, … but.., (Dave) It's hard" …"(Cara) whilst they're 3 amazing kids …you forget who you are as a couple, I left my job, quite a few years ago now" … "I do agree with the statement erm post-natal depression" … " (Dave) -I do Yeh the exhaustion is unbelievable-, (Cara) I remember … going 'what have we done?!' - overwhelmed, absolutely overwhelmed .. , erm and then throwing yourself in and loving it and living it but because we asked for help" (Cara & Dave)

Overarching Theme: Accessing Support

Parents' difficulties *Accessing Support* was a dominant narrative across all interviews.

Sub-theme Five: Others' Lack of Understanding

When discussing difficulties in *Accessing Support*, all participants emphasised that others did not understand their child's needs. This lack of understanding was discussed in relation to the general public, parents' wider families, children's peers and school.

"I mean, I just got thick skinned" … "I'd perfected my, my one-liner put downs for when people were being horrible to us, erm, because there are times when they just are, when kids do that sort of thing, it's always bad parenting and they have no idea"" (Michelle)

"It's tricky, 'cos they're (family members) less informed, think they know it all because they've brought up 3 children, … they're not ready to listen to all of the, like, reasons why we do things the way we do" (Ellie)

"I think sometimes …. To begin with, she (family member) was a bit old school and it was a bit like "he's fine, he's in your loving family and he'll be.. He was one and he was young enough that all of that doesn't really matter.." But I think she started to realise that all those early experiences do matter." (Hannah)

"She (Georgia) had a birthday party and we had a few friends back … And she'd gone upstairs, (Georgia said) "I just want to be on my own" … but other children don't understand her and because then they'll say Georgia's not talking to me. And it's hard for them." (Tina)

"(Cara) we used to go up to pick Jake up (from school) and they'd just say "can I have a word", every day in front of all the other parents" … "You're shamed through schools" (Dave) " -School … they make you feel guilty, in a way .. inadvertently and it's the parent's fault" (Cara & Dave)

Most parents also spoke specifically about their frustrations with support services, and the disbelief that support services did not understand their child's needs.

"I'm like well, why don't you (social worker) know this sort of thing (that BUSS programme existed)?! There's so many families you should be helping, they've all probably had issues like this one!" … "If you (post-adoption support worker) don't get it then what hope is there?! So my experience is that, actually a lot of people working within this world are not competent, and that can't help but be a contributing factor in why .. some children really don't do as well as they could and – and reach their potential" (Ellie)

"we got to the point where we knew it wasn't safe for us or her, when she kind of got like that. And apart from the Theraplay and (charity) saying, well try wrapping her up in a blanket and, you know, doing the soothing thing and keeping her arms kind of contained, all that did was kind of make her … erm, she didn't calm from it, it kind of made her more erratic." (Laura)

Similarly, many parents were frustrated that they had not been encouraged to access interventions sooner, and considered their adoption training inadequate preparation.

Participants discussed the importance of accessing services whilst children are young, as they felt interventions would have given the family supportive tools to avoid escalating difficulties.

"Whereas I think as part of the adoption package, if it had been we're going to start Theraplay ... So you know that, as you start getting to something that you feel is kind of overwhelming or kind of, erm crisis point. You know, right actually this in my pocket, my toolkit, ... we've got that Theraplay there, I've got my extra support" ... "But actually by the time it came we'd already gone through quite a lot of the difficulty instead of having it start from day one. It was already during a time of crisis which kind of obviously doesn't help" (Laura)

"and that the prep training doesn't properly prepare you" .. "you're not preparing – people properly, and you shouldn't want people to adopt if they don't know enough and want to put enough work in, because ultimately, the child is the one that ... (loses out)" (Ellie)

Sub-theme Six: Parental Fight for Support

Most parents spontaneously described their experiences of *Accessing Support* from schools or services as either a 'fight' or a 'battle'. This use of language illustrates parents feel they oppose professionals and highlights parents' passion in ensuring their child's needs are met.

"we are in the process of trying to move Jake to a special needs school" ... "we're not holding our breaths, it's too expensive, the council won't give it" ... "we have a battle on our hands, so it's not easy in the long term for us, it's gonna be a tough road" (Cara)

"She's got one to one support until one o'clock in the afternoon although the EHCP has been refused. So, we're just battling that at the moment" (Tina)

"so we'll have the diagnosis, which, I wasn't keen on at first, ... but it is the only way you can get support" ... "everything's a battle, it's always been a battle, and I'm sure it always will be" ... "you've got to fight for everything. Everything. All the time." (Mark)

All parents mentioned barriers preventing them from engaging with or accessing support.

"we were referred to him when Georgia was probably about, just before she was three because we were told when she was three she could have an assessment with him, and then we were told no, that when she was four ... when she was five ... then when she was five and in full-time education ... So basically his assessments have been blocked and the latest is that you have to have a diagnosis of FASD and be five and in full-time education to get an assessment with him ... they just put things in the way." (Tina)

"(applying for additional school support) that was horrific. Again, it's so many hoops and, they were saying, oh well, basically, he's not bad enough to need that, and I was like, well, hang on! He's pooing himself … He's chopped the end of his thumb off, what more do you need?"… "but again, it's all money, I get it … but at the end of the day, it's a person, and it's a young person, and it's my person" (Mark)

Several parents felt that failure to access support escalated their situation. A common finding was that parents had not been told about post-adoption services or funding until crisis point.

"we're really, really struggling like can somebody get in contact, we sent a couple of e-mails and no one had, and we went back to (charity) and said, look, we're really, really struggling with this. The local authority who should be helping aren't, erm, we mentioned it to school and school said, oh, well, can you get the crisis team, the family crisis team involved? But the family crisis team wouldn't get involved because it was under (local authority)" … "And by the time (local authority) kind of got back in touch and said, OK, it sounds like you're at crisis point, like two or three months had passed" (Laura)

"We just reached a point where we thought we can't go on like this. None of us are happy, this isn't a life, it was just horrendous. So, we started ringing everybody we could think of" … "Just ringing people and saying please help, we can't manage, please help" … "and you just worry that you're doing the wrong thing, and you're going to damage your kid. You just want help, and it's not there"… "But it was only through like constant Google and asking people… that we found that there was a post-adoption team and I was like, why has no-one told us about this." (Mark)

"the social worker sat in every single meeting we had, and not once did she say have you thought about accessing the adoption support fund and I didn't actually know the adoption support existed" (Michelle)

Several parents expressed that it would have been easier to engage their children with interventions when they were younger or during adoption leave, when parents would have had more time and opportunities to implement strategies.

"Molly has that awareness (now she's older) of ... this (accessing intervention) makes me special ... this makes me different " … "it was a bit of a negative thing for her" … "Like does this make me special, does this make me different? Disabled?" (Sarah)

"it's a lot easier to get the kids to do those sorts of things when they're younger and the repetitiveness of it" … "He could have done with doing it more, but he wouldn't … because it was baby-ish" (Michelle)

Continuous difficulties in accessing support caused several parents to lose trust in services. Many spoke about being given ineffective advice from professionals or being left to find

strategies themselves. This lack of trust in support services resulted in two parents setting up or leading support groups and one discussed initiating a workplace parenting mentor scheme.

"I've set up groups and all sorts 'cos it's just a – I think it's just crucial … Yeah it doesn't happen by – from them so, it's up to us really." (Sarah)

"I had to take (sibling) out of school and home-educate him from mainstream because they sat there and they told me, the two deputies and the head teacher called me in and said, we can't find anybody to work with (sibling), and then just sat there and stared at me, sat there until I agreed to take him home" (Michelle)

Discussion

Research Findings

This research primarily aimed to explore adoptive parents' experiences of their child's attachment in the context of underdeveloped sensorimotor systems following early trauma. As there is limited understanding of the relationship between these factors in the literature, this research aimed to bridge the gap between ACE and adoption literature. This research had an explorative intent and so maintained an inductive approach to data collection in order to understand the factors that were most important to parents.

Thematic analysis established two overarching themes; the *Adoptive Journey* and *Accessing Support*. Although the *Adoptive Journey* was part of the planned interview schedule, the researcher had not anticipated the extent to which parents would contextualise their experiences within the adoption process. The second overarching theme on parents' difficulties *Accessing Support* was entirely unexpected, yet its consistent occurrence illustrates the extent to which post-adoptive support is urgently needed and sought. Within these overarching themes, six sub-themes were generated.

The first sub-theme (*Child and Family Needs*) demonstrated the importance of both the physiological (Cermak & Daunhauer, 1997; Wilbarger et al., 2010) and psychological needs

(Johnson, 2002, Streeck-Fisscher & van der Kolk, 2000) of adopted children, and their impact on the family's needs. Parents' desire to understand the complexities of their child's needs is also highlighted in the second theme (*Parent/Child Attachment*). Amongst other child and family needs, these themes encompassed the child's underdeveloped sensorimotor needs and the development of the child's attachments. Parents did however attribute these needs to the impact of their child's ACEs on development, demonstrating a pre-existing trauma-informed understanding of their child's needs. The importance of parents developing an attunement to their child's needs in order for their child to feel safe enough to build a strong parent/child attachment was particularly highlighted when discussing the *Parent/ Child Attachment*. Adopted children's attachment style can become increasingly secure through improved parental sensitive responsiveness (Juffer, Bakermans-Kranenburg & van Ijzendoorn, 2005). Several parents noted that the most important outcome of the BUSS intervention was their increased understanding of their child's sensorimotor needs, which better informed them to support their child. Although these findings do not evidence a direct developmental relationship between a child's attachments and underdeveloped sensorimotor systems due to early trauma, it does suggest that adoptive parents valued support understanding their child's sensory needs and that this increased understanding may help increase the parent's attunement to their child's needs, therefore strengthening the parent/child attachment.

These findings additionally further evidence the need for both trauma- and attachment-informed post-adoptive support from schools and services (Phillips, 2007; Hartinger-Saunders, Jones & Rittner, 2019). A trauma-informed approach to child welfare and mental health has a buffering effect against parenting satisfaction and commitment, showing positive systemic outcomes (Barnett et al., 2019). The benefit to attachment-based systemic interventions in developing family attachments is clear (Purvis et al., 2013). Despite this,

adoptive parents have limited trauma-informed training and limited access to trauma-informed and 'adoption-competent' professionals, particularly in regards to long-term support (Hartinger-Saunders, Jones & Rittner, 2019).

Parental understanding was contrasted by *Others' Lack of Understanding*, and even experiences of judgement from others, suggesting children's difficulties were a result of 'bad parenting'. Such professional judgement has a negative impact on parents' experiences of accessing support (Hansen & Ainsworth, 2007). This lack of understanding from others further validates the parents' role as an advocate for their child, especially if they believed they were the only ones to understand their child's needs. Advocacy in adoptive parents has been explored elsewhere (Duquette et al., 2012), and seems critical to ensure children's needs are met.

The parent as an advocate for their child recurs in *Fight for Support*, which reflected consistent feelings of being let down and unsupported by services and schools. This lack of understanding and support negatively impacted on *Parental Wellbeing* and often led parents to feel they had no option but to fill the gaps in the support services. Unmet parental expectations were also reported by Moyer & Goldberg (2017) as impacting parental wellbeing, particularly when parents felt they lacked support from others. High *Parental Expectations* of themselves as parents pre-adoption are often not affirmed post-placement (Foli et al., 2017b). This explains the relationship between *Parental Expectations* and *Parental Wellbeing* within the current research and shows the negative systemic impact of a lack of appropriate post-adoptive support for parents of children with underdeveloped sensorimotor systems and attachment difficulties due to ACEs.

Interestingly, few parents spoke unprompted about their own difficulties pre-adoption, or considered the impact of these experiences on their adoptive journey. Perhaps professionals

do not address these; a concern mirrored by Foli et al. (2017b) suggesting that when the child is the focus of care, parental needs are more likely to be overlooked. This demonstrates again that the current support system fails to provide enough support for adoptive families and highlights that systemic intervention approaches are more likely to support the whole family's needs, alongside their child's needs. Attachment-informed systemic therapy for adoptive families is an area of growing research and is encouraged, particularly for its value in developing family attachments (Purvis et al., 2013).

Although the focus of the research was not to evaluate the BUSS programme, observations of improvements were made by some parents, such as sensorimotor activities benefiting emotional regulation and bodily awareness, though this was not a consistent finding. This compares to the Adoption Support Fund evaluation of post-adoption interventions that concluded that "improvements are small, inconsistent and life was still challenging" (King et al., 2017, page 158).

The universal and unanticipated theme of parental difficulties *Accessing Support* speaks volumes. If this is the experience of parents who have accessed post-adoptive interventions, then what is the experience of parents who have not? Research into adoptive parental stress echoes this concern, showing that although 70% of adoptive parents reported clinically concerning high stress, less than a third accessed support from services (Harris-Waller, Granger & Gurney-Smith, 2016). Furthermore, despite high levels of need, adoptive families in the UK struggle to access support due to their children not meeting criteria for a formal 'mental illness' diagnosis (Rao, Ali & Vostanis, 2010). Gieve, Hahne & King (2019) voiced families' wishes for the Adoption Support Fund to encompass further types of support, better collaboration with education services and less restrictive funding.

Although the current research question did not aim to directly examine parental experiences of accessing support, these results demonstrated that adoptive families may experience difficulties accessing appropriate support due to others not understanding their child's needs, including their child's attachment and sensorimotor needs. Therefore, although the relationship of developmental hierarchy between sensorimotor needs and attachment outlined in Ayres & Robbins' (2005) and Lloyd's (2016) models cannot be evidenced by these results, the results do demonstrate that parents valued support in understanding their child's needs as parents frequently reported that they had not previously understood the function of their child's sensory needs in emotional regulation, comfort seeking and feeling safe. These results then highlight that adoptive children's underdeveloped sensorimotor and attachment needs following early trauma may relate to their attachment; as an increased parental understanding of these needs can increase parental attunement to their child's needs and the parent's ability to 'fight for' appropriate support for their child. Post-adoption support is necessary and sought, yet many adoptive parents face difficulties in accessing high-quality support from schools and services that are informed by a good understanding of their child's needs.

Strengths and Limitations

This study is original in that it is the first to examine parental experiences of attachment and underdeveloped sensory systems following trauma. The inductive qualitative design, employing thematic analysis, allowed for in-depth exploration of adoptive parental experiences. Furthermore, parental difficulties accessing support were evident, which was unanticipated and so could have been easily missed (Wethington & McDarby, 2015). The range of family demographic representation within this sample was helpful (e.g. different-/ same-sex parents, interracial adoption, multiple-sibling/ only child), as this highlighted the varieties and similarities of parents' journeys, enriching the qualitative data. The semi-

structured nature of interviews provided a voice to parents; several commented that it had been cathartic to discuss their experiences which go unheard elsewhere.

Although this research recruited above the minimum amount of participants required to complete a thematic analysis (Guest, Bunce & Johnson, 2006; Joffe & Yardley, 2004), this study's recruitment procedure through a post-adoptive intervention may have resulted in sampling bias as participants were likely to be highly motivated parents who valued supportive interventions. A larger sample size would have been preferable (Braun & Clarke, 2019) as a smaller sample may limit the applicability of findings to wider populations of adoptive parents (Noble & Smith, 2015). In addition to this, as this is a new literature base, there was little previous literature to inform the interview schedule, therefore this was guided by the research aims and the comments from the reference panel. Although the semi-structured nature of the interview still allowed it to be guided by the parents (Wethington & McDarby, 2015), this may have meant that the interview focus was more influenced by the researcher's interests (attachment and sensorimotor development) and assumptions of the parent's experiences. However, as the interview data analysis generated themes that were not covered in the interview schedule, this suggests that the inductive nature of the interview allowed parents to discuss parts of their experiences that were important to them but had not been anticipated by the researcher. Hopefully, this study will encourage and further inform future research into evidence-based post-adoption support, tailored to build an understanding encompassing all factors involved in adoptive children's needs.

Although this research was inductive, the direction of the interviews and data analysis may have also been influenced by the researcher's assumptions and values. As a Clinical Psychology Trainee, the researcher responded to emotive content in interviews and gave parents the space to talk freely. Additionally, as the researcher had personal experience of

adoption, they empathised with and supported adoptive parents. However, these biases were reflected upon with regular research supervision to minimise their unconscious impact on the researcher's decision-making process (Dietrich, 2010).

Thematic analysis was used as its flexible nature fits with the inductive and explorative stance of this research and was preferred over other qualitative research methods as it presents the data in a clear and accessible manner (Braun & Clarke, 2006). As this research aimed to further the understanding of adoptive children's needs, it was important that the report was accessible for all, ranging from clinicians of different disciplines to individuals with personal experiences of adoption.

Clinical Implications

The following points should be considered to improve post-adoption support:

- As stated in Gieve, Hahne & King's (2019) evaluation, parents' accessibility to the Adoption Support Fund must be improved. Adoptive parents have the right to an assessment for post-adoptive support (Department of Health, 2000), yet many parents had not heard of the Adoption Support Fund until accessing the BUSS intervention.
- Professionals (including schools) working with adopted children should have more comprehensive training on the needs of adopted children, encompassing research into the impact of adoption, attachment and ACEs (Hartinger-Saunders, Jones & Rittner, 2019; Phillips, 2007). Many parents reported being given advice from professionals that triggered their child's trauma experiences and further escalated their behaviour. Parents reported a lack of understanding and support from schools, which were seen as hostile environments. Clearly schools need to adopt more trauma-aware and attachment-informed approaches (Hartinger-Saunders, Jones & Rittner, 2019; Phillips, 2007).

- In 2018-2019 in England and Wales, schools received £2,300 for each adopted child that attended, yet this funding does not need to be spent solely on this individual child (Foster & Long, 2020). Many parents felt it was unjust that schools did not use this Pupil Premium to specifically support their child. Professionals, such as Educational Psychologists, are called to raise awareness and advice schools in the best ways to support adopted children (Gore Langton, 2017). A more general, policy-orientated conversation with educators and the Department of Education is required to revise the potential injustices of Pupil Premium use.
- Adoptive training should be more comprehensive in educating adoptive parents about potential needs in adopted children. Research clearly advocates for honest pre-adoptive training to ensure parents' expectations are realistic, as unmet expectations negatively impact adoptive parents' wellbeing (Foli et al., 2017b). Yet many parents felt unprepared due to a lack of honesty in adoptive training about difficulties. Experienced adoptive parents should be involved in training, e.g., a parenting mentor scheme.
- Post-adoptive interventions should be recommended earlier during the adoptive process to offer proactive rather than reactive support. Again, both these interviews and supporting research highlight the benefits of early interventions for adoptive families, particularly interventions that support the development of family attunement (Juffer et al., 1997).
- Similarly, care should aim to be holistic, providing consistent support throughout schooling, social and home environments, in a trauma-aware and attachment-informed manner (Hartinger-Saunders, Jones & Rittner, 2019; Phillips, 2007). A systemic approach is required, encompassing the needs of the whole family, not just the child, especially during the initial family adjustment process (Brown-Baatjies. Frouché & Greeff, 2008).
- Finally, improved foster-care support and training are necessary. Many parents reported that over-involved foster-carers may have limited their child's sensorimotor development

by discouraging movement. Such foster-carers were often described as “loving”, suggesting foster-carers did not receive adequate training on the children’s developmental needs, particularly in relation to ACEs. Additionally, several parents recounted that foster-carers had rushed the adoptive transition for their own benefit, suggesting further training is needed on child-focused transition into adoption.

Implications for Future Research

Future research should aim to examine the effectiveness of post-adoptive interventions, including sensorimotor interventions. This would allow further understanding of the impact of both ACEs and adoption on children’s sensorimotor and attachment needs and could inform evidence-based guidance for services and schools. Future research should also consider the perspectives of relevant professionals, to allow for a joint narrative of future holistic and collaborative developments in support.

Conclusion

This research aimed to explore adoptive parents’ experiences of their children’s attachment in the context of underdeveloped sensory systems following early trauma. Although these data were unable to provide in-depth detail specifically about these children’s underdeveloped sensory systems, it did demonstrate family difficulties in the context of these needs. This highlights the importance of easily accessible support for adoptive families informed by both ACE and attachment literature. This research concluded that the family’s adoptive journey was key in contextualising adoptive children’s needs and the parent-child attachment. Parents often considered their challenges in trying to fulfil their child’s needs in the context of their difficulties accessing support for their child. All parents demonstrated strong advocacy for their children, along with a desire to attune to and understand their children’s needs. Parental

experiences highlight the importance of post-adoption support and illustrate the current gaps and failings of services. Recommendations for future services adaptations are discussed.

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Part Three - Appendices

Appendix A: Reflective Statement

Empirical Research

Background Context

As a middle child of three, I have always had an interest in relationships. Having an older and younger sibling meant I was rarely alone, and that was the way I liked it. I always preferred being around others and was keen to get to know others. Looking back, this is where I think my interest in people began.

During my school years, I recognised I had to work harder than my siblings to learn and remember things. This would frustrate me, and so my parents would try to highlight our different strengths, and I was good with people, especially looking after younger children. This became a strong narrative for me growing up, and although I always did well at school, things always seemed more difficult for me. By the time I was in secondary school, my parents were sure I had dyslexia, though my school did not assess this as I was doing well in class, so I continued to work hard. I soon realised that as a kinaesthetic learner, it was easier for me to learn something if I understood its practical application. This is what led me to psychology, I loved that everything discussed I could see in those around me and that it helped me to better understand people. I went on to study psychology at university, where I soon gained a diagnosis of dyslexia and then later on dyspraxic tendencies, giving me a clearer understanding of my difficulties throughout education.

Choosing a research topic

For me, research was not the reason I came into clinical psychology, I love having the privilege of being let into others' lives and going on a journey with them. I knew research to be a lot of reading and writing, which I would find challenging. For this reason I always knew I needed to pick a topic that was important to me and that played to my strengths, so knew from the start that my research needed to be child-related. When arriving at the research

fair and hearing about Sarah Lloyd's BUSS programme, this further piqued my interest. I had always enjoyed discussing my mum's work as an Occupational Therapist, which gave me a good grounding in the concepts on which Sarah's programme was based. This piqued my curiosity and when paired with psychological concepts key to child development, such as attachment theory, made research seem a little bit less scary. Again my immediate response to research methodology was to use quantitative measures; numbers were a strength of mine, words were not, however when it came to discussing my research proposal with the research department, it became clear that there were far too many confounding variables and unknowns, making it difficult for quantitative research to have good validity. My methodology was further criticised for being incongruent with the explorative stance and inductive intent I wanted my research to take, leading me to the difficult decision to switch my research to a qualitative methodology (see Appendix B).

Designing and completing the research

To complete qualitative research, I knew I had to draw on my clinical skills; I wanted to develop an understanding through others' experiences, still informed by previous literature, but led by others' truths. By this point I had discovered that the BUSS programme was being used with adopted children. As I have a very close relationship with my adopted family member, support for adoptive families is something I felt extremely passionate about and so I had found my research participants. At this point, my perspective of research began to change; it had gone from something I was quite apprehensive about to being my opportunity to give adoptive families a voice. This newfound focus meant that I needed to get my methodology right, to ensure I could build an understanding based on the experiences I was told about, and make sure I did justice to these participant's stories (See Appendix B).

Once I had established my research design and received ethical approval, it was time to recruit and interview my participants. As expected this was by far my favourite part of the

research process and again gave me a new determination to give these parents' experiences justice. I was surprised by the extent to which parents had been let down by services and felt unsupported. This was a familiar narrative from placement in CAMHS, and had previously caused me great frustration with the limitations of the healthcare system, however I had hoped things would be better for adoptive families. As earlier reflected in my discussion, I feel my motivations and an inductive intent going into this research meant that for me the most important thing was to understand these parent's experiences and produce a piece of research that would be helpful for them, although this is likely to have influenced my interview style and data analysis, this is still something I hope to have achieved.

The write up

In contrast, I knew the write up was always going to be a difficult aspect of research for me. As existing literature surrounding ACEs focuses on negative impacts on adopted children, I intended for this to take a positive psychology stance, appreciating parental reports of the children's strengths and hope for their futures (Sheldon and King, 2001). However, although my interviewees were filled with parental love and care for their children, it did not feel appropriate to speak about these families' strengths, and ignore the extent to which these families felt let down by services. This was further perpetuated by the climate within which I was writing my thesis, during a global pandemic, where many vulnerable people's lives were being put at risk. This was also a time of personal development and education for me as I was working on placement for the first time with Deaf children and families, a highly marginalised group, and was also keenly involved in educating myself and strengthening my position as an ally during the Black Lives Matter movement. On reflection, I feel that this context made it more difficult to separate my personal desire to be an advocate and help those I felt society was marginalising, which I find is clear in my writing style. Although writing concisely and in a structured way is a difficulty of mine, I feel this also made it particularly

difficult for me to select a limited amount of participant quotations, as I did not want to lose these parent's voices and experiences within my write up process. Although some literature sees the strength in including rich verbatim quotes to describe participant's accounts and support findings (Noble & Smith, 2015), this made my thematic analysis more difficult as it was difficult not to try to encompass everything that parents discussed in these themes.

On a more practical note, I had hoped to comment more on participants' differing demographics in my results, but could not do this as some of the demographic information was inaccessible due to the enforced restrictions during the COVID-19 pandemic.

Systematic Literature review

Background context

As previously mentioned, my motivation to complete this research was highly impacted by my personal experiences of welcoming an adopted child into my family. As I was younger when the adoption process happened, this was not something I had previously thought much about, and like many other adoptive families, this was not something we often discussed, as our family member is extremely loved and not considered to be any different.

Choosing a topic

Again, the concept of having to read an extensive amount of literature to choose a topic and then write a review was extremely daunting to me. I knew I wanted the focus of this review to be on adopted families, as this was something I could relate to and felt passionately about, and wanted the focus to be similar to my empirical introduction to reduce the amount of reading that would be necessary to give me context on my chosen topic. For this reason I initially planned to complete my SLR on the impacts of ACEs on child development. However, this had already been extensively reviewed and was also more emotionally

draining for me to read about as I struggled with the negative perspective involved in much of this research. It therefore became clear that I needed to change my focus, another daunting task that meant restarting the search to find a review focus. At this point, I had started my empirical interviews, and a parent's comparison of their experience to postnatal depression sparked an interest for me. I had always been interested in perinatal health, and was relieved to discover that post-adoptive wellbeing was a relatively new area of research, that to my knowledge had only been reviewed once 10 years ago. For the first time I became excited about my SLR and found it much less draining to read about the more clear clinical implications that were concluded within this research. This review felt useful and that it could add to professional understanding of the adoptive transition to parenthood, hopefully to further inform a necessary development in post-adoptive support.

The write up

Although unsurprising, it frustrated me that the narrative within existing literature of post-adoptive wellbeing still focused on the mother's experience and often completely excluded the views of fathers. This was something I did not want to perpetuate and so, as discussed in my write up, I felt this review added more to the current literature by considering this literature from a systemic approach. Through this process I have developed a deeper appreciation of the utility of systematic literature reviews and hope that this literature review will provide clinicians with an easily accessible resource to further aid their understanding of the adoptive transition into parenthood.

Reflective Statement Conclusions

I feel at the beginning of this research, I saw this research portfolio as an assignment that had to be done but would not play to my strengths as someone with dyslexia and dyspraxic tendencies, and therefore felt intimidating. However, I feel that the process of completing this

has taught me the value of research, particularly qualitative methodology, which I had previously disregarded, in hearing and supporting voices that may have otherwise remained unheard. Throughout this process I have reflected upon the privilege and power that I hold as a Trainee Clinical Psychologist, and will (hopefully!) in the future hold as a qualified Clinical Psychologist. I have reflected on the change that this privileged position could enable me to influence, although this will not always be an easy process for me, or even happen in the way I intend; that the most important aspect of this role for me will always be to provide care through listening to others and learning from their expertise through their lived experience, but that this is something that can elicit both a societal change through research, and a more personal change through therapy.

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Appendix B: Epistemological Statement

Epistemology is defined as the theory of knowledge, it evaluates and justifies the knowledge produced and influences the methodology used in research (Carter & Little, 2017). The intention of an epistemological statement is therefore to acknowledge the epistemological standpoint of the researcher, and consider this as the context determining the methodological decisions made within the research process.

Literature establishes a continuum of key paradigms (or basic belief systems) that influence the researcher. These lie on a continuum from positivist (or ‘realism’) to subjectivist (Guba &

Lincoln, 1994). Positivism (or 'realism') is the epistemological paradigm suggesting that knowledge can be verified and that there are set "truths", laws and rules of causation that are permanent in the world, whereas subjectivist paradigm (or 'social constructivist') believes that there is not one absolute 'truth' because individuals' understandings are relative to their experiences and so their constructions or 'realities' are alterable (Guba & Lincoln, 1994). Between these epistemologies lies post-positivism (or 'critical realism') and interpretive stances; post-positivism suggests that we can never completely know reality to be true and that our attempts to measure it are limited to our individual understanding, whereas interpretive paradigm focuses on the understanding of the meaning individuals ascribe to knowledge (Weaver & Olson, 2006).

Due to the lack of literature within the current topic area, the researcher soon realised a positivist stance and quantitative methodology would not be appropriate for this research as the research area did not generate a hypothesis that could be verified. A qualitative methodology was therefore utilised. However, as the research aims 'to explore adoptive parents' experiences of their children's attachment in the context of underdeveloped sensory systems following early trauma', this makes the assumptions of certain set constructs such as attachment, child development, sensory processing and trauma. For this reason, a social constructivist stance was also rejected. The epistemological stance of this research would therefore be a post-positivist or critical realist stance (Weaver & Olson, 2006), as the research is not only exploring the experiences of participants but is examining the implications and meanings of these experiences and applying them to the attachment, child development, sensory processing and trauma knowledge base.

Once this epistemological stance had been considered, the following methodologies were then considered:

Interpretative Phenomenological Analysis (IPA)

Further insight into the parents' ascribed meanings and lived experiences of attachment and their child's underdeveloped systems may have been gleaned using alternative methodologies such as IPA. IPA aims to complete an in-depth analysis of how participants make sense of their experiences but is set in phenomenological epistemology (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2003). Although this explorative and experience-focused stance fits with the current research question, its interpretivist epistemology did not fit as well with the set constructs the research question aimed to explore. In addition to this, IPA research tends to focus on a homogenous sample of participants who have similar lived experiences to allow a better understanding of the overall perceptions among participants of these experiences (Alase, 2017). The participants I recruited were highly heterogeneous, e.g. different in age of child, pre-adoptive experiences, child needs, family demographics (1 trans-racial adoption, 1 same-sex couple, 1 foster-to-adopt parent, 1 parenting dyad and varying numbers of adoptive/biological siblings), making IPA a less appropriate methodology.

Narrative Analysis

Although narrative analysis aims to complete an in-depth exploration of participant's stories to understand how people view and understand their lives (Levitt et al., 2018), narrative analysis was additionally rejected for its interpretivist stance, as well as the less relevant analysis of the contexts within which these stories are told (Josselson, 2011). As the current research aimed to explore not only the parent's stories, but the journey of their child and family, this methodology also seemed less appropriate.

Thematic Analysis

As thematic analysis is not tied to a specific theoretical framework the epistemological position of this research lies within its aims and methodology, allowing either an inductive or deductive approach (Braun and Clarke, 2006). This research is explorative in its nature and so

takes a more inductive stance as the data analysis was driven by the themes occurring in the data, derived from the experiences of the participants. Current literature is used to inform the topic base on the questions used in the semi-structured interview and is informed by attachment literature. In this way, thematic analysis seemed to best fit both the methodology and epistemological position of my research.

To fulfil my research aims and personal objectives, I needed a methodology that clearly demonstrated my findings, making these accessible for all to read. This would enable my research to have a clinical application, to better the work of professionals supporting adoptive families and to help adoptive families understand their children's needs. For this reason, thematic analysis further stood out to me, as it allowed me to pull together these families' experiences in a clear way in order to learn from these (Nowell et al., 2017). The flexibility of this approach additionally allowed me to consider the similarities and differences of varying parental experiences, something that other methodologies discussed were less well suited to (Braun & Clarke, 2006).

To conclude, the researcher held a post-positivist epistemological stance as the research aimed to explore the experiences of participants but examined the implications and meanings of these experiences within the context of the attachment, child development, sensory processing and trauma knowledge base. The researcher chose a Thematic Analysis methodology to generate themes from parental experiences, using an inductive approach that allowed the interviews to be guided, but not limited, by the previous literature.

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Appendix C: Manuscript Submission Guidelines for Adoption & Fostering Journal

(Systematic Literature Review)

Aims and Scope

Adoption & Fostering is the only quarterly UK peer reviewed journal dedicated to adoption and fostering issues. Edited by Roger Bullock (Fellow, Centre for Social Policy, The Social Research Unit at Dartington), it also focuses on wider developments in childcare practice and research, providing an international, inter-disciplinary forum for academics and practitioners in social work, psychology, law, medicine, education, training and caring.This Journal is a member of the Committee on Publication Ethics

Only manuscripts of sufficient quality that meet the aims and scope of *Adoption & Fostering* will be reviewed.

There are no fees payable to submit or publish in this journal.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

1. What do we publish?

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Before submitting your manuscript to *Adoption & Fostering*, please ensure you have read the Aims & Scope.

1.2 Article Types

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

Contributions should be both authoritative and readable. Please avoid excessive use of technical terms and explain any key words that may not be familiar to most readers.

Letters to the Editor. Readers' letters should address issues raised by published articles or should report significant new findings that merit rapid dissemination. The decision to publish is made by the Editor, in order to ensure a timely appearance in print.

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All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

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Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically

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5. Submitting your manuscript

Manuscripts should be submitted to the editor by e-mail attachment to:

Miranda Davies
CoramBAAF Adoption & Fostering Academy
41 Brunswick Square
London
WC1N 1AZ
Telephone: +44 (0)20 7520 0300
Email: miranda.davies@corambaaf.org.uk

5.1 Information required for completing your submission

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

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Please also ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Copyright and Permissions page on the SAGE Author Gateway.

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6. On acceptance and publication

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7. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the Adoption & Fostering editorial office as follows:

Editor, Miranda Davies, at miranda.davies@corambaaf.org.uk.

Appendix D: Data Extraction Form

Data heading	Data
Title of study	
Author(s) & year	
Country	
Research Questions/ Aims	
Design	
Outcome measures	
Time points of measurements	
Analysis used	
Participant Demographics	
Sample Size	
Main findings	
Clinical Implication	
Limitations	
Conclusions	
Quality Score	

Appendix E: MMAT Data Quality Assessment Checklist

Category of study designs	**Methodological quality criteria**	**Responses**			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative nonrandomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				

5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Mixed Methods Appraisal Tool (MMAT), version 2018

Appendix F: Quality Assessment Scores

MMAT quality assessment scores for the papers reviewed. Title papers underlined to indicate which papers were additionally reviewed by an independent marker

Category of study designs	Methodological quality criteria	Foli, Lim & South (2017b)	Foli, South, Lim & Hebdon (2016a)	Foli, South, Lim & Jarnecke (2016b)	Foli, Hebdon, Lim & South (2017a)	Moyer & Goldberg (2017)	Goldberg & Smith (2011)	Goldberg & Smith (2014)	Canzi, Ranieri, Barni & Rosnati (2019)	Lionetti, Pastore & Barone (2015)	Tasker & Wood (2016)	Total	Percentage
Screening questions (for all types)	S1. Are there clear research questions?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100
	S2. Do the collected data allow to address the research questions?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				N	Y					Y	2	100
	1.2. Are the qualitative data collection methods adequate to address the research question?				N	Y					Y	2	100
	1.3. Are the findings adequately derived from the data?				Y	Y					Y	2	100
	1.4. Is the interpretation of results sufficiently substantiated by data?				Y	Y					Y	2	100
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				C	Y					Y	2	100
2. Quantitative	2.1. Is randomization appropriately performed?												
	2.2. Are the groups comparable at baseline?												
	2.3. Are there complete outcome data?												

randomized controlled trials	2.4. Are outcome assessors blinded to the intervention provided?												
	2.5 Did the participants adhere to the assigned intervention?												
3. Quantitative nonrandomized	3.1. Are the participants representative of the target population?	C	C	C	N		Y	N	Y	N		2	28.6
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	N	Y	Y	N		Y	Y	Y	Y		6	85.7
	3.3. Are there complete outcome data?	Y	N	N	N		C	N	C	Y		2	28.6
	3.4. Are the confounders accounted for in the design and analysis?	Y	Y	Y	N		Y	Y	N	N		5	71.4
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	Y	Y	Y	Y		Y	Y	Y	Y		7	100
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?												
	4.2. Is the sample representative of the target population?												
	4.3. Are the measurements appropriate?												
	4.4. Is the risk of nonresponse bias low?												
	4.5. Is the statistical analysis appropriate to answer the research question?												
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				Y							1	100
	5.2. Are the different components of the study effectively integrated to answer the research question?				N							0	0
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				N							0	0
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				Y							1	100
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				N							0	0
Total (as % of Y)		60	60	60	40	100	80	60	60	60	100		

Appendix G: Manuscript Submission Guidelines for Child Abuse & Neglect Journal

(Empirical Research)

Description

Child Abuse & Neglect is an international and interdisciplinary journal publishing articles on child welfare, health, humanitarian aid, justice, mental health, public health and social service systems. The journal recognizes that child protection is a global concern that continues to evolve. Accordingly, the journal is intended to be useful to scholars, policymakers, concerned citizens, advocates, and professional practitioners in countries that are diverse in wealth, culture, and the nature of their formal child protection system. Child Abuse & Neglect welcomes contributions grounded in the traditions of particular cultures and settings, as well as global perspectives. Article formats include empirical reports, theoretical and methodological reports and invited reviews.

Types of contributions

1. Research Article: Child Abuse and Neglect publishes quantitative, qualitative, and mixed-method research. Particular focus will be placed on thorough and appropriate methods, strong data analysis and discussion of implications for the field.

2. Reviews:Authors with plans for proposed review articles (systematic, meta-analytic, scoping) are invited to first submit a draft outline to the Editor-in-Chief for review. Please send proposals to chiabu@elsevier.com. The editors may also commission reviews on specific topics. Reviews submitted without invitation or prior approval may be returned.

3. Medical Report:Child Abuse and Neglect publishes clinically-relevant original research using a more structured medical format. Medical Reports should include a structured abstract of no more than 250 words including the following sections: Background, Objective, Participants and Setting, Methods, Results (giving specific effect sizes and their statistical significance), and Conclusions. Manuscript length is limited to 3,000 words (excluding the abstract, tables and figures, and references or appendices) and up to 5 figures or tables (additional figures or tables may be considered as online appendices). Medical reports should include the following sections: Introduction: In 1-2 pages, state the objective of the study and provide adequate background that a reader can determine whether they should read the paper in its entirety. Methods: Provide sufficient detail that the study could be repeated by another investigator. Results: Provide main and secondary results. Discussion: Summarize the most important results and provide the authors interpretation of relevance in the context of any relevant prior literature. The discussion section should include a section on the articles strengths and limitations, and suggested next steps. Conclusion: In 1-2 sentences, summarize the authors final conclusions. Medical Reports should include 2 sections highlighting the importance of the paper; What is known and What this study adds. Each section is limited to 40 words.

4. Discussion Article: Plans for proposed critical review discussion articles are invited to first submit a draft outline to the Editor-in-Chief. Please send proposals to chiabu@elsevier.com. These articles may discuss a policy or legal / philosophical framework or a brief data report. The article must present a critical analysis of areas of gap in practice or research, current critical or emergent issues, with an expectation of utilizing an integration and discussion of empirical research.
Child Abuse and Neglect does not publish case reports or small case series in any of its article types.

PREPARATION

Peer review
This journal operates a double blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Double-blind review
This journal uses double-blind review, which means the identities of the authors are concealed from the reviewers, and vice versa. More information is available on our website. To facilitate this, please include the following separately: Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address. Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations. Use of word processing software It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Length and Style of Manuscripts
Full-length manuscripts should not exceed 35 pages total (including abstract, text, references, tables, and figures), double spaced with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). Instructions on preparing tables, figures, references, metrics, and abstracts appear in the Publication Manual of the American Psychological Association (6th edition).
For helpful tips on APA style, click here.

Article structure

Subdivision: Divide your article into clearly defined sections. Three levels of headings are permitted. Level one and level two headings should appear on its own separate line; level three headings should include punctuation and run in with the first line of the paragraph.

Introduction: State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Essential title page information

• Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
• Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
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Highlights are optional yet highly encouraged for this journal, as they increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: example Highlights.

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).
Abstract: Abstracts should follow a structured format of no more than 250 words including the following sections: Background, Objective, Participants and Setting, Methods, Results (giving specific effect sizes and their statistical significance), and Conclusions.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Formatting of funding sources: List funding sources in this standard way to facilitate compliance to funder's requirements:
Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].
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If no funding has been provided for the research, please include the following sentence:
This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Footnotes: The use of footnotes in the text is not permitted. Footnoted material must be incorporated into the text.
Table footnotes: Indicate each footnote in a table with a superscript lowercase letter.

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• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text. • Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.
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Please do not:
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• Supply files that are too low in resolution;
• Submit graphics that are disproportionately large for the content.

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Text graphics: Text graphics may be embedded in the text at the appropriate position. If you are working with LaTeX and have such features embedded in the text, these can be left. See further under Electronic artwork.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text: Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Web references: As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names,

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Examples:
Reference to a journal publication: Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article. *Journal of Scientific Communications, 163,* 51–59.
Reference to a book: Strunk, W., Jr., & White, E. B. (2000). *The elements of style.* (4th ed.). New York, NY: Longman.

Reference to a chapter in an edited book: Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic* age (pp. 281–304). New York, NY: EPublishing.

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Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.

Supplementary material

Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

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This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project. Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References"

section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

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There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.
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Submission checklist: The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.

Ensure that the following items are present:
One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address
• Phone numbers
All necessary files have been uploaded, and contain:
• Keywords
• All figure captions
• All tables (including title, description, footnotes)
Further considerations
• Manuscript has been 'spell-checked' and 'grammar-checked'
• References are in the correct format for this journal
• All references mentioned in the Reference list are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Web)
• Color figures are clearly marked as being intended for color reproduction on the Web (free of charge) and in print, or to be reproduced in color on the Web (free of charge) and in black-and-white in print
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Appendix H: Ethical Approval Documentation

Original Ethical Approval Documentation

Removed for digital archiving

Ethical Approval for Amendments (To complete interviews over skype and telephone)

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Appendix I: Intervention Outline

The BUSS (Building Underdeveloped Sensorimotor Systems) programme is an Occupational Therapist led 8-9 week intervention hosted by a non-profit counselling and psychotherapy organisation and is designed to support the differential sensory needs of children with underdeveloped sensory systems due to ACEs (Lloyd, 2016).

Session number	**Time**	**Attended by**	**Description**
1	0 weeks	Parents, School teacher/ SENCo	Psychoeducation around the impact of trauma on sensory needs.
2	1-2 weeks	Parents and Child	Individual assessment of child's sensory needs. From this a personalised intervention plan of sensory activities was given to each child (asked to video record child practicing these)
Research resources shared with parents			
3	5-6 weeks	Group of 3-4 parents	Group meeting to review the child's progress through watching the video recordings. Further sensorimotor activities were advised
Resources shared again with parents			
4	9-10 weeks	Parent and Child	Final individual sensory assessment completed to assess the child's progress and signpost to additional relevant services
Interviews completed over the following 2 months			

Table 3. *Brief outline of the BUSS programme and research recruitment process.*

Appendix J: Participant Recruitment Cover Letter

Ethics Approval Number: (REF FHS140)

Cover Letter

Hi,

My name is Lucy Holmes and I am currently training to be a clinical psychologist. As part of this training I have to complete a research project, and I have chosen to complete my project on the effects of underdeveloped sensory systems in children who have had difficult early experiences. I hope this research will help us gain more of an understanding of how best to support children who have had difficult early experiences, and their families.

The aim of my research is to explore adoptive parent's experiences of their child's development in their ability to relate to others, following their attendance of a group aimed at building underdeveloped sensory systems (the BUSS programme). For this research I hope to conduct interviews with parents about whether they have noticed any changes in their children since they attended the BUSS programme.

The attached documents will provide more of an explanation of what my research is about with an invite for you to participate in the research.

Thank you very much for looking over these documents and I hope you will consider taking part in my research.

Best wishes,

Lucy Holmes

Trainee Clinical Psychologist

Humber Teaching NHS Foundation Trust

Appendix K: Information Sheet for Participants

Version Number 2 Date: 29.08.2019

UNIVERSITY OF HULL

INFORMATION SHEET FOR PARTICIPANTS

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Exploring Attachment in the Context of Underdeveloped Sensorimotor Systems

Hello, my name is Lucy and I am carrying out research for my degree in clinical psychology. I would like to invite you to participate in my project. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please feel free to contact me (Lucy Holmes) if there is anything that is not clear or if you would like more information. Please also let me know if you would find this information easier to process if verbally presented and I will be happy to contact you and talk this information sheet through with you.

What is the purpose of the study?

I have chosen to do research in this area because there is a lack of research on the ways that difficult early experiences affect children as they grow up. I am carrying out this research to look at adoptive parents understanding of whether there are any changes in their children's ability to relate to others after attending the 'Building Underdeveloped Sensorimotor Systems' (BUSS) programme. I am looking for your views on whether building underdeveloped sensory systems helps your child's social skills such as relating to others, and whether this has changed the way your child relates to you in any way. I hope this research will help us to understand better the development of children with difficult early experiences. I also hope that by looking at your views of how your child may have changed after attending the BUSS programme, we can have a better understanding of how best to support other adoptive children and parents.

Why have I been invited to take part?

I have invited you to take part in this study because you are an adoptive parent whose child is accessing the BUSS programme. Sarah Lloyd gives this information sheet to all of the parents who meet the criteria to take part in this study to see if you are interested in participating. If your partner would also like to take part in this research then you are welcome to attend the interview together. Please inform me if this is the case and I will send you an additional consent form. It is however important that **the parent who has attended the majority of BUSS programme sessions attends the interview**.

What will happen if I take part?

1. If you would like to take part in this research **please fill in the consent form and your contact details on the other side of the consent form and hand this in to reception** when you attend your next follow up appointment for the BUSS programme. If you have any questions about the research please feel free to contact me (details below).

2. I will then contact you (before your final session with Sarah in December) to arrange a convenient place and time for us to meet and complete the interview once your child has finished the BUSS programme.
3. We will then meet for about 1-2 hours for an informal interview, where I will ask you about any differences you have noticed in your child, especially in the way they relate to others, since they attended the BUSS programme. I will need to audio record this interview so that I can listen back over our discussion later when I am writing up my findings. There are no right or wrong answers to the questions I ask you, I am just interested to hear about your ideas about your child's experiences and whether you think that building your child's underdeveloped sensory systems has helped them socially.

Do I have to take part?

Not at all, participation is completely voluntary and your choice to participate or not will have no effect on your child's access to the BUSS programme in any way. You should only take part if you want to and choosing not to take part will not disadvantage you or your child in any way. Once you have read the information sheet, please contact me if you have any questions that will help you make a decision about taking part. If you decide that you would like to take part then please sign the consent form attached to this document and hand it in to reception when attending for your follow up appointment for the BUSS programme.

What are the possible risks of taking part?

- Taking part in this study will take up approximately 1-2 hours of your time and this may be inconvenient for you.
- Some people might find it difficult to talk about their child's development and experience of the BUSS programme because it may bring to mind difficult memories about the adoptive journey you and your child have been through.
- If at any time during the interview your discussions make the interviewer concerned about the safety of your child (e.g. if they are at risk of being harmed by others or if there is a risk of your child harming others or themselves), the interviewer will have a duty of care to break confidentiality in order to share this information with a safeguarding professional, who would then investigate this to ensure the safety of your child. If you are concerned about this then please feel free to discuss this further with either myself or any other professional mentioned in the contact list below.

  After the interview I will leave you with my contact details so if you would like to talk any more about the interview then we can arrange this. If you find the interview difficult I will also be able to support you in contacting your adoption support/ social worker to help you access further support from them.

What are the possible benefits of taking part?

I cannot promise any direct benefits to you for taking part in the research. However, the following benefits might apply:

- Sometimes people can find it useful and helpful to talk about their experiences with someone outside of their family.
- As I am interested in your child's strengths and how they may have positively developed over time I hope it will be an enjoyable experience talking through your journey with me.
- I also hope that this research will be able to develop our general understanding of underdeveloped sensory systems and so help improve the support that is provided for children with underdeveloped sensory systems and their families in the future.

Data handling and confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR).

- Any personal information you provide about you or your child will be kept strictly confidential.
- Any information that could be used to identify you or your child will not be used in the research. Direct quotes from our discussion may be used in the write up or presentations of my research but you will not be identified in these. To protect your anonymity you will be given a numbered code or false name for any references to your data, so it will be impossible to identify you from the information you provide.
- To protect the security of the audio recordings an encrypted NHS laptop will be used. After the research is completed, all of the audio recordings will be destroyed. Anonymised transcripts of the recordings will be stored securely in an on-line storage repository at the University of Hull for ten years.
- The only time that information cannot be kept confidential is if you disclose something that suggests that you or someone else is at risk of serious harm. If this happens during the interview I will need to contact appropriate authorities to ensure that you and other people are safe. It is unlikely that this will happen and I will discuss this with you.
- Your contact details will be held securely for the duration of the research. They will be destroyed when the research is complete unless you would like me to contact you with the results of the research, in which case they will be destroyed after you have received this feedback.
- As the researcher is dyslexic she may require the use of transcription services to type up some of the interviews if she is struggling to type up all of the interviews. The transcription service will not be given any of your personal data, only the audio recording of your interview, and will have to sign a confidentiality agreement to complete this work. Your consent to the use of a transcription service for your data is **entirely optional and will not affect your chance to participate in this research.** The researcher plans not to use transcription services but is asking for any consent for this just in case!

Data Protection Statement

The data controller for this project will be the University of Hull. The University will process your personal data for the purpose of the research I have explained above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest'. You can provide your consent for the use of your personal data in this study by completing the consent form that I have attached to this document**.** Information about how the University of Hull processes your data can be found in the Research Privacy notice which will be given to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the University of Hull Information Compliance Manager, Mr Luke Thompson (l.thompson3@hull.ac.uk**).** If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

What if I change my mind about taking part?

You are free to withdraw from the study at any point before your interview, without having to give a reason. Withdrawing from the study will not affect your child's access to the BUSS programme in any way. You are able to withdraw up until data analysis has begun, which will be approximately 1 month after your interview has taken place. After this point it will not be possible to withdraw your data as it will have been anonymised and/or committed to the final write up of the research. If you choose to withdraw from the study before this point the data collected will be destroyed.

Alternatively, if you were not able to complete the BUSS programme completely I would still be interested to hear from you about your experiences of the programme.

What will happen to the results of the study?

The results of the study will be summarised in a written thesis as part of a Doctorate in Clinical Psychology. The thesis will be available on the University of Hull's on-line repository https://hydra.hull.ac.uk/. The research may also be published in academic journals or presented at conferences.

Who can I contact if I need to talk to someone?

If you find yourself feeling distressed about this study or after taking part in the study and would like to talk to someone, the following options might be worth exploring:

- Adoption in North and Humber (0345 305 2576) or Adoption in West Yorkshire (0113 378 3535)
- Adoption support UK - 07904 793 974 and 07539 733079 or https://www.adoptionuk.org/helpline
- Your GP
- Your Adoption Support Worker/ Social worker

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Lucy Holmes
Clinical Psychology, Aire Building, The University of Hull,
Cottingham Road, Hull, HU6 7RX
Tel: 07858000512
E-mail: Lucy.Holmes@2017.hull.ac.uk

What if I have further questions, or if something goes wrong?

If you wish to make a complaint about the conduct of the study, you can contact the University of Hull using my research supervisor's details below for further advice and information:

Dr Annette Schlösser
Clinical Psychology, Aire Building Room 129, The University of Hull
Cottingham Road, Hull, HU6 7RX
Tel: +44 (0) 1482 464094
Email address: a.schlosser@hull.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

Appendix L: Participant Consent Form

Version Number 1 Date: 21/03/2019

UNIVERSITY OF HULL

CONSENT FORM

Title of study: Exploring Attachment in the Context of Underdeveloped Sensorimotor Systems
Name of Researcher: Lucy Holmes

Please initial box

1. I confirm that I have read the information sheet dated 21/03/2019 (version 1) for the above study. I have had the opportunity to think about the information on this sheet, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw up to the point of data analysis without giving any reason, without my legal rights being affected and without my child's place on the BUSS programme being affected. ☐
3. I understand that the research interview will be audio recorded and that anonymised short quotes from my interview may be used in research reports and conference presentations. ☐
4. I understand that relevant sections of anonymised data collected during the study may be accessed by the academic supervisor, Dr Annette Schlösser from the Clinical Psychology Doctorate Programme within the University of Hull and field supervisors for this thesis; Sarah Lloyd and Dr Louise Mowthorpe, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my anonymised data. ☐
5. I understand that the information collected about me and my child may be used to support other research in the future, and may be shared anonymously with other researchers. ☐
6. I give permission for the collection and use of my data to answer the research questions in this study. ☐
7. I agree to take part in the above study. ☐
8. I consent to the use of independent transcription services to type up my anonymised interview for the researcher **(Optional and will not affect your opportunity to participate in this research if you do not consent to this)** ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

Version Number 1 Date: 21/03/2019

UNIVERSITY OF HULL

Title of study: Exploring Attachment in the Context of Underdeveloped Sensorimotor Systems

If you are interested in taking part in the study please leave your contact details on the space provided below. You will be contacted by the researcher (Lucy Holmes: 07858000512) to arrange the interview at a convenient place and time.

Name:

.....

Address:

.....

.....

.....

.....

Telephone Number:

.....

Mobile Phone Number:

.....

Are there any times of the day that you prefer to be contacted?

.....

Do you have any further comments?

.....

.....

Signature:.....

Date:.....

Thank you very much for your interest and if you have any questions please contact me on 07858000512 or at Lucy.Holmes@2017.hull.ac.uk.

Appendix M: Participant Demographic Information Form

Demographic information

Please find below a draft version of the demographic information I aim to collect from the parents before my interviews. These questions will be given to parents before the audio recording begins. I have chosen these broad demographic questions as they will provide a context to the parent's situation and their process of adoption. It will be verbally explained to parents that these demographics are being collected as existing literature suggests that these factors can impact the journey of adoption, but it will be emphasised that if they would not like to answer any of these questions they do not need to.

Please answer the following questions about your child:

1. What is your child's age? ……
2. What gender would your child's use to describe themselves? ……
3. What would you describe as your child's race? ……..
4. How would you describe your child's ethnicity? ……..
5. At what age did you adopt your child? ……
6. What is your current childcare situation e.g. do they attend before/ after school club? ……
7. What is your child's schooling situation?

   ☐ Public ☐ Private ☐ Boarding school ☐ Home schooled

   ☐ Other ……
8. Are there any other diagnoses your child has: ……..

Please can you answer the following questions about yourself (if more than one parent present please answer separate demographic information sheets):

1. What is your age? ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+
2. What gender would you use to describe yourself: ……
3. What race would you use to describe yourself: ……..
4. What ethnicity would you use to describe yourself: ……
5. What sexuality would you use to describe yourself: ……
6. What is your occupation? ……
7. What is your marital status? ……..
8. Adoptive history e.g. have you previously adopted other children? …….
9. Current family situation e.g. who is part of your child's close adoptive family? …….

Appendix L: Interview Schedule

Draft Interview Schedule

Please find below a draft version of the questions I hope to use within my interviews. These main questions (with the circle bullet point) will be asked alongside general prompts (the square bullet points as well as generic prompts such as 'can you tell me a bit more about that'), to get a more detailed answer or ask a parent to expand upon a topic they seem particularly interested in talking about.

- Tell me a bit about your child;
  - What are they like?
  - What are their likes and dislikes?
  - If I had met you before the intervention how would you have described your child? E.g. Socially – within the family, with their friends, Physically

- Could you describe you and your child's journey to adoption?
  - How did you come to adopt your child?
  - Do you think your child's journey before coming to you affected their relationship with you? If so, in what way?
  - If you were to compare your child when they first came to you in comparison to now, what would you notice?

- Have you noticed any changes or developments in your child's behaviour over time?
  - Have you seen any changes in your child's bodily development since attending the intervention? E.g. How they move, How they take part in daily activities, such as eating, getting dressed, etc.
  - Do you think that your child has changed the way they interact with the world? E.g. with other people/ other children/ their school/ their neighbourhood or in any clubs they attend/ extended family
  - Have you noticed any differences in your child's behaviour at home?

- Do you think your child has noticed any changes in themselves over time?

- Has your relationship with your child changed in any way over time?
  - Better/ worse/ different – different options will be explored
  - Have you noticed any difference in the way that your child is able to relate to you? E.g. Subtleties or big changes?

- Has there been any change in the way your child interacts with others?
  - E.g. their peers? Has your child's school noticed any changes in your child's behaviour?

- Is there anything important you feel I have missed?

Appendix M: Data Analysis Example

Extract of Transcript (P8 L18 – P10 L16) to demonstrate data analysis

Transcript Extract	Comment	Emergent Theme
P: I just got thick skinned	Parent learning to support child through these behaviours and having to become 'thick skinned' which seemed difficult for parent.	Wellbeing
	Parent unsupported, having to protect self.	Child reliance on Parent to support them
R: Yeah		
P: And it was a case of, do you know what, this is going to happen and if anybody's got an issue with it, tough.	Behaviour is out of parent's control, parent too busy meeting family' needs to worry about other's judgement	Others' lack of Understanding
I'd perfected my, my one-liner put downs for when people were being horrible to us	Parent pulled to protect and defend child and family - feeling that they had to fend for self as no support from anyone else	Parent expecting others to respond negatively
R: Oh, really?		
P: Erm, because there are times when they just are …		
R: Yeah		
P: When kids do that sort of thing, it's always bad parenting and they have no idea	Parent knowing that others were judging them to be a bad parent and criticising them	Judgement from others
	Others do not and will not try to understand or support family	Others' not understanding
R: No, no		
P: Unless you're in (location)	Parent finding a positive. Parent idealised this location due to positive experiences here.	Positive experiences of support

R: Really? P: (location), they are brilliant R: Oh wow!		
Lines P9 L10 – P9 L18 removed for anonymity		
P: We used to go, erm, to a big family holiday with lots of family members	Location also positive as association with family	
P: Erm, and so we, we're used to going over there	Routine and consistency helpful for family?	Child/ Family needs
R: Yeah P: And there are times when he's had sensory overloads and meltdowns and everything.		
R: Of course, it's a lot of new things		
P: And do you know what? Nobody has, nobody has tutted, (shop) were brilliant	Parent so used to being criticised that really stands out when people are accepting and supportive	Positive experience of support Expect others not to understand
R: Wow!		
P: He's done it a couple of times in Sainsbury's. One lady came up to me and she said, can I help? And I said, no, he's autistic, we just need to sit here.	Such a simple act of support from another yet this seems a stand out moment for parent as no one has offered them this support before	
R: Don't worry		
P: I was sat on the floor in the middle of (shop) and I said, I just need to sit here until he's calm enough for it to be safe for me to take him out.	These behaviours are unexpected, frequent and unpredictable	Parent understanding child's needs

	Parent desensitised to this and doing what is best for child	
R: Yeah		
P: And she just stood behind me and put her hands on my shoulder. I ended up in tears because I thought	Parent did not need help just support. Meant a lot to parent to just be supported and not be criticised or judged	Emotional impact of compassionate support
R: I bet! When you're not used to that at all		
P: No, no tutting!		
R: Yeah		
P: No, if he just, they just need to slap or something like that	Parent learnt to expect worst of others	Expectations of others not to understand
R: Yeah, yeah, yeah		
P: Erm, (museum), he had another meltdown And bless them, the ladies there kept everybody out of the corner where we were		
R: Brilliant		
P: And made it, this bit's just not open at the moment, we won't be long	Supporting without drawing attention and judgement to parent	Positive experience of support
R: Yeah		

P: And moved everybody away and, and can we get you anything? And they were fantastic.	Meant so much to parent to just have people that are willing to help	

Appendix N: Development of Themes

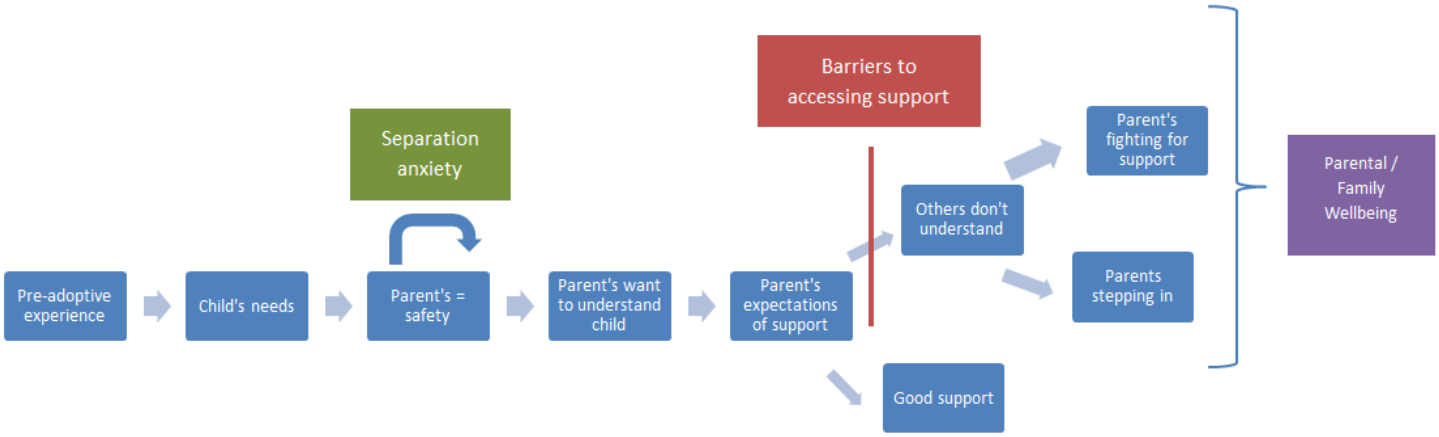
Descriptive Summary of theme formation through reoccurring topics.

Overarching Themes	Theme	Topic
Adoption Journey	Family Needs	The child's needs
		Family dynamics
		Impact of pre-adoption experiences
	Parent/Child Attachment	Parent/Child attachment
		Child's care seeking behaviour
		Parent's want to understand child's needs
Adoption Journey & Accessing Support	Parental Expectations	Expectations of parenthood and the adoption process
		Expectations of support
		Positive impact of interventions
	Parental Wellbeing	Parental wellbeing
Accessing Support	Others' lack of understanding	Frustration of parents feeling let down by services
		Others' lack of understanding
	Parental fight for support	Parental fighting for support (Barriers to parent's accessing support/ Parents desperate for support)
		Parents stepping in

Appendix O: Process of Theme Representation Development

The primary researcher's originally understood the key themes as a process. This was then developed into a simpler model and then a diagrammatic model.

Time point 1:



Time point 2: