THE UNVIERSITY OF HULL

Adoptive parents' journey to understanding their child: parental training, childhood wellbeing and child sensory development

being a Thesis submitted in partial fulfilment of the requirements for the degree of

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Overview

This portfolio thesis has three parts: a systematic literature review, an empirical paper and a set of appendices. The thesis as a whole considers the journey adoptive parents experience when trying to understand their adopted children.

The first section is a systematic literature review which explores literature on training programmes for adoptive parents within the UK from 2000-2019. The review highlights the methodological quality of the evidence within this field of research. Eleven papers were included within the review and a narrative approach was taken to synthesis the results. The findings are discussed within the context of wider literature, including UK government policy and research conducted internationally. The clinical and research implications for these findings are then considered.

The second section is an empirical paper that explores the experiences of adoptive parents in their journey to understanding their child. This study was conducted within the context of a sensory development programme for adopted children where the parents support their child with sensory or movement based activities at home. Thematic analysis was used to analyse the participant interviews and 3 themes were identified.

The third and final section comprises of a set of appendices of part one and two. The appendices include guidelines for the publication for both section one and two, and the documentation used within the empirical study. A reflective statement and epistemological statement are also included.

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Part One: Systematic Literature Review

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A Review Investigating Training Programmes for Adoptive Parents in the UK from 2000 to 2019.

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Abstract

Background: In 2000, the UK government set out a White Paper to provide a government led strategy for adoption (Department of Health, 2000). Since then several further adoption policies and laws have been released, all of which address the support adoptive families should receive post-adoption.

Objective: To systematically review the literature published on training programmes for adoptive parents within the UK from 2000-2019.

Methods: The review included search terms for 'adoptive parent', 'training' and 'UK' to identify appropriate literature. Results were scanned on title, abstract and then full papers. Eleven papers were included in the review and a methodological quality assessment was completed for each paper before the results were collated using a narrative synthesis approach.

Results: The findings showed that the methodological quality of the papers was poor, with some not meeting baseline criteria. By synthesising the findings, four theme were identified: impact on parents, impact on relationships, impact on children and intervention evaluation and feedback.

Conclusions: High quality research is needed within the UK in order to develop tailored guidelines on adoptive parent training. Furthermore, the UK government should consider reviewing their initial policy to determine what progress has been made from2000-2019.

Keywords: Adoptive Parents, Training, United Kingdom

Introduction

In 2000, the UK government set out a White Paper titled *Adoption a new approach*, to provide a government led strategy for adoption (Department of Health, 2000). This White Paper stated the importance of providing stability and permanence to children removed from birth parents (Department of Health, 2000). It discusses the future of adoption services, declaring that children and their new families should be able to easily access post-adoption support. They described how adoptive parents had previously only been able to access support from adoption services when severe challenges or difficulties had arisen, rather than throughout their journey with their child. As part of this White Paper, a review revealed that adoptive parents receive very little support once a child is placed for adoption. This document stated that the Government would invest £66.5 million over three years to secure sustained improvements in adoption services.

Taking into consideration the needs of adopted children and their families, the Department of Health provided an example of the support that should be available for adoptive families (see in Figure 1).

Since 2000, several key policies and laws, such as the Adoption and Children's Act (2002) and amendments in the Children's Act (2004) were developed to provide support for adopted children and their families. In 2002, the Adoption and Children's Act (2002) was amended to:

> *"restate and amend the law relating to adoption; to make further amendments of the law relating to children"* Page 1

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                                              First point of contact
  Adoptive parents support                                                        Birth parent support
         group                                                                           group
                             Telephone/postal contact - keyworker

                                                   Special medical services e.g
                                                   child and adolescent mental        Support for birth parents
                          Practical help for             health services
                          adoptive parents
                          e.g respite care

       Educational                                                                       Written information
        services


    Post adoption
   indirect contact              Assessment for council
   e.g letter box               post-adoption services/support                       Chid therapeutic
                                                                                        services

  Support for young
  adopted people                                                                   Adoption allowances
  e.g a newsletter
                            Counselling:                Birth records
                            •   Birth parent            (Section 51)
     Self-help              •   Adoptive parent         counselling
      groups                •   Adopted child/adult
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Figure 1: Diagram of recommended support for adoptive families following adoption

Furthermore, the UK government supported guidance for adoptive families, including

specific guidance for adoptive parents. In 2013, the Department for Education released

Adoption: Statutory Guidance. Within this document, a two staged approach for adoptive

parents is recommended. Stage One should focus on initial training and preparation and Stage

Two would provide further intensive training and assessment by adoption agencies. The

Department for Education specifically stated that parents should be given information in the

form or education and training, rather than advice. Further training should be offered to

adoptive parents who are adopting a child with additional challenges (Department for

Education).

In 2014, the Department for Education published: *Adoption: National Minimum Standards* which described how prospective adopters should be given the opportunity to develop skills, knowledge and practical techniques to manage issues that adoptive parents frequently encounter. The standards highlight that preparation courses can give prospective adopters encouragement, focus on positive aspects of parenting an adoptive child, whilst explaining and helping them understand some of the challenges raising an adoptive child might involve.

Further legislation was provided in 2016 with the Department for Education's *Adoption: a vision for change* policy. This policy outlined how the Adoption Support Fund was being extended, with increased funding every year to 2020. The vision for 2020 included providing every adoptive family with an appropriate package of care that continues throughout childhood to meet the needs of both the child and family. They identified that the majority of adopted children have experienced neglect and abuse so often have enduring problems such as attachment difficulties or behaviour that can be difficult or complex to manage.

Challenges of parenting adopted children

The UK government policies discussed above highlight that adopted children are likely to have additional challenges compared to children who have grown up without disruptive early experiences. Adoptive parents, like all parents, have to deal with the day to day stress of parenthood but at the same time have to overcome "adoptive strains" (Bird et al, 2002; Crnic & Low, 2002). Adoptive strains are not one-off events, but instead the life cycle experience within an adoptive family where adoptive parents face enduring or recurring problems that can result in increased distress (Brodzinsky, Smith & Brodzinsky, 1998; Bird et al 2002). Examples of adoptive strain within the literature include concerns around successfully bonding with an adopted child, managing the challenges of instant parenthood, understanding and support the child with future developmental or mental health (Barth & Miller, 2000).

Additionally, adoptive parents may have concerns that birth parents will try to reclaim their rights to the adopted child (Lebner, 2000). Adoptive parents also have to make a conscious decision about when and how to discuss the adoption with the child (Brodzinsky, Singer, & Braff, 1984). Additional life stressor, adoptive parents may have include: responsibility for providing support and problem solving to help the child overcome their early experiences, having to restructure their family due to changes in social family dynamics following adopting a child and the economic costs of adoption (Barth & Berry, 1989; Katz, 1986). Therefore, supporting adoptive parents pre-adoption, during adoption and post-adoption to manage the day to day parenting challenges and the adoptive strains is important.

Training for adopted parents

One specific way of supporting adoptive parents is to provide specific interventions, including training and education. This is acknowledged within the *Practical Guidance on Assessing the Support Needs of Adoptive Families* (Department for children, schools and families, 2002). This document states that specialised approaches to developing parenting skills should be provided for parents who care for children with emotional or behavioural difficulties associated with maltreatment, separation and loss. Bath and Miller (2000) suggested that adoptive parents seek support from services when their child has additional difficulties, and they want specialist information and education.

Value of research

The Department of Health White Paper (2000) stated that improvements to the current adoption evidence base and research were necessary, particularly research investigating post-adoption support. When searching the literature, two similar reviews were identified. The first reviewed 10 articles detailing courses, training and interventions for adoptive parents (Drozd, Bugge Bergsund, Thune Hammerstøm, Bergum Hansen & Jacobsen, 2017). Of the 10 papers, only 3 were conducted within the UK, with 6 conducted in the USA and one in the

Netherlands. Although both the USA and UK have similar adoption initiatives, there are differences between these cultures and their adoption processes (Sargent, 2003). Therefore, a specific review into the UK literature would provide insight into UK specific adoption processes. The second review (Kerr & Cossar, 2014) examined 13 articles investigating attachment intervention with foster and adoptive parents, specifically focused on attachment interventions. Broadening out the intervention type would provide articles using theory backgrounds outside of attachment. Kerr and Cossar (2014) also included both adoptive and foster parents. While adoptive and foster parents are both responsible for children in their care, and can provide children with the safety and attachment they need, they are different participant populations. In particular, adoptive parents are able to offer stability and permanence and have higher levels of autonomy compared to foster carers (Selwyn & Quinton, 2004). Focusing exclusively on adoptive parents allows for a more detailed and specific review.

Therefore, a systematic literature review investigating training programmes run between 2000 and 2019 for adoptive parents in the UK .

Method

Data Sources and Search Strategy

The following electronic databases were used in the search: Academic Search Premier, CINAHL, MEDLINE and PsycINFO. The search terms used to gather papers related to adoptive parents included "adoptive parent*" or "adoptive famil*" or "adoptive mother" or "adoptive father" or "adoptive carer*" or "adopt* child*" or "child* adopt*" AND psychoeducation* or psycho-education or training or course* or group* AND UK or "united kingdom" or Britain or England or Wales or Scotland or Ireland (* denotes a truncation). The search terms were developed by searching the key terms in relevant papers. The term "adopters" was excluded as many papers used it in reference to a person or organisation that choses to take up, follow or use something rather than as an alternative to the phrase 'adoptive parents'.

To provide a more succinct search, the additional limiters were used:

- Articles published in an academic journal, excluding books, unpublished doctoral thesis and opinion articles.

- Articles written in English as there was no funding available for translation.

- Articles published in or after 2000 as the UK Government White Paper *'Adoption a new approach'* was released in December 2000.

Study Selection

Studies were selected based on the following inclusion criteria: (1) the training was offered to parents who had adopted a child or who were waiting to adopt a child, (2) the training was offered within the United Kingdom, (3) the training group was for adoptive parents rather than an intervention for adopted children.

Studies were excluded if they met the following criteria: (1) training offered only to foster parents or carers, or birth parents, (2) any intervention specifically for the adopted child, (3)

studies conducted outside the United Kingdom, (4) case studies, due to the lack of generalisability (Thomas, 2011).

Data Extraction and Synthesis

To allow the researcher to identify relevant information from the study, a data extraction form was used (Appendix B). This form allowed the identification of author, title, research aim, participants, method and design (including details on the training or group intervention), outcome measures and key findings.

As the papers used a mixture of qualitative, quantitative and mixed methods research designs, a meta-analysis approach was not appropriate (Borenstein, Hedges, Higgins & Rothstein, 2011). In addition the heterogeneity of the outcome measures also indicated that meta-analysis was not appropriate. Therefore, a narrative synthesis approach was used to analyse and synthesise the research (Popay et al, 2006). This method allows qualitative and quantitative research findings to be integrated to provide an understanding of common results across a heterogeneous literature base and generate new hypotheses for further research.

The findings of the papers were extracted and tabulated (See Table 1). Study characteristics were extracted (e.g method used, number of participants) to provide a comparison across the studies. Categories of similar findings and themes were acknowledged; this synthesis allowed for identification of common results across papers while acknowledging any discrepancies in the findings.

Methodological quality

To gain an understanding of the quality of the selected papers, a methodological quality assessment was completed. As the papers reflected a mixture of designs, the Mixed Methods Appraisal Tool (MMAT) was used (Hong et al, 2018). The MMAT appraises methodological quality across 5 types of design: qualitative research, randomised controlled trials, non-randomised studies, quantitative descriptive studies and mixed methods studies (Hong et al,

2018). Hong et al (2018) advise that two reviewers independently review the papers, therefore the primary researcher reviewed all papers and then a secondary reviewer independently appraised 30% of the papers to identify biases or inconsistencies in the quality assessment.

Results

Identification of Relevant Studies

An initial search identified 984 relevant papers; after reading the titles and the abstracts, 36 were reviewed in full. Of this number, ten were selected for the review with an additional paper found from searching the reference lists (see Figure 2) and 26 were excluded (see Appendix D for a list of excluded articles).
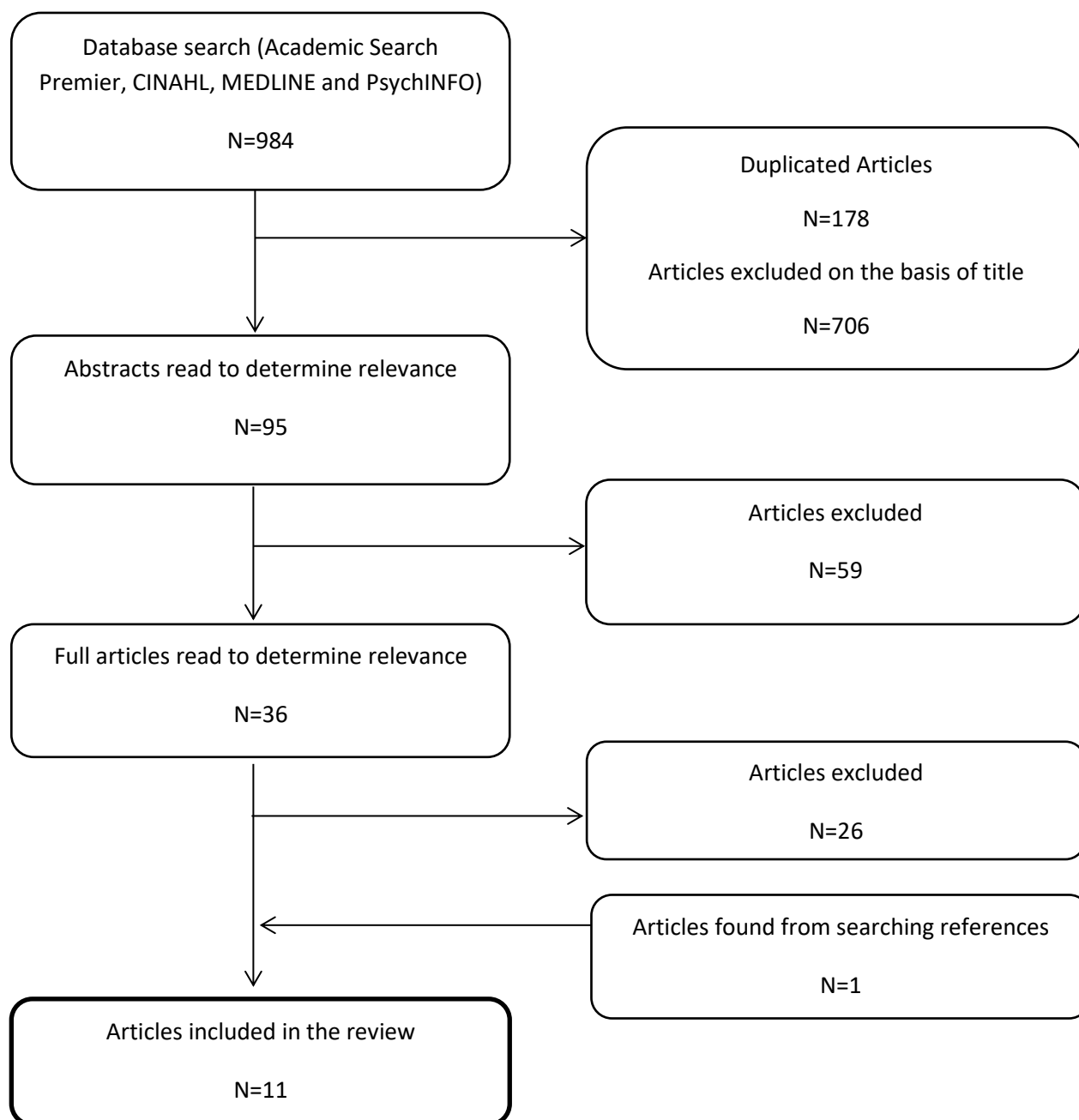

Figure 2: PRISMA flow chart representing the article selection process (Moher, Liberati, Tetzlaff & Altman, 2009)

Findings of Quality Assessment

Out of the papers reviewed, four papers met the MMAT baseline requirements, while seven did not have a clear research question or aim. Therefore it was impossible for the data and results to link with the research question. The quality assessment was nevertheless completed with all papers to provide a methodological quality range across studies. The range of methodological quality of included studies ranged from 25%-100%, six out of eleven papers scored below 50%. To reduce the risk of bias, a secondary reviewer scored 30% of the papers and agreed with 73% of the primary researcher's scores.

In the three qualitative studies, one (Hewitt et al, 2018) reached a score of 100% by giving in depth details and clearly stating the aims of their study, with a rationale for using a qualitative rather than a quantitative approach. Hewitt et al (20118) provided coherence between the method used, data analysed and subsequent interpretations. In contrast, the other two qualitative studies (Gilkes & Kilmes, 2003; Gilkes & Capstick, 2008) reached 25% as they only met one criterion: the interpretation of results was sufficiently substantiated by data.

Two papers used a quantitative method, one had a quality score of 75% (Cameron, 2017) while the other scored 50% (Gurne-Smith, 2017). Both studies completed the programme as intended and reported complete outcomes. However, there was not enough information on the participants to determine whether they represented the general population. Although the measures were relevant, the validity or reliability of them was not mentioned nor were the measures justified. Furthermore, the confounders are not mentioned or accounted for.

The remaining studies (six out of eleven) used a mixed methods design, and had quality scores between 25%-75%. Some of the studies scored well within the qualitative or quantitative aspect, but only one study scored high in quality on both components (Holmes & Silver, 2010). Many studies did not discuss divergence or inconsistencies between the qualitative and quantitative data or failed to provide an adequate rationale for using mixed methods.

Table 1: *Details of papers included within review*

Author(s) and Year	Participants	Design/ Method	Length of intervention	Intervention	Measures	Results	Methodological Quality
Cameron, 2017	Adoptive/ foster papers of 14 children	Quantitative – repeated measures taken before and after intervention	10 months, with fortnightly sessions for the first 3 months then monthly sessions for 7 months. Additional 6 workshops.	Based on *Emotional Warmth*, which has 6 components: psychological theory of vulnerability, carer support for children's trauma-based emotional problems, importance of close relationships, self-management of dysfunctional behaviour and effective utilisation of realised and unrealised strengths.	1. Progress and Development Checklist was developed for this research	Significant changes were found for both the Combined Pillars Total and Adaptive Emotional Development scores. Positive improvements in five of the eight PoP areas- Primary Care and Protection, Self-perception, A Sense of Belonging, Resilience and Self-management but these didn't reach significance.	75%
Downes, Kieran & Tiernan 2019	10 adoptive parents	Mixed methods design. Data was collected post-intervention to explore parents' view on the impact of the group.	9 sessions	Adapted *Nurturing Attachment* group designed to provide support and guidance to parents who have experienced trauma and attachment related difficulties. Aims included: to provide support with the aim of reducing isolation; to enhance parents' understanding of their child's emotional and behavioural needs; to explore ways parents can apply this understanding; to increase skill and confidence in parents.	1. The Carer Questionnaire 2. Intervention specific feedback questionnaire	Carer questionnaire results not reported. Participants reported increased in understanding, confidence, improvements in relationship with their child, some increase in level of competence to deal with challenging behaviour and reduction in stress. Some improvement in child's behaviour, social or emotional functioning and atmosphere in the household. All participants would recommend the training to a friend.	25%
Gilkes & Kilmes 2003	20 adoptive parents	Qualitative Feedback questionnaire given to participants following intervention to evaluate whether the programme had helped adopters in their approach to good parenting.	10 sessions	Parenting programme based on the *Incredible Years Parent Training Programme*. The programme presents step-by-step guideline for playing with children, helping them learn, using praise and reward, setting clear boundaries and dealing with non-compliant behaviour.	1.Intervention specific feedback questionnaire	All participants felt the course was relevant. Increase in parental confidence, participants agreed knowledge and parenting skills. Participants felt more able to deal with a range of behaviours. Being in group allowed participants to swap ideas and share experiences and participate as adult learners. Some participants recommended the training was split into pre-adoption and post-adoption. Some reported improvements in relationship with partner.	25%
Gilkes & Capstick 2008	9 adoptive parents	Qualitative, participants were given a questionnaire	Up to 12 sessions	Participants were part of a parent-to-parent mentoring scheme where a more experienced adoptive parent would become a buddy for an	1.Intervention specific feedback questionnaire	Themes from the evaluation included: support from the buddy being helpful as they had been through the process. Feedback from both buddies and	25%

	following, although it is unclear when the questionnaire was given.			adoptive parent to support them though the initial stages of the adoption process to alleviate common feelings of isolation and stress.		adopters showed that the following topics were frequently covered: behavioural management, attachment, legal/social services procedures, difficulties at school, difficulties at home/school due to previous abuse/neglect, how to be an advocate for the child, contact with birth parents.	
Gurney-Smith, Granger, Randle & Fletcher, 2016	13 participants: adoptive parents, foster carers and SGO 7 adoptive parents.	Mixed Methods design, with a Mind-mindedness task which asked two descriptive questions followed by several quantitative questionnaires. Measures were completed pre-intervention, post-intervention and 3 month follow up.	18 sessions	Adapted from Golding's *Fostering Attachments in Children who are Looked After and Adopted (2006)* Compromised 3 modules: 1. Attachment theory 2. A model for parenting the child with attachment difficulties, providing a secure base. 3. A model for parenting the child with attachment difficulties, building relationships and managing behaviour.	1.Mind-mindedness task, 2.Parenting Stress Index Short Form, 3.Expression of Feelings in Relationships Questionnaire, 4.Strengths and difficulties questionnaire, 5.Intervention Carer Questionnaire, 6.Satisfaction Questionnaire	No significant difference between pre-group, post-group and follow up on descriptive question. Participants positively evaluated the group in terms of satisfaction and quality. Statistically significant improvement in parenting skills and understanding, perceived responsiveness of the child. Reduced overall difficulties for the child and positive changes in hyperactivity and disinhibition but emotional dysregulation remained unchanged. These results were maintained at follow up.	25%
Gurney-Smith, Downing, Kidd, McMillin 2017	17 adoptive parents and 11 staff members	Quantitative, Levels of mindfulness, compassion and parenting stress assessed pre and post intervention	8 sessions	Mindfulness-based cognitive behavioural therapy. Sessions 1-4 focus on basics of mindfulness, session 5-8 focus on accepting and regulating negative feelings and thoughts.	1. Mindfulness Attention Awareness Scale 2. Self-Compassion Scale Short Form 3. Parenting Stress Index/Short Form	The mean total Mindfulness Attention Awareness Scale score increased after the training. There was a significant difference in self-compassion and a significant improvement in stress score post-intervention.	50%
Henderson & Sargent, 2005	35 adoptive parents	Mixed methods with questionnaires used before and after intervention and interviews completed at mid-point and end of	12 sessions	Group material was adapted from the *Incredible Years* programme and covered 4 key components: play; praise and reward; effective limit setting and dealing with non-compliance; and handling misbehaviour, time out and problem solving.	1.Weekly session evaluation 2.Parenting Stress Index 3.Strengths and Difficulties Questionnaire	Overall levels of stress decreased (although this did not reach statistical significance). Statistical significant improvements in stress related to child, parents' level of competence and reduced difficult life events. Overall level of concern for child fell significantly with hyperactivity and conduct disorder	25%

		intervention to identify whether behavioural management strategies would help parents feel more confident, in control and allow for a 'breathing space'			4.Interviews	reduced. Participants reported feeling more socially isolated at the end of the intervention.	
Hewitt, Gurney-Smith & Golding, 2018	8 adoptive parents	Qualitative Interpretative Phenomenological Analysis was used to explore parents' experience of group and how it may have impacted everyday life.	18 sessions	The Nurturing Attachment groups is based on principles of DDP and has several aims: to increase support to parents, increase understanding of the children and their behavioural and emotional needs, increase parents' confidence when parenting, support parents to increase capacity for emotional regulation and reflective functioning and to increase a child's security within their family.	1. Interview schedule with questions such as: "What was your personal experience of participating in the group?" "What changes have you and your child noticed in you?" "What has been the most challenging about attending the group?"	Through IPA analysis, 5 themes emerged. 1. Supportive group: participants finding the group supportive. 2. Shift in perspective: change in participants internal world. 3. Trauma into secure attachment: felt more attuned to child 4. Am I doing it right?: participant anxiety about being an adoptive parent. 5. Continuing the adoption journey: group provided skills that participants would take forward	100%
Holmes & Silver, 2010	58 adoptive and foster carers	Mixed methods with quantitative measures which included some qualitative questions to evaluate an attachment programme	6 sessions	The group drew upon attachment theory, social learning theory and the principles of playfulness, acceptance, curiosity and empathy. The group work combined psychoeducation, discussion, activities teaching behaviour management techniques and role plays.	1.Parenting Stress Index – short form 2.Carer questionnaire 3.Managing Behaviour with Attachment in mind (feedback form)	Decrease in stress scores, with significant increase for parent's perceptions of their relationship with their child, decrease in parents' observations of problematic or concerning behaviour. Qualitative themes included not being alone, understanding their child, learning specific behaviour techniques. All participants would recommend group to friend.	75%

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Ruston, Monck, Leese, McCrone & Sharac, 2010	38 adoptive parents divided into 3 groups: 1.Cognitive Behavioural advice group: 10 participants 2.Educational advice group: 9 3.Control group: 18	Mixed methods: participants were randomly allocated to either one of two intervention groups or a control group. They were interviewed before being allocated (T1), after the intervention (T2) and 6 months later (T3). Quantitative measures were also used.	10 sessions	The Cognitive Behavioural group was based on the *Incredible Years* programme. It showed parents how to increase acceptable behaviour and ignore unacceptable behaviour. The Educational programme was designed specifically for the study and aimed at improving parents understanding of the meaning of the child's current behaviour..	1.Interviews 2.Strengths and Difficulties Questionnaire (used at 3 time points: T1, T2 & T3) 3.Expression of Feelings Questionnaire (T1, T2 & T3) 4.Post Placement Problems (T1, T2 & T3) 5.Visual Analogues Scale (T3 only) 6.Parenting Sense of Competence Scale (T1, T2 & T3) 7.Daily Hassles (T1, T2 & T3 8.Satisfaction with Parenting Advice Questionnaire (T2 only) 9.Intervention Feedback Form (T2 only)	Significant improvement in parenting satisfaction advice session compared to controls which was still present at 6-month follow up. Some participants reported their child made progress however no difference between intervention groups and control group on the extent or direction of change. No difference in daily hassles or child's strength and difficulties (SDQ) between groups, Almost all adopters responded positively to intervention groups, they found it particularly helpful to work through problems with the adviser.	25%
Selwyn del Tufo & Frazer, 2009	Prospective study: Intervention group: 16 adoptive families Control group: 19 adoptive families	Mixed methods Prospective study: questionnaires at pre and post-intervention and at 5 month follow up plus additional qualitative question.	Number of sessions not stated – programme has 6 modules, each lasting 5 hours.	Programme originally designed by adoptive parents, delivered by professional trainers who are adoptive parents themselves. It aims to enhance parenting skills, affirm parents' own parenting methods, increase understanding of attachment issues, increase parents' confidence in parenting and enable adopters to understand parental self-care.	Prospective measures: 1.Bespoke outcomes questionnaire (including cognitive, skill-based and affective outcomes) 2.Strengths and Difficulties Questionnaire 3.General Health Questionnaire 4.Expression of Feelings in Relationships Questionnaire 5.Description question asking about child's concerning behaviour.	Prospective results: All reported satisfaction with training. Control group showed more understanding of child's behaviours and had more confidence in managing difficult behaviours. A third of control group had sought help from professionals and a quarter reported assistance from local adoption groups. Intervention group reported changes in techniques used to manage behaviour and confidence had grown. Changes were not seen in the SDQ results or the ERP.	50%

Retrospective study: 64 families and 28 staff members either service commissioners or adoption support professionals. Additional 2 focus groups were held with programme trainers (the number of participants is not stated).	Retrospective study: interviews completed with parents and staff members	Retrospective measures: 1.Interview (and focus groups)	Retrospective results: Half adoptive parents continued to see significant difficulties with their child but most felt that the programme had met or exceeded their expectations – particularly the relief of realising they were not alone. 75% reported new understanding of the cause of their child's behaviour allowing them to have more realistic expectations of child and finding new strategies for parents. Discussed importance of self-care and programme had resulted in long-term support. 75% parents – current need for support and resources, some suggesting top-up/advanced programme

Characteristics of included studies

Participants

 The number of participants in each study ranged from 8 to 64. The majority of studies only included participants who were adoptive parents but three studies contained adoptive parents, foster carers and special guardianship order carers (Cameron, 2017; Gurney-Smith et al, 2016; Holmes & Silver, 2010). Holmes and Silver (2010) found no significant difference between the participant groups. An additional two studies (Gurney-Smith et al, 2017; Selwyn et al, 2009) had a mixture of adoptive parents and staff members but as the results were reported separately they were included in the literature review.

Research design

Out of the eleven, studies, six used mixed methods. One of these mixed methods study used a randomised control for the quantitative element. Three studies were qualitative only and two were quantitative only. To analyse the effectiveness of the training, eught studies used an evaluation or feedback questionnaire and four studies used interviews. Seven studies also used formalised outcome measures; the most popular outcome measures were the Parenting Stress Index (Abidin & Abidin, 1990), Strengths and Difficulties Questionnaire (Goodman) and Expression of Feelings in Relationships (Quinton, Rushton, Dance & Mayes, 1998).

Intervention

The number of training sessions varied across the studies, from 6 to 18 sessions. The majority of the studies (n=8) were based on current interventions. Four studies were based on attachment interventions for parents, two on *Nurturing Attachment* and one on *Fostering Attachments in Children who are Looked After and Adopted,* and one on *Emotional Warmth.* A further three studies were based on the *Incredible Years* Programme and one on the *It's a*

Piece of Cake programme. One study was underpinned by Mindfulness based Cognitive

Behavioural Therapy.

Outcome of study interventions

Figure 3: Four themes identified in the intervention outcomes.
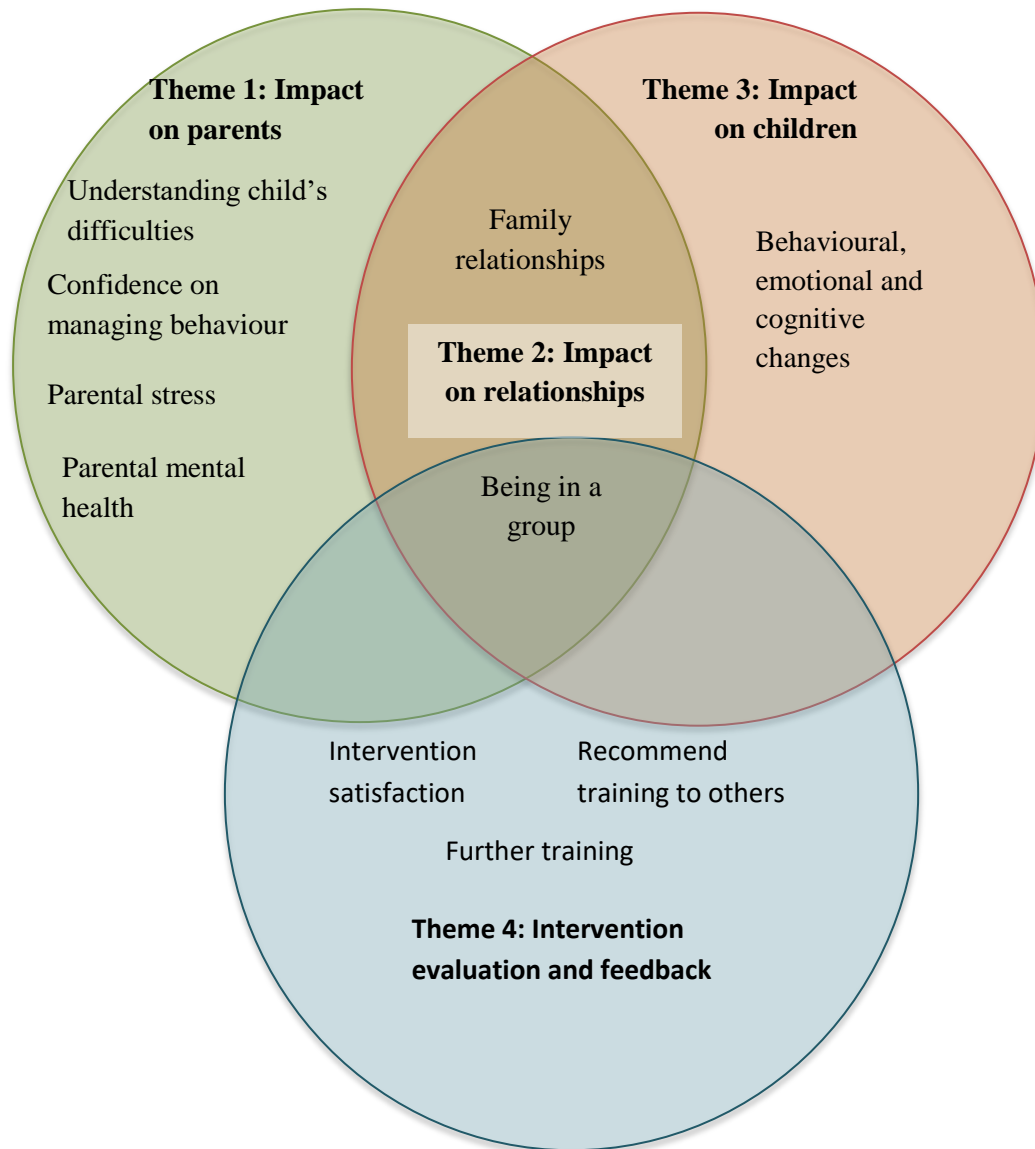
Understanding of child's difficulties

Five studies reported that participants found the intervention helped them develop their understanding of the child's difficulties. Downes et al (2019) stated that all participants showed greater insight into attachment theory and developmental trauma. Gurney-Smith et al (2016) found that parenting skills and understanding significantly improved following the attachment intervention. Hewitt et al (2018) reported that participants felt that they achieved greater understanding of their child and improved empathy.

Confidence in managing behaviour

Seven studies reported that participants felt more confident or competent using strategies to support their child and manage their behaviour. Gilkes and Kilmes (2003) found that nearly all participants had increased confidence when dealing with their child's behaviour. Holmes and Silver (2010) indicated that all participants felt their way of parenting had changed, with some mentioning that they were taking a calmer approach when diffusing situations. Both Ruston et al (2010) and Selwyn et al (2009) reported statistically significant difference between the intervention group and control group, with the intervention groups having increased satisfaction in parenting and confidence managing behaviour.

Parental stress

Six studies reported parental stress, with mixed findings. Four studies reported improvements in parental stress: Downes et al (2019) identified that 50% of participant reported reduced stress, Gurney-Smith et al (2017) found a significant improvement in parent stress but all participants remained within the high bracket for stress. Henderson and Sargent (2005) and Holmes and Silver (2010) both reported reduced parental stress across the intervention

although the Henderson and Sargent (2005) findings did not reach significant levels. In contrast, Rushton et al (2010) found constant levels of daily parenting hassles over both intervention and control group post-intervention. Gurney-Smith et al (2016) found no statistical significant change in Parenting Stress Index.

Parental Mental Health

Selwyn et al (2009) reported in both their prospective and retrospective studies that participants spoke about the importance of self-care and learning how to manage their own emotional reactions. Gurney-Smith et al (2017) completed a specific mindfulness intervention for parents and found statistically significant increase in mindfulness attention and self-compassion following the 8 week intervention. Furthermore, participants in Hewitt et al's (2018) study reported that they had noticed changes in their ability to reflect which they wanted to sustain in the future.

Impact on relationships

Family relationships

Seven of the reviewed studies discussed family relationships and all reported improvements. Several studies reported that the intervention had a positive impact on their relationship with their child; participants in the Hewitt et al (2018) study reported changes in the parent-child dyad, specifically feeling more attuned. Downes et al (2019) reported that all participants felt there was an improvement in their relationship with their child. Holmes and Silver (2010) also found significant improvements in participants' perceptions of their relationship with their child. In two studies participants reported positive changes in their relationship with their partner (Gilkes and Kilmes, 2003; Selwyn et al, 2009). Selwyn et al (2009) also found that following the intervention, participants reported reduced family tension and reduced

stress. In addition, Downes et al (2019) reported that all participants indicated an improvement in household atmosphere, with 50% reporting a significant improvement.

Being part of a group

In most studies (seven out of eleven), participants reported the positive impact of being part of a group programme. Three of these studies highlighted the relief participants felt discovering other parents with similar challenges and how they felt 'no longer on their own' and (Gurney-Smith, 2016; Holmes & Smith, 2010; Selwyn et al, 2009). Participants in the Gilkes and Kilmes (2003) study discussed the helpfulness of swapping ideas with other parents and sharing experiences. Participants in the Hewitt et al (2018) study described experiencing the group as a safe place where they could speak honestly and feel valued however, they felt frustrated that they had not had the opportunity to be within a group of adoptive parents before. Gilkes and Capstick (2008) focused on peer support, providing adoptive parents with a buddy who was also an adoptive parent. They reported that participants valued how the buddy support system was separate to social care, and allowed participants to discuss specific situations or challenges. In Henderson and Sargent's (2005) study, participants reported feeling more socially isolated after the group had finished as they had experienced mutual disclosure and empathy, and reported they felt a sense of loss when the group ended.

Impact of intervention on children

Seven of the eleven studies researched the impact of a parental training intervention on the adopted child with mixed results. Four studies used the Strengths and Difficulties Questionnaire to measure a child's difficulties. Two reported a reduction in the child's hyperactivity (Gurney-Smith, 2016; Henderson & Sargent, 2005) furthermore Henderson and Sargent (2005) reported a reduction in overall concern. Conversely, neither Rushton et al

(2010) nor Sewlyn et al (2009) found significant changes in any of the Strengths and Difficulties Questionnaire scales. Henderson and Sargent (2005) also found no statistical significant difference, although the intervention group scoring remained consistent while the control group reported an increase in problem behaviour over the same time period. Gurney-Smith et al (2017) also concluded that there was no change in participant reports of the child's level of demanding behaviour, distractedness, lack of adaptability or moodiness. However, other studies reported significant reductions in parental observations of child problem behaviours (Holmes & Silver, 2010; Downes, 2019). Furthermore, Cameron (2017) identified an improvement in the children's positive self-perception, sense of belonging, the child's resilience and self-management skills.

Intervention evaluation and feedback

Intervention satisfaction

Six out of eleven studies discussed participant satisfaction, with many reporting high levels of satisfaction. Gurney-Smith (2016) asked participants to score the three modules out of 10; participants scored the first module 8.8, the second 9.5 and the third 9.9, with several participants stating the first module on attachment theory was too long. Sewlyn et al (2009) reported that all participants in their prospective study reported being satisfied with the training. 73% of participants from their retrospective study felt that the programme met their expectations while 27% felt they were experienced adopters and needed advanced training (Sewlyn et al, 2009). In particular, 95% of participants in their retrospective study valued the trainer's experience of being an adoptive parent as their experiences were recognised and they felt valued. Participants from the Ruston et al (2010) study reported that it was helpful to be able to work through their child's specific difficulties with an adviser. This personalised

approach was a suggestion in Gilkes and Kilmes' (2003) study as several participants felt the training could have focused more on the specific issues adopted children face.

Recommending training to others

Three of the eleven studies asked participants whether they would recommend the training programme to a friend with adopted children. All participants in the studies said they would recommend the programme to a friend (Downes et al, 2019; Gilkes & Kilmes, 2003; Holmes & Silver, 2010). In the Downes et al (2019) study one participant reported that the training may be useful for professionals as well. Additionally, participants in Gilkes and Kilmes' (2003) study felt that the course was relevant to all new parents, not just adoptive parents. There was some discrepancy about the most appropriate time to provide training within the Holmes and Silver (2010) study with some participants wanting to have the training as early as possible, potentially before the adoption, with others saying that some experience with the child is needed before the training.

Further training

Participants from three studies felt they would benefit from further training. In both the Downes et al (2019) and Holmes and Silver (2010) studies, all participants reported a desire for further training, particularly a follow up group. Selwyn et al (2009) found that 75% of participants in their retrospective study spoke about their current needs, with 37% feeling a refresher intervention course would be helpful and 15% suggested an advanced course which covered their child's ongoing development into adolescence.

Discussion

Findings of review

The aim of the current literature review was to investigate training programmes for adoptive parents within the UK between 2000 and 2020. The participants from the studies largely evaluated the interventions positively and felt satisfied with the content of the interventions and those who were asked would recommend the training they attended to a friend (theme 4).

The review identified four themes from the literature, the first being the impact of the intervention on parents. Training increases some parents' understanding of their child; a finding replicated in research investigating the reflective functioning of adoptive parents.

Bammens, Adkins & Badger (2015) emphasise the importance of mentalisation (the ability to understand the mental state of ourselves and others) and found that foster and adoptive parents benefited from an interactive mentalisation-based training programme. Furthermore, parents of adopted children are likely to experience stressors linked to adoption in addition to the everyday stress parents experience (Bird et al, 2002). Newland (2015) reviewed the literature on family wellbeing, parenting and child wellbeing and developed a model on developmental parenting and child wellbeing (seen in Figure 3). This model builds on the well-known ecological model by Bronfenbrenner (1979) which shows the impact of a child's immediate system (microsystem) and the attitudes of a culture which include political systems (macrosystem).
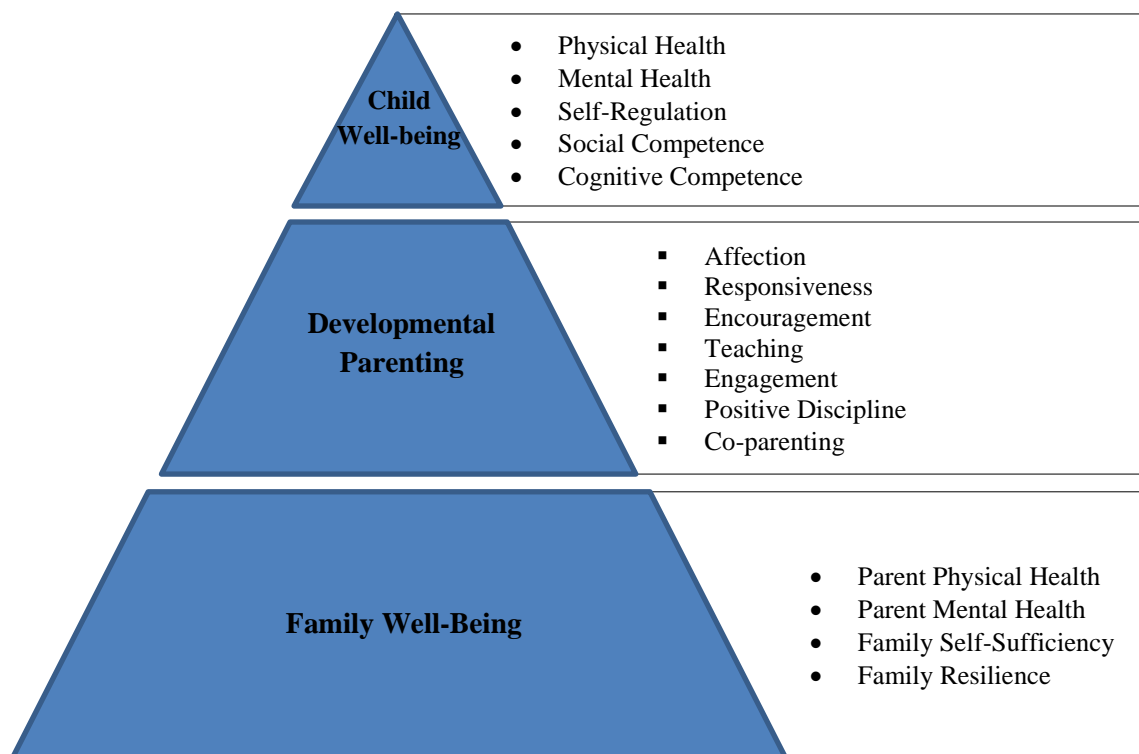
Figure 3: Graphic taken from Newland (2015) showing family well-being as the foundation for development parenting and child well-being.

Newland (2015) also emphasises the importance of parental mental health, which was reflected in the current review as some studies reported that adoptive parents learnt the importance of self-care and reflection over the course of the interventions. Furthermore, the review also found that parent training had an impact on family relationships, both on parent-child relationships and couple relationships. Downes et al (2019) particularly emphasised participants reporting an improvement in household atmosphere, which according to Newland's model impacts child wellbeing.

Several studies used the Strengths and Difficulties questionnaire (SDQ) which a worldwide is screening tool to measure children's difficulties. Hill and Hughes (2007) highlighted further development of the SDQ is needed to continue to improve its validity however, currently it is an appropriate measure of children's difficulties. Across the studies, the impact of the training on the adopted children's scores SDQ scores was varied. Some studies reported a

reduction in the child's difficulties (Gurney et al, 2016; Henderson & Sargent, 2005) while others reported no changes (Rushton et al, 2010; Sewlyn et al, 2009). There is a strong argument that the children's behaviour perhaps does not change, but that the parents grew in confidence and felt more competence managing the child's behaviours. Other studies in the current review show that participants increased their confidence and parenting satisfaction following the training. Reid, Gill, Gore and Brandy (2015) ran an Acceptance and Commitment Therapy intervention for parents whose child presented with developmental disability and challenging behaviour, and found that although the situation had not changed for the parents, their response to difficulties had.

The current review also identified the importance of being part of a group of parents experiencing similar challenges. This was particularly evident in Henderson and Sargent's (2005) study where participants reported a sense of loss when the group ended. This result is widely replicated with in other research which suggests that identifying that adoptive parents primarily attended adoption support groups for emotional support and information exchange (Bryan, Flaherty & Saunders, 2010). Miller et al (2019) found that perceived social support was related to empathy, and specifically identified that being part of a group with similar attributes may be an important aspect of support group function and outcomes. Furthermore, in UK government policies parental adoption support groups are part of the recommended service (see Figure 1). Despite these recommendations the quality of the research evaluating training programmes for adoptive parents is poor, suggesting that the funding for research projects into this field has not been available.

Strengths and limitations

Inclusion of studies drawing on varieties of interventions and methodology was a strength of this review. The range of qualitative, quantitative and mixed methods designs allowed for the

emergence of a varied picture, displaying both adoptive parents' experiences as well as objective measurable differences between pre-intervention and post-intervention.

An additional strength of the research was the comprehensive search strategy. Furthermore, only peer reviewed papers published in journals were included to produce a higher quality review.

The most striking limitation of the current review is the low scientific quality of some the research articles. The literature review did not have a methodological cut off score as the number of papers was too small, and by including all the papers regardless of their quality, the review illustrates the overall quality of the research investigating training programmes for adoptive parents in the UK. The quality assessment highlights that many reviewed papers did not state research questions or aims, provided limited detail on their method and sampling strategy, and failed to report all outcome measures. However, the research included within this review demonstrates the importance and value of interventions for adoptive parents.

Furthermore, several studies were authored by the same people (Gilkes & Kilmes, 2003; Gilkes & Capstick, 2008; Gurney-Smith et al, 2016; Gurney et al, 2017). As these studies included qualitative studies and mixed methods designs, it is possible that the research had similar biases and was affected by the same researcher factors (e.g. epistemological view). None of the studies with a qualitative design discussed the reflexive position of the researcher (Gilkes & Kilmes, 2003; Gilkes & Capstick, 2008; Hewitt et al, 2018). Therefore, it is difficult to comment on biases from the researchers although it likely impacted research findings and themes.

Implications for further research

Mold and Peterson (2005) discuss the complex balance between research and quality improvement and argue that clinicians and researchers working together are able to produce

high quality research that is relevant and useful for the clinical field. Their model for developing practice-based research provides useful guidance for completing research within a clinical area.

The Department of Health (2000) recognised the importance of adoption research, specifically highlighting research on identifying successful models for post-placement support. Furthermore, literature reviews within the field of training for adoptive parents have also concluded that to establish the theory, more methodologically sound studies are required, including randomised control trials (Kerr & Cossar, 2014).

Further areas of research which would add to the field could include:

- High quality qualitative research that considers the experience of adoptive parents who attend training sessions or support groups, within the UK.
- High quality quantitiative research that uses reliable and valid outcome measures to investigate whether there is a significant difference for parents and children before and after parental training programmes.
- Explorative studies that review the Deparment of Health (2000) *Adoption a new journey,* 20 years after it was released and the Deparment for Education (2016) *Vision for 2020*. By asking adopted children, adoptive parents and professionals working in adoption about their experiences the policies could be brought up to date. A qualitative method such as Interpreative Phenomological Analysis would allow for detailed examination of personal lived experiences (Smith, Flowers & Larkin, 2009).

Conclusion:

Current literature on adoptive parent training is limited and low in research quality. The review shows that training interventions for parents have a positive impact on the parent, with many parents reporting that they felt satisfied had increase confidence and understanding.

The results for the outcomes for adopted children are more mixed. More research investigating and exploring training programmes for adoptive parents in the UK is needed, and this research should be of a higher quality to update national guidelines and policy. An evaluation of the Deparment of Health white paper is needed as it has been 20 years since its publication.

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Paper Two: Empirical Research Study

Adoptive parents' journey to understanding their child: childhood wellbeing and child sensory development.

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Abstract

Background: Adoption is seen as a positive intervention for children looked after by the local authority within the UK (Van Ijzendoorn and Juffer, 2006). Adopted children can face additional challenges with emotional regulation, academic study and sensory development (The Department for Education, 2019; Ayres, 2005). Adoptive parents are often the main advocate for their child and play a vital role in supporting their child. To provide appropriate support, adoptive parents need to understand their child's difficulties and know how to support them to overcome these.

Objective: To explore adoptive parents' journeys to understanding their child, including sensory development and wellbeing as their child completes a sensory based programme.

Participants: Seven adoptive parents with a child completing a sensory based programme.

Method: Participants were interviewed at the beginning and at the end of a sensory programme to identify any changes. Interviews were transcribed, coded and analysed using thematic analysis (Braun & Clarke, 2006).

Results: Three themes emerged: "If there's a problem my hands are always here to catch you", "It all slotted into place" and "It's going to take years". Each theme had several subthemes which are discussed.

Conclusions: The programme aimed to develop the child's sensory processing, had a direct impact on adopted parents: on their understanding of their child as a whole person and as a means for obtaining tailored support. Limitations of the study and areas for further research are considered.

Keywords: Adoption, sensory programme, parents' understanding

Introduction

The number of children in care continues to rise, with the most recent figures released by the Department for Education (2019) identifying 78,150 children looked after by local authorities (previously known as Looked After Children). Of these children, 63% were being looked after by the local authority because of risks of abuse or neglect. The number of children adopted in 2019 was 3,750 which is a 7% decrease in numbers since 2018 and a 30% decrease since 2015 (Department for Education, 2019). These statistics show that high numbers of children are looked after by the local authority, yet relatively few are adopted. This is an interesting gap, meriting further research into adoption, particularly parental perceptions.

Adoption is one of the most dramatic and far-reaching events in a child's life (Fenton-Glynn, 2014). Van Ijzendoorn and Juffer (2006) argue that adoption is an effective catch-up intervention for a child's attachment security, behavioural problems, cognitive development, school achievement, physical growth and self-esteem. Children who have been maltreated in early life can catch up with their peers and outperform traumatised children who are not adopted (Van Ijzendoorn &Juffer, 2006). Many young children flexibly adapt to new adoptive parents, who typically provide children with stable and highly enriched relationships (Raby and Dozier, 2019). Furthermore, most adoptions are successful, with only 3-7% of children experiencing adoption disruption (Wijedasa and Selwyn, 2017).

Parents who engage in positive parenting are able to strengthen the relationship with their child allowing the child to feel secure enough to explore the world and develop their wellbeing (Santos-Nunes, Narciso, Vieira-Santos & Roberto, 2017). Conversely, negative parenting (including neglect and abuse) can have a negative impact on a child's wellbeing (Santos-Nunes et al, 2017). In psychological research multiple definitions of wellbeing have

been suggested. Dodge, Daly, Huyton and Sanders (2012) conclude that stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge.

Well-being can be divided into five domains: education, disabilities (both physical and developmental), mental health, emotional health and physical health (Jaggers, Richardson, Aalsma and Hall, 2016). Growing up within a stressful environment where a child is subject to trauma puts the child at increased risk of poor social, emotional and physical wellbeing (Perry, Pollard, Blakley, Baker & Vigilante, 1995; Norman, Byambaa, De, Butchart, Scott & Vos, 2012). A child's brain develops in response to experience; in particular the first five years of a child's life have a lasting impact (Public Health England, 2015). The Department for Education (2019) identified 39% of children looked after had concerning scores, suggesting the presence of difficulties impacting their wellbeing. Long-term implications of child maltreatment include post-traumatic stress disorder, problems with self-esteem and self-worth, fractured peer and family relationships and educational impairment (Lazenbatt, 2010). Furthermore, children looked after by the local authority are four times more likely to have mental health difficulties than children within the general population, which can lead to a greater risk of instability in care and poor educational outcomes (Bazalgette, Rahilly & Trevelyan, 2015).

One domains of wellbeing is physical health. Sensory processing is a phrase used to describe the way sensation is detected, transduced and transmitted through the nervous system and is an important component of a child's physical development (Smith Roley, Maillous, Miller-Kuhaneck & Gleennon, 2007). Piaget's developmental stage theory (1978) (table 1) stated that the sensorimotor stage involves the infant becoming aware of their immediate physical environment, with the of crawling, standing and eventually walking to be able to explore the

world and consequently increase cognitive development (Piaget, 1978). Children who are

unable to develop sensorimotor skills sufficiently because they have not been given the

opportunity to explore safely, are more likely to have difficulties with subsequent cognitive

stages (Piaget, 1978).

Table 1: Piaget's developmental stage theory (1978)

Stage	Approximate age (years)	Characteristics
Sensorimotor	0 - 2	The infant knows about the world through action and sensory information. Infants learn to differentiate themselves from the environment.
Preoperational	2 – 7	Children's actions are internalised as mental operations but they focus on just one aspect of a task. By the end of this stage, children can take another's perspective.
Concrete operational	7 – 12	Children's reasoning involves more than one feature but they are still tied to immediate experiences. They understand conversation of mass, length, weight and volume and can more easily take the perspective of others.
Formal operational	12+	Abstract reasoning begins. Children can now manipulate ideas; can speculate about the possible; can reason deductively and formulate and test hypotheses.

The specific sensory stimulation a child experiences prior to and after birth determines the

strength of synaptic connections, as the brain develops in a use-dependent fashion (Kaiser,

Gillette & Spinazzola, 2010). Sensory input allows an individual to sense where their body is

in time and space, perceive their body's relationship to the environment and feel safe. In early

development, interacting with others occurs through visual, auditory and tactile modalities,

highlighting that interpersonal interactions are needed for sensory integration development

(Schore, 2003).

Early childhood abuse can impact on a child's development, leading to poor sensory development and significant problems with sensory integration (Ayres, 2005). Failure to develop sensory pathways inhibits children's ability to accept comfort from others, think positively and to have hope (Kaiser et al, 2010). Limited sensory experiences in childhood means a child's response to developmental challenges may also be limited (Greenspan & Porges, 1984). Cermak and Daunhauer (1997) found that children adopted from Romanian orphanages had significantly greater problems with touch, movement-avoiding, movement-seeking, vision and audition when compared to controls. Additionally, they had significantly greater problems with behavioural domains: activity level, feeding, organisation and social-emotional (Cermak & Daunhauer, 1997). Poor sensory processing has been associated with behavioural problems, immature social skills, impaired fine and gross motor skills, decreased academic achievement and learning difficulties (Armstrong, Redman-Bentley & Wardell, 2013). Despite the literature on sensory processing, Cermak and Daunhauer (1997) and Lawson and Sibla (2016) acknowledge the lack of research looking at how deprived environment affect a child's processing of sensory information.

Taking into consideration the impact of maltreatment on a child's wellbeing and sensory processing, it is likely that adopted children will need specific support for their development. The key people providing specialist support to adopted children are adoptive parents, alongside professionals from health, education and social services. Typically, adoption research has focused more on children's outcomes than on interpersonal processes, recent trends in adoption research trying to overcome this limitation (Palacios &Brodzinsky, 2010).

Within the adoption literature, multiple articles have explored the adoption journey. Lifton (2002) explored the adoptee's experiences, Messina and D'Amore (2018) researched the challenges and barriers lesbians and gay men face in their journey to adoption. Furthermore,

Schooler and Norris (2002) discussed lifelong issues of adoption including the search and potential reunion with birth parents. However, no research has explored the journey of adoptive parents developing an understanding of their adoptive child, taking into consideration their sensory development and general wellbeing. Therefore, this research aims to explore adoptive parents' journey to understanding their child, including sensory development and wellbeing.

Method

The research design is related to an existing programme for adopted children. The programme uses a four stage consultation model, with an Occupational Therapist (OT).

1. Parents attend a training workshop to learn about sensory development and trauma.
2. The OT conducts an initial assessment with parents and child, forming a bespoke care plan, which outlines exercises for the parents to complete with the child at home to build the child's sensory systems.
3. After four weeks parents present recorded video material of the child to the OT and the care plan is reviewed, with new exercises to enhance sensory development.
4. The child is reassessed after four weeks to review their progress and new exercises are given. If no further support is needed, the child is discharged.

Design

Due to the small literature base on sensory processing in adopted children, qualitative methodology was more appropriate than quantitative as it provided richer data through explorative analysis (Mack, Woodsong, MacQueen, Guest & Namey, 2005). Thematic analysis was used to identify and analyse themes (Braun & Clarke, 2006).

Participants were interviewed before the sensory programme to explore participants' understanding of their child and their wellbeing. Following the programme, participants were interviewed a second time to see if their perspective had altered with their new knowledge of their child's sensory development. Participants were offered a diary to record their thoughts as they completed the sensory programme, which contained a prompt sheet asking participants to consider the different areas of wellbeing (physical, emotional, social). It also included a section for the participants to reflect upon the process of completing the programme. Research suggests that capturing experiences presents significant methodological challenges by using diaries in combination with in-depth interviews it reveals not only how events occurred at the time, but also provides an opportunity for reflection over time, providing a continuous and detailed thread of daily life (Bernays, Rhodes and Jankovic Terzic, 2014; Bolger, Davis and Rafaeli, 2003). Therefore, by combining semi-structured interviews and diaries the aim was to create an account of the everyday experiences of completing the sensory programme as well as offer an opportunity to reflect at a later date. During the 8 week programme the researcher provided opt-in text message prompts for participants to complete the diary.

Participants (inclusion and exclusion criteria)

Sampling in qualitative research is varied and different authors suggest different approaches, as Robinson (2014) stated, sampling is influenced by theoretical and practical. This research study was considered to need 8-10 participants, as this number of participants had previously been successfully used to research the experiences of adoptive parents attending pre-adoption training using thematic analysis (Bersund, Drozd, Bergum Hansen and Jacobsen, 2018). The inclusion criteria for participants in this research were:

- Parents who adopted a child or had a child placed under Special Guardianship Order (Special Guardianship Order is an order of the Family Court where a child is cared for

by people other than his/her parents and typically arises when a Local Authority has been involved with concerns relating to a child and wishes to support the child's upbringing but does not seek to take the child into care);

- Parents with a child referred to the sensory programme;

- Parents with a child aged between 4 and 18 years old.

Procedure

Before the interviews, the study documents (e.g information sheet) were sent to several adoptive parents to gain feedback on the language used and the sensitivity of the prompts. Once the documents were amended (see Appendix H & I for final versions), they were sent to adoptive parents who had been referred to the sensory programme via their child's social worker (see Appendix G). The service providing the sensory programme forwarded any contact details of interested participants onto the primary researcher who also attended the initial training session to recruit participants. The primary researcher contacted potential participants to provide information and to arrange the interview time and place. At the first interview, participants were provided with more information, and the right to withdraw and confidentiality were explained. Participants were given a weekly diary to complete over the programme. Participants were interviewed a second time and were given debriefing information in case they wanted to access additional support. Both interviews were recorded on an encrypted laptop in keeping with GDPR regulations and were later transcribed and analysed using thematic analysis to identify patterns (Braun & Clark, 2006).

Results

A pre-interview and post-interview was completed by n=7 participants. Pre-interviews were completed between 13th June 2019 and 5th July 2019. Post-interviews were held between 6th September 2019 and 10th October 2019. Only three out of seven participants completed the

diary; the remaining fout participants reported not having enough time to fill it in. As participants who completed the diary recorded thoughts and experiences that were already covered in the post-interview, the diary data were not included in the data analysis.

Participant demographics

To understand the context of the parents and their adopted child, some demographic details were collected (see table 2)

Table 2: Participant demographic information

Participant No	Age	Gender	Ethnicity	Relationship orientation	Age of Child	Age child joined family	Type of court decision	Children in the family	Birth order
Participant 1	46	Female	White	Mixed sex couple	14 years	7.5 years	Adoption	4	3
Participant 2	50	Male	White	Same sex couple	7 years	4 years	Adoption	1	1
Participant 3a	55	Female	White	Mixed sex couple	11 years	15 months	SGO*	5	4
Participant 3b	62	Male	White	Mixed sex couple	11 years	15 months	SGO*	5	4
Participant 4	56	Female	White	Mixed sex couple	6 years	2.5 years	SGO*	1	1
Participant 5a	40	Male	White	Mixed sex couple	8 years	15 months	Adoption	1	4
Participant 5b	47	Female	White	Mixed sex couple	8 years	15 months	Adoption	1	4

* Special Guardianship Order is an order of the Family Court where a child is cared for by people other than his/her parents and typically arises when a Local Authority has been involved with concerns relating to a child and wishes to support the child's upbringing but does not seek to take the child into care.

Themes

Three themes emerged, each with several subthemes. These findings are presented in Table 3 and the diagram in Figure 1 shows a visual representation of the participants' insight and understanding over time and with experience.

Table 3: Themes developed from participants' interviews using thematic analysis.

Themes	Subthemes
1. "If there's a problem my hands are always here to catch you"	1.1 "You have to analyse everything" 1.2 "We'll never, ever give up on her"
2. "It all slotted into place"	2.1 Understanding what helps a child achieve at school 2.2 "Seems more comfortable in his body" 2.3 "She's having more like meaningful conversations" 2.4" He still has those moments"
3. "It's going to take years"	3.1 "She so desperately wants to be accepted and normal" 3.2 "I think he's going to need ongoing help"
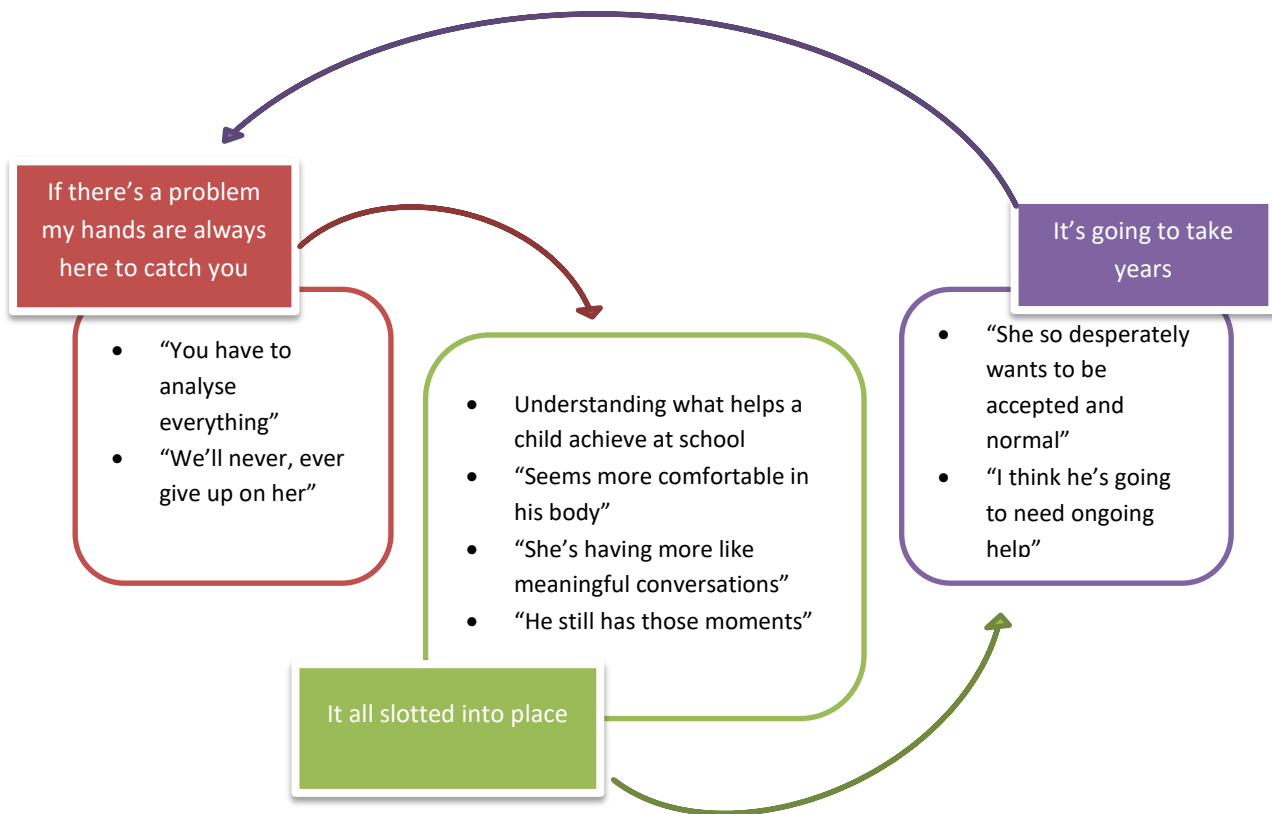
Figure 1: A visual representation of the themes and their relationship to each other together, demonstrating how the themes developed over time and experience.

Theme 1: "If there's a problem my hands are always here to catch you"

The participants' accounts suggested that they had developed an understanding of their child in a way that other people (education and social services) had not and knew how to provide tailored support to their child. These experiences can be categorised in two subthemes: "You have to analyse everything" and "we'll never ever give up on her". The participants' growing understanding and subsequent support continued to develop beyond the intervention.

    Subtheme: 1.1. "You have to analyse everything"

Within the "you have to analyse everything" subtheme, participants' described how they developed an understanding of their child over time. Many participants shared their

experience of supporting their child to be and act like a child, particularly one participant spoke about the difficulties of allowing their child to behave as a younger child would.

".... now that she's 14 [...] that she's sort of (siblings)'s age, 10 or 11 emotionally, tantrums if she's not getting her own way and very angry about it and um, ... we're letting her be a little girl when she wasn't able to be a little girl." (Participant 1, post-interview, page 10, 374-378).

Additionally, several participants described needing to analyse their child's behaviour to understand its function:

"you know, you try, you have to analyse everything, having [...] children who've all come from traumatic backgrounds you don't take anything for granted [...]we have to analyse every behaviour and try to understand" (Participant 1, pre-interview, page 4, 163-165, 172-173)

Another participant discussed the difficulties noticing everything and how they could overthink aspects.

"Sometimes you can, I don't know you can overthink things, but maybe sometimes we're a little bit complacent, just accepting of things and perhaps not noticing everything we should." (Participant 4, pre-interview, 547-548)

When participants discussed their understanding of their child, several compared their child to children who had not experienced traumatic early experiences, either to emphasise the differences or to normalise their child's behaviours.

"*She's had experiences that she should never had and she knows things she should not know*" (Participant 1, pre-interview, page 6, 246-247)

"*I don't see her being any different from any other child*" (Participant 5a, pre-interview, page 6, 206).

One couple parented their birth children before for their two youngest children came into their care. They reflected on the difference between their younger children who had experienced maltreatment compared to their older children who had not.

> "*our older kids, they were so much more competent you know with, with things,[…] it might be challenging, whatever, but they would, whereas he's got the challenges and the fear are there but he's also got his personal issues that are laid on top of that,*" (Participant 3b, post-interview, page 10, 53-57)

Participants spoke of having an understanding of their child's need to develop trust, and talked about this being an ongoing process within the relationship.

> "*In the past he wouldn't want to stop doing something and we think that was because in his head […], when he came back that things is going to be gone and [now] he's much happier to say 'it's ok, we can leave that now' and he will go and do that other thing and he believes that it will still be there, and a lot of that is about trust and not being sort of cheated on or deceived.*" (Participant 2, post-interview, page 8, 339-344).

Within providing the support for their child, participants described the challenge of getting the right balance between supporting their child while not being over-protective.

> "*As the parent it's quite challenging […] not wanting him to get hurt by it, you know that's a real difficult sort of balancing act to get your head around sometimes and maybe sometimes we're guilty of being overprotective*" (Participant 3b, post-interview page 9, 356 -360).

Participants described having to provide specific support and having to teach and model to their child both how to safely express emotions as well as providing guidance for social interactions with others.

> *So I had to start labelling feelings with her and labelling what that would be like, and, and being emotional for her and teaching her […] what feelings, she would've, and fear and pain, and hurt and terror and every label we could possibly give to these experiences* (Participant 1, post-interview, page 3, 106-107, 123-125)

> *"In terms of with, other people he's, he has to be told still, not all the time, only the other day when I was at school he ran up to the teacher and gave him a hug, and the teacher said 'And (child) what do we say?' 'Please may I have a hug?' 'Yes, you may'. Um, so he still has to be reminded of things".* (Participant 2, post-interview, page 6, 255-258).

Subtheme 1.2. "We'll never, ever give up on her"

All participants spoke about being available for their child, in a way that other people supporting the child within education and social services were unable to offer.

> *"if you have children who go around smashing things up it's a very obvious pain, and you can see and recognise it whereas children like (child) are the invisible children, thousands of them, and they're going to slip through I mean the good thing is she's got me and (partner) and we'll never, ever give up on her"* (Participant 1, pre-interview, page 10, 417-421).

Regarding children's social services, one participant shared:

[Social services] "don't have the resources to um supervise contact, so will [we] do

it? That was from the very beginning, when it was three times a week." (Participant 4,

pre-interview, page 3, 117-119).

Many participants spoke about the experience of their child's school being unable to provide

in depth support for their child.

"we tried to get school to sort it out, but because they didn't really have an

understanding of how an adoptive child learns or their anxieties" (Participant 5b, pre-

interview, page 2, 46-47)

"we're not at all disappointed with the school, we think that for a mainstream school,

we think they've gone above and beyond really […]that because his school have said

that they can't meet his needs anymore." (Participant 4, pre-interview, pages 7 and

11, 252-253 and 444)

Furthermore, one participant spoke of the moment their child came into their care and the

connection they already had with the child.

"(Birth Mother) was in a terrible state and […], begged us to take him but she didn't

have to beg because we loved him by then anyway" (Participant 4, pre-interview, page

2, 69-71)

Theme 2: It all slotted into place

Participants described that the training provided as part of the sensory intervention had

helped them to understand their child's physical and sensory development and that this

impacted the child's movement as well as their self-identity.

"*I thought that was really, really informative actually, for us that was probably the strongest thing because we could recognise what we'd been doing, what we could be doing and we and obviously we could see how certain things have affected our children*" (Participant 1, post-interview, page 7, 269-271)

"*There was a bit of a lightbulb moment when (assessor) said about crawling, about if a child hadn't crawled then it would affect their shoulders and stuff and (child) didn't crawl and we just sort of looked at each other when she said that*" (Participant 4, pre-interview, page 10, 372-375).

Two participants highlighted that the training had provided specific ideas which allowed them to become more creative when supporting their child.

"*Having it was you like, having that tool bag of things to do, and it's helped us think more creatively and differently about stuff*" (Participant 2, post-interview, page 12, 519-520).

"*I think I'm more confident, I'm better at it as well, I think a lot of the education and research and training, I don't know I think I might've just got, got more comfortable with it and having specific things to do*" (Participant 4, post-interview, page 5, 184-186).

Subtheme 2.1: Understanding what helps a child achieve at school

Two participants reported an improvement in their child's academic ability following the sensory intervention.

"*getting that sort of feedback from school, and just to see that she's gone three levels with her reading so it's obviously, [...] something's worked*" (Participant 5a, post-interview, page 8, 279-281).

"The teachers have said that he's very good with his maths, with his spellings, he's been getting them all right every week and just been better" (Participant 2, post-interview, page 2, 77-78)

When considering the experience of the child at school, participants discussed the environment and developing a better understanding of what the child needs from the environment. Although the needs of their children were different, both participants below had reached an understanding of the environment that best suited their child.

"*I've basically been able to cater entirely to his world really, his moods and his needs and he's been able to relax*" (Participant 4, post-interview, page 8, 314-315).

"*he does like the structure […] he works much better with a structured environment. When it's free for all, he will do it but he can get a bit too hyper*" (Participant 2, pre-interview, page 2, 67-70).

Additionally, one participant felt their child's school was able to provide a positive environment for their child.

"The school is very much a supportive, it's about helping one another, it's a Church of England school and they're about how can we help and love one another." (Participant 2, pre-interview page 3, 91-93).

Subtheme 2.2. "Seems more comfortable in his body"

All participants except one reported that their child had increased confidence in their own body and movement which came from being able to achieve tasks they would previously have struggled with.

"*When he was writing he wasn't hunched up over the table, he wasn't doing big arm movements, they were much more controlled, we've noticed that his writing is much better*" (Participant 2, post-interview, page 2, 62-64)

"*he just seems to be more confident in his, that sounds daft in his body, but he's not squirming around quite as much*" (Participant 4, post-interview, page 1, 37-39).

Participants also reported that their child seemed more grown up both physically and behaviourally.

"*well he's grown a lot as well, he's really, he's really grown, [..] he's also lost a few teeth at the front so he looks different, and um, because he's calmer as well with being on school holidays, he just seems to be more grown up.*" (Participant 4, post-interview, page 1, 31-34).

Subtheme 2.3. "*She's having more meaningful conversations*"

Participants described experiencing moments where their child had shown increased awareness of other people's needs and emotional reactions.

"*I think the card that he wrote for [partner] was a sign of understanding, that some, remembering that he'd got a new job and [..] wanting him to do well in it and good luck with that and they, the teacher said this is something he came up with, so it wasn't a prompt from them*" (Participant 2, post-interview, page 11, 441-444)

"*When [sister] was in hospital he was quite concerned about her and he was making cards and stuff for her, which when she's here all the time, it's like you're just in my face, go away*" (Participant 3a, post-interview, page 2, 59-61).

Participants also spoke of their child being more curious and becoming more involved in conversations.

"S*he's having more like meaningful conversations […] she's joining in with more adult side of the conversation rather than us having to conjure conversation out of her that's at her level she's kind of joining our conversations.*" (Participant 5b, post-interview, page 4, 114-116)

"*he's more inquisitive about stuff […]he is more curious about things and he asks more questions, sometimes non-stop questions*" (Participant 2, post-interview, page 4, 149-150.

This built on participants' descriptions of their child's positive qualities before the sensory programme. Every participant described their child as having characteristics including kindness, and forgiveness.

"*She needed help with everything but the most gentle, caring, loving, forgiving little girl I've ever met in my life*" (Participant 1, pre-interview, page 2, 42-43)

"*he's a caring child and always wants to help other children and I think that's why they, a lot of children help him because they know that when they need help they can get it*" (Participant 2, pre-interview, page 3, 110-112).

"*he's a wonderful little boy and he's so loving, and he wakes up in the morning with a smile and comes into the bedroom and is like 'Morning […] I love you'*" (Participant 4, pre-interview, page 5, 178-180.

"*And the teacher had also asked what, what she wants to do, if she could do anything and she just put she wants to help people, she's always kind and she's caring*" (Participant 5b, pre-interview, page 8, 251-253).

Subtheme 2.4. "He still has those moments"

All participants talked about their child being able to cognitively understand and describe emotions but having moments of emotional dysregulation. In particular, participants described before the intervention how their child had developed strategies to block their emotions to survive their early experiences, including decreased sensitivity to pain.

"*She knows when she's angry, she'll knows when other people are angry, happy, yeah I don't think, I think she knows all her emotions really*" (Participant 5a, pre-interview, page 5, 149-150)

"*I understood, from very early on that being in that bubble was what saved her because if she hadn't been in that bubble she wouldn't have been able to cope with the, the horrors that she had to survive, so that bubble saved her. And I hate that bubble but I also love that bubble, and it's a very strange thing because I feel like she's detached from the world in it but then I also see that it protected her and kept her in a place she could be.*" (Participant 1, pre-interview, page 9, 364-369).

"*she's switched off from pain, her pain receptors they're just not engaged because she knew no-one was going to help her even if she was in pain*" (Participant 1, pre-interview, page 9, 378-380)

Following the sensory programme, two participants reported that their child had shown behavioural improvement with a reduction in intensity, where the child's behaviour was still present but had reduced in frequency and severity.

"It is less intense, it is less intense, it doesn't last long at all […] I mean I've had to hold him, stop hitting, restrain his arms, hold his arms down with my hands and that sort of thing but it's always been over really quickly this holiday." (Participant 4, post-interview, page 7, 254-258).

"We've noticed also at this time of year usually he does have, we used to sort of call it a mini-meltdown, […] but what we've both said is that it has happened, that is, that behaviour is there but it is nowhere near where it was in the previous two years" (Participant 2, post-interview, page 9, 344-348).

Theme 3:" it's going to take years"

The final theme describes participants looking forward into their child's future and predicted that their child may have challenges going forward, and it may take a long time and additional support for their child to thrive.

Subtheme 3.2 "she so desperately wants to be accepted and normal"

All participants considered that their child had insight into what was 'normal' within society and that they might not fit within that ideal. Parents described their child comparing themselves to peers and having awareness that they were not doing as well as other children. Several participants predicted that this would continue into the future and parents understood that their child would want to feel accepted.

"Football is a good example, that he will always join in and wants to do things, what he will then start to realise is that many of the other children are better than him […] he will start with […] enjoyment but then starts to not do so well and then I think this makes him feel sad" (Participant 2, pre-interview, page 2, 53-57).

"*she knows she's not where, can't read as well as the other children in her class [...] a big thing for her now that other people might notice*" (Participant 5a, post-interview, page 4, 120-121, 140)

"*she so desperately wants to be accepted and normal [...] we worry the most about her*" (Participant 1, post-interview, page 10, 394-395).

In particular, one participant described how her child had asked not to attend the sensory programme.

"She was getting a bit fed up with, and she was like 'Mum, I'm just, I'm not a little kid anymore and you know I don't really want to keep doing this, and I do it in gymnastics every Wednesday and you can see me doing it'. (Participant 1, post-interview, page 4, 158-161)

Subtheme 3.1 "I think he's going to need ongoing help"

All participants reported that their child was receiving additional support outside of the sensory programme that continued beyond the end of the programme. For some children, the additional support was therapeutic to help process their early experiences.

"The art therapy is to help (child), initially to process the sexual abuse, life story work and it's continued because it's been a really um enforcing thing for (child) to be able to talk through all the issues she's having and at the moment" (Participant 1, pre-interview, page 4, 147-149).

"*I think they want to try this new therapy [...] it's something to do with retraining the brain [...] EMDR* " (Participant 1, post-interview, page 7, 250-257).

Other participants described child's need for additional support at school, with one participant explaining the lack of appropriate education provision.

> "*his school have said that they can't meet his needs anymore, and um, they said that a few months ago actually, but none of the special schools in (the area) will take him because they've said that he's too aggressive and their children, other children are too vulnerable and the SCMH school has said that he's too vulnerable*" (Participant 4, pre-interview, page 11-12, 444-447.

Discussion

The interview results show that adoptive parents have an in depth understanding of their child and how to meet their child's needs. Participants developed their understanding through the experience of parenting their child and analysing their child's behaviour. Adoptive parents are known to face specific challenges and difficulties within their parenthood and they have to look beyond the child's behaviour to think about what motivates such behaviour (León, Steele, Palacios, Román, and Moreno 2018). This reflective capacity allows parents to respond more sensitively and supports their child to process their feelings (Walker, 2008).

Many participants had an attachment understanding of their child and described that their child needed time to develop trust in the relationship, due to inadequate parenting early in life. The first and most basic child-rearing task is to provide children with a sense of basic trust, allowing the child to feel secure within their relationship with their caregiver (Colonnesi et al, 2012). Children and young people in foster care often experience complex developmental trauma, demonstrating psychological and behavioural problems (Purvis, Cross, Dansereau & Parris, 2013). Children who feel that their environment and relationships are safe and predictable can learn to trust others and develop healthy emotions and behaviour driven by trust rather than fear (Knight, Smith, Cheng, Stein & Helmstetter, 2004).

Parents realised that their child needed additional support and they had to fight for this support. The Department for Education (2019) identified that 58% of children looked after by the local authority had a Special Educational Need, compared to 17% of children not looked after, indicating that children transitioning from being looked after to adoption are likely to have significant educational needs. Furthermore, a literature review concluded that adoption is associated with lower academic attainment and elevated behavioural difficulties across childhood (Brown, Waters & Shelton, 2017). Parents in this study shared their, sometimes considerable, concerns for the children's support needs. They highlighted that other adults within their child's life were unable to provide the same level of intensive support. This lack of support seems in contrast to the recommended support the Department of Health (2000) outline in their policies for adoption.

Santona and Zavattini (2005) highlighted additional dynamics adoptive couples process when adopting a child: background experiences of sterility or infertility, long and complicated evaluation processes and uncertainty about practical implementation of the adoption and the timeframe. Furthermore, adoptive parents have to understanding the child's particular physical and psychological needs and the function behind negative behaviour. Within the current study participants sometimes found it difficult to understand the function of their child's behaviour, particularly differentiating between behaviour that was part of normal child development and behaviour that was a consequence of early experiences. Kelly and Salmon (2014) used the relational learning framework to help foster parents understand how the child's behaviour provides crucial clues about their early adverse experiences. By categorising behaviour into different functions: behaviour that has been learnt, behaviour that carries meaning and purpose, behaviour that occurs through conscious choice, behaviour as a result of strong emotions and behaviour from the child's attachment history, foster parents were able to explore the function of behaviour (McLean, Kettler, Delfabbro & Riggs, 2012).

The process of understanding the function of a child's behaviour was something the participants in the present study were doing without any formalised training. Participants were able to provide appropriate interventions or support, although they described the fine balance between allowing the child to test boundaries appropriately versus not becoming over protective. Parents' beliefs and attributions about the child are related to quality of care provided (Dagget, O'Brien, Zanolli and Peyton 2000) and parents who use mind-mindedness (a specific form of parental sensitivity expressed by naming the feelings, wishes, intentions and thoughts of the child in a situation-appropriate way) increase their child's sociocognitive abilities (Laranjo, Bernier, Meins & Carlson, 2010). Within the current study, participants discussed needing to name feelings for their child and explain social situations so they could understand, demonstrating their levels of mind-mindedness towards their children.

The sensory programme (particularly the training session) allowed participants to understand their child's sensory development which is considered the foundation for appropriate behaviour, including self-care and self-management as well as play and academic skills (Fisher & Murray, 1991). Additionally, the environment has a critical impact on a child's ability to process sensory information (Cermak and Daunhauer 1997), which is even more important for adopted children who may not have been in a nurturing environment from birth. Supporting adoptive parents to understand how to create an optimal environment could therefore help enhance sensory processing abilities.

An underdeveloped sensory system can impact a child's physical development, and parents indicated that the sensory programme had helped children to feel more comfortable in their own bodies, with improvements in movement and co-ordination.

All children had difficulties with emotional regulation; some children expressed difficult emotions through 'meltdowns', 'aggressive behaviour' or 'tantrums'. Some participants

reported that although their child's behaviour continued to be present, there was a reduction in the intensity and frequency. Children have to develop their capacity to recognise emotions which is usually developed by the mother noticing the child's emotions and then displaying them so the child can internalise the emotional response (Slade 2005). This process relies on the caregiver's capacity to hold and contain the child's experience without being overwhelmed or avoiding emotions (Slade, 2005). Safety and emotional regulation of the infant by the caregiver is provided through sensory means (e.g. prosody of voice, tough and sight) and is frequently ruptured through maltreatment (McCullough & Mathura, 2019). Children who have been adopted may not have experienced this process and so could struggle to recognise and understand their own emotions, impacting their ability to make sense of other people's emotions (Slade, 2005). The parents' accounts suggest that they became better able to provide this containment of the child's emotions, again indicating the opportunity for adoption being an emotional intervention.

In addition to emotional changes, some children were able to connect to other people on a deeper level after the sensory programme, noticing the needs of others and providing support. Mother's mind-mindedness has been positively related to aspects of infant attachment and children's Theory of Mind (Laranjo, Bernier & Meins, 2008; Laranjo et al, 2010). Children who have experienced trauma need to feel stable and build relationships with others before they are able to process their trauma and achieve their goals (Skuse and Matthew, 2015 Figure 2). The sensory programme uses the parent-child relationship to build the child's sensory system, as the parents complete the tasks at home with their child. Therefore, it is possible that the sensory programme is acting on multiple levels of the trauma recovery model.

TRAUMA RECOVERY MODEL

PRESENTATION / BEHAVIOUR

LAYERS OF INTERVENTION

UNDERLYING NEED

7 · Provide a supportive safety net for learning

· Confidence · Achieving goals

· Autonomy within the supported context · Increased self-determination

6 · Guided goal-setting · Targets · Scaffolded structure · Support into education / training placement · Help to structure free time constructively · Motivational interviewing

FUTURE PLANNING: · Increased self-belief / esteem · Acceptance of abilities / potential

· Adult guided and supported planning · Sense of purpose & achievement – structured to maximise the chances of success

5 · Cognitive interventions e.g. anger management, victim empathy · Consequential thinking · Good Lives approach · Restorative practice

INSIGHT / AWARENESS · Calmer · Increased insight into behaviour · More balanced self-narrative

· Integration of old & new self · Development of confidence in thinking & planning skills

COGNITIVE THRESHOLD

4 · Specialist therapeutic intervention re: trauma · Containment · Co-regulation · Interactive repair · Bereavement counselling

WORKING THROUGH TRAUMA · Return to difficult behaviours as trauma is processed · Clingy with staff / rejecting of staff ·

· Processing past experiences · Grieving losses

DISCLOSURE

3 · Maximum 1:1 times with adults · Clear boundaries · Maintenance of structure / routine

TRUST / RELATIONSHIP BUILDING · Smiling more · Building closer relationships with 1 or 2 staff · Increased willingness to comply with routines · Ongoing peer relationship difficulties · Ongoing confrontational / challenging outbursts

· Need to develop trusting relationships with appropriate adults · Need to develop a secure base

READINESS TO BUILD RELATIONSHIPS WITH ADULTS

2 · Regular meals / bedtimes · School · Clear boundaries

INSTABILITY / CHAOTIC · Challenging behaviour (aggression, absconding, self-harm) · Disjointed & inconsistent living arrangements · Drug use · Poor sleep / hygiene · Offending · Poor nutrition · Inapprop. relationships · Over-reliance on peers

· Need for structure and routine in everyday life

1

FOUNDATIONAL BELIEF – REDEEMABILITY

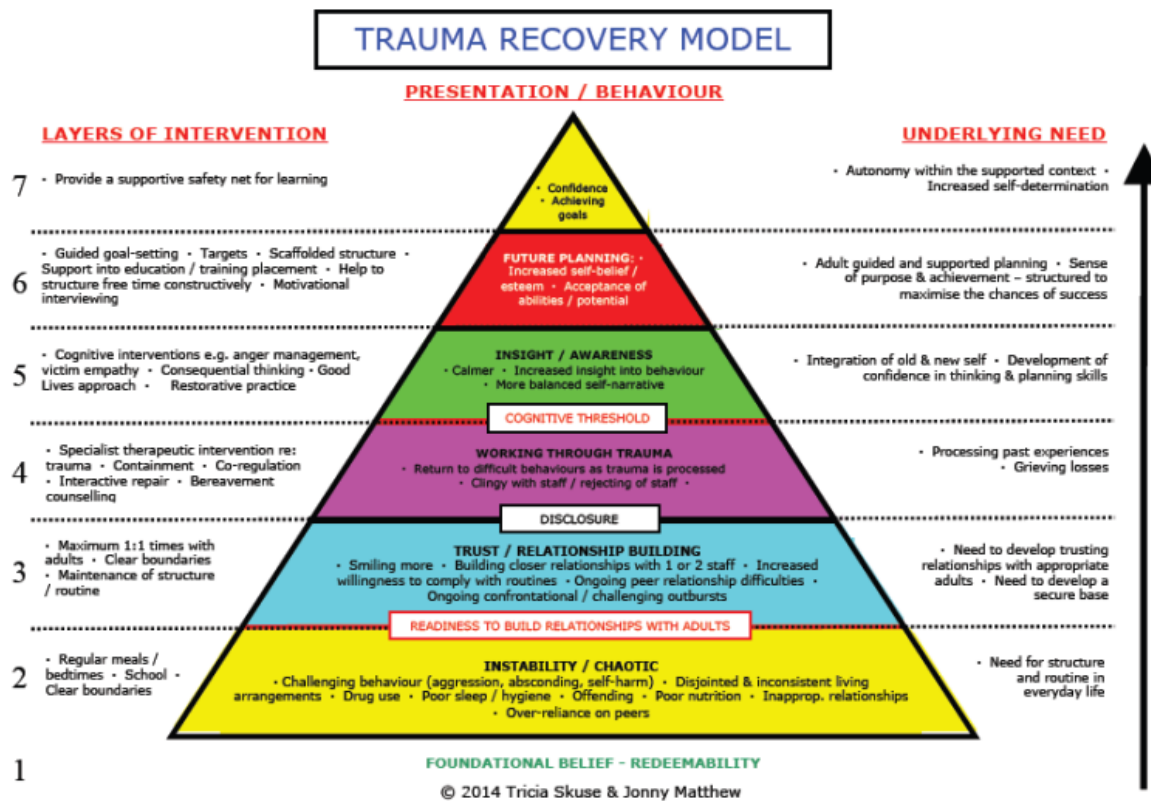© 2014 Tricia Skuse & Jonny Matthew

Figure 2: Trauma Recovery Model (Skuse & Matthew, 2015)

Despite all participants reporting positives of the sensory programme and their improved understanding, participants acknowledged that it was not the end of their journey. They described that their child would need additional support, both educational and therapeutic. Many children had education, health and care plans and some of the children continued to receive psychological therapy, showing that adoptive parents and adopted children need ongoing support from services

Participants discussed that their child had increased insight and were beginning to recognise that they had additional difficulties to their peers. This again links back to emotion regulation and empathy – children have developed a better understanding of other people's emotions and thinking, presumably due to their own development in emotional regulation and emotional literacy. The association between attachment and empathy is mediated by emotion

regulation; children higher in emotion regulation and lower in negative emotionality are more likely to be empathic (Panfile & Laible, 2012). Adopted children have the same or higher levels of self-esteem as non-adopted children (Juffer & Van Ijzendoorn, 2007). However, Lanz, Iafrate, Rosa and Scabini (1999) acknowledged that the perception of being rejected is a common experience for adopted children, which could impact on their self-evaluation. Within the current study, some participants spoke of their worries about their child having to fit into society in the future and societal expectations of how children and young people are expected to behave. They discussed continuing to support their child into the future.

Given the adverse experiences and the ongoing nature of nurturing children with early traumatic experiences, it is not surprising that participants raised concerns about how their child would fit into society in the future. Despite the worry, the parents knew that their support, which started with the adoption, would continue lifelong.

Limitations

There were practical limitations in the current study. In particular, a technical error occurred with the first interview recording with participants 3a and 3b. This meant that the recording could not be transcribed. However, the researcher wrote extensive notes so the content of the interview was included within the findings.

A further limitation was that although the participants described a variety of experiences with children of different ages who had different challenges, the demographics of the participants was limited, with all participants identifying as White. As the researcher recruited from one sensory programme from one city, it is likely that there is some bias within the results. Therefore further research in this area would benefit from more diverse participants for a more in depth understanding.

Furthermore, part of the initial methodology was to gain information from participants through the use of diaries. On reflection, expecting parents to complete a diary was potentially unrealistic as interviews alone provided detailed data.

Further research and implications for clinical work

The present research examined parents' experiences of their child's sensory development. To build on the foundations of this study, future research could investigate the child's experience of developing their sensory system, to ensure the child's voice is heard. To extend our knowledge base, a longitudinal research project could consider the long-term implications of a sensory development programme on the parents' understanding. Further exploring using qualitative methods would provide an opportunity to identify whether the themes in the present study are the same for children and continue to develop over the months following the study or whether different themes emerge.

To provide further evidence for the role of sensory development in a parent's understanding and child wellbeing, a randomised control trial with an intervention group and control group of those families on the waiting list may be useful. Potential research questions could explore whether improving sensory development has a direct impact on emotional regulation or exploring whether a sensory processing intervention help children to better cope within the school environment and consequently more able to focus on learning?

The implications for professionals supporting adopted children includes considering the role of a sensory programme within the package of support available for adoptive families. A Cochrane review identified papers which used psychological therapies for children and adolescents exposed to trauma (Gillies, Maiocchi, Bhanadari, Taylor, Gray, O'Brien, 2016). Of the 51 papers included in the trial, seventeen used Cognitive Behavioural Therapy, four used Family Therapy, three used debriefing, with two papers each for eye movement

desensitisation and reprocessing, narrative therapy, psychoeducation, supportive therapy with the remaining using a mixture of psychological therapies for their intervention (Gillies et al, 2016). This review highlights the many different types of psychological therapy available for children and young people who have experienced trauma. However, it is important to consider the role of sensory development within the wider context of psychological therapies

Conclusion

Despite child maltreatment being a widely researched area, the mechanisms of infant development and the extent to which missed early opportunities can be rectified or improved in later life are yet to be understood. The present study demonstrates how an intervention aiming to develop children's sensory processing has a direct, very real impact on adopted parents. The programme enhanced their understanding of their child as a whole person and allowed them to provide tailored support. Adopting a child who has experienced abuse, neglect or maltreatment is challenging and supporting their needs is intense, but all the adoptive parents described their child as caring, forgiving or helpful. The present study builds on previous research and indicates that teaching adoptive parents how to support their child's development has positive, wide reaching impacts on children's wellbeing and parenting. This exciting finding could lead to further interventions designed for children with sensory difficulties and trauma backgrounds, where a component of treatment could be physically/sensory delivered, rather than as a psychological intervention alone. Further practice based evidence is needed to ensure a positive way forward for adopted children that deals with all developmental modalities.

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Appendix A – Author Guidelines for Child Abuse and Neglect

GUIDE FOR AUTHORS

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Appendix B. Data Extraction Form

Author(s)	
Title	
Yes	
Country of research	
Aim	
Key concepts	
Participants	
Type of participants	
Number of participants	
Study Design	
Length of intervention	
Professional who provided intervention	
Method of research (qualitative, quantitative, mixed methods)	
Measures used within the research	
Findings	
Results, including any significant results	
Limitations of the research	
Quality assessment score	

Category of study designs	Methodological quality criteria	Response			
		Yes	No	Can't tell	Comments
Screening question (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 the randomized 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 non-randomized	3.1 Are the participants' representative of the target population?				
	3.2 Are the 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?				

Appendix D: Methodological Quality Summary Table

Types of study components of primary studies	Methodological Quality Criteria	Cameron, 2017	Downes et al, 2019	Gilkes & Capstick 2008	Gilkes & Kilmes 2003	Gurney-Smith et al, 2016	Gurney-Smith et al, 2017	Henderson & Sargent 2005	Hewitt et al 2018	Holmes & Silver 2010	Rushton et al, 2010	Selwyn et al, 2009
Screening questions (all)	Are there clear research questions?	1	0	0	0	0	0	0	1	0	1	0
	Do the collected data allow to address the research questions?	0	0	0	0	0	1	0	1	0	1	0
Qualitative	Is the qualitative approach appropriate to answer the research question?		0	0	0	0		0	1	1	1	0
	Are the qualitative data collection methods adequate to address the research question?		1	0	0	0		1	1	1	1	0
	Are the findings adequately derived from the data?		0	0	0	0		1	1	1	0	0
	Is the interpretation of results sufficiently substantiated by data?		1	1	1	0		0	1	1	1	1
	Is there coherence between qualitative data sources, collection, analysis and interpretation?		0	0	0	0		0	1	1	0	1
Quantitative randomized controlled trials	Is the randomized appropriately performed?		0								1	0
	Are the groups comparable at baseline?		1								0	1
	Are there complete outcome data?		0								1	1
	Are outcome assessors blinded to the intervention provided?		0								0	0
	Did the participants adhere to the assigned intervention?		1								0	0
Quantitative non-randomized	Are the participants' representative of the target population?	0				1	0	0		0		
	Are the measurements appropriate regarding both the outcome and intervention (or exposure)?	1				1	0	1		1		
	Are there complete outcome data?	1				1	1	1		1		
	Are the confounders accounted for in the design and analysis	0				0	0	0		0		
	During the study period, is the intervention administered (or exposure occurred) as intended?	1				1	1	0		1		
Mixed methods	Is there an adequate rationale for using a mixed methods design to address the research question?		1			0	0			0	0	0
	Are the different components of the study effectively integrated to answer the research question?		1			0	0			1	0	0
	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?		1			0	0			1	0	1
	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?		0			0	0			0	0	0
	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?		0			0	0			1	0	0
Total		75%	25%	25%	25%	25%	50%	25%	100%	75%	25%	50%

Appendix E: List of Excluded Studies

Number	Reference	Reason for Exclusion
1	Rushton, A., & Monck, E. (2010). A "real-world" evaluation of an adoptive parenting programme: Reflections after conducting a randomized trial. *Clinical child psychology and psychiatry*, *15*(4), 543-554.	Discussion paper that considers the findings of an empirical paper included within the literature review.
2	Vonk, M. E., & Angaran, R. (2001). A pilot study of training adoptive parents for cultural competence. *Adoption Quarterly*, *4*(4), 5-18.	Conducted within the USA rather than UK
3	Gore Langton, E. (2017). Adopted and permanently placed children in education: from rainbows to reality. *Educational Psychology in Practice*, *33*(1), 16-30.	Discussion paper rather than empirical study
4	Colonnesi, C., Wissink, I. B., Noom, M. J., Asscher, J. J., Hoeve, M., Stams, G. J. J., ... & Kellaert-Knol, M. G. (2013). Basic trust: an attachment-oriented intervention based on mind-mindedness in adoptive families. *Research on Social Work Practice*, *23*(2), 179-188.	Conducted within the Netherlands rather than the UK
5	Montgomery, J. E. (2019). Culturally Competent Parenting: A Test of Web-Based Training for Transracial Foster and Adoptive Parents. *Journal of marital and family therapy*.	Conducted within the USA rather than UK
6	Sharac, J., McCrone, P., Rushton, A., & Monck, E. (2011). Enhancing Adoptive Parenting: A Cost-Effectiveness Analysis. *Child and Adolescent Mental Health*, *16*(2), 110-115.	Empirical paper using the data from a paper included within the review.
7	Rushton, A., Monck, E., Upright, H., & Davidson, M. (2006). Enhancing adoptive parenting: devising promising interventions. *Child and Adolescent Mental Health*, *11*(1), 25-31.	Empirical paper comparing interventions used in paper within the review
8	Jay Miller, J., Niu, C., & Moody, S. (2018). Investigating the Child Trauma Knowledge of Adoptive Parents: An Exploratory Study. *Adoption Quarterly*, *21*(4), 229-246.	Conducted within the USA rather than UK
9	Lee, B. R., Kobulsky, J. M., Brodzinsky, D., & Barth, R. P. (2018). Parent perspectives on adoption preparation: Findings from the Modern Adoptive Families project. *Children and Youth Services Review*, *85*, 63-71.	Conducted within the USA rather than UK
10	Schwartz, A. E., Cody, P. A., Ayers-Lopez, S. J., McRoy, R. G., & Fong, R. (2014). Post-adoption support groups: Strategies for addressing marital issues. *Adoption Quarterly*, *17*(2), 85-111.	Conducted within the USA rather than UK
11	Rushton, A. (1989). Post-placement services for foster and adoptive parents—support, counselling or therapy?. *Child Psychology & Psychiatry & Allied Disciplines*.	Conducted before the year 2000
12	Bergsund, H. B., Drozd, F., Hansen, M. B., & Jacobsen, H. (2018). Pre-adoption training: Experiences and recommendations from adoptive parents and course	Conducted within Norway rather than UK

trainers. *Children and Youth Services Review*, *95*, 282-289.

13	Sar, B. K. (2000). Preparation for adoptive parenthood with a special-needs child: Role of agency preparation tasks. *Adoption Quarterly*, *3*(4), 63-80.	Conducted within the USA rather than UK
14	Edelstein, S. B., Gonzalez, A., Langley, A. K., Waterman, J., Paasivirta, M., & Paczkowski, E. (2017). Preparing and partnering with families to support the adoption of children from foster care. *Adoption Quarterly*, *20*(1), 119-133.	Conducted within the USA rather than UK
15	Murray, K. J., Sullivan, K. M., Lent, M. C., Chaplo, S. D., & Tunno, A. M. (2019). Promoting trauma-informed parenting of children in out-of-home care: An effectiveness study of the resource parent curriculum. *Psychological services*, *16*(1), 162.	Conducted within the USA rather than UK
16	Miller, J. J., Cooley, M., Niu, C., Segress, M., Fletcher, J., Bowman, K., & Littrell, L. (2019). Support, information seeking, and homophily in a virtual support group for adoptive parents: Impact on perceived empathy. *Children and Youth Services Review*, *101*, 151-156.	Conducted within the USA rather than UK
17	Ayling, P., & Stringer, B. (2013). Supporting carer–child relationships through play: a model for teaching carers how to use play skills to strengthen attachment relationships. *Adoption & Fostering*, *37*(2), 130-143.	Article presented a rationale for play training but did not include any methodological details.
18	Baskin, T. W., Rhody, M., Schoolmeesters, S., & Ellingson, C. (2011). Supporting special-needs adoptive couples: Assessing an intervention to enhance forgiveness, increase marital satisfaction, and prevent depression. *The Counseling Psychologist*, *39*(7), 933-955.	Conducted within the USA rather than UK
19	Ferrari, L., Vezzali, L., & Rosnati, R. (2017). The role of adoptive parents' intergroup contact in fostering the well-being of adoptees: The "extended intragroup contact effect". *International Journal of Intercultural Relations*, *59*, 43-52.	Conducted within Italy rather than UK
20	Pylypa, J. (2016). The social construction of attachment, attachment disorders and attachment parenting in international adoption discourse and parent education. *Children & Society*, *30*(6), 434-444.	Conducted within Canada rather than UK
21	Burry, C. L., & Noble, L. S. (2001). The STAFF project: Support and training for adoptive and foster families of infants with prenatal substance exposure. *Journal of Social Work Practice in the Addictions*, *1*(4), 71-82.	Conducted within the USA rather than UK
22	Vonk, M. E., & Angaran, R. (2003). Training for transracial adoptive parents by public and private adoption agencies. *Adoption Quarterly*, *6*(3), 53-62.	Conducted within the USA rather than UK

23	Forehand, G. L., Schisler-Blizzard, A. D., Deaver, A. H., Strolin-Goltzman, J., Breslend, N., Sullivan, A. D., ... & Forehand, R. (2019). Triangulating perspectives to inform the development of a smartphone application for foster, kinship, and adoptive parents. *Journal of Technology in Human Services*, *37*(4), 362-394.	Article focuses on the development of a smartphone application rather than using it as an intervention
24	White, L., Delaney, R., Pacifici, C., Nelson, C., Dickinson, S. L., & Golzarri-Arroyo, L. (2019). Understanding and parenting children's noncompliant behavior: The efficacy of an online training workshop for resource parents. *Children and youth services review*, *99*, 246-256.	Conducted within the USA rather than UK
25	Miller, J. J., Cooley, M., Niu, C., Segress, M., Fletcher, J., Bowman, K., & Littrell, L. (2019). Virtual support groups among adoptive parents: Ideal for information seeking?. *Journal of Technology in Human Services*, *37*(4), 347-361.	Conducted within the USA rather than UK
26	Pacifici, C., Delaney, R., White, L., Nelson, C., & Cummings, K. (2006). Web-based training for foster, adoptive, and kinship parents. *Children and Youth Services Review*, *28*(11), 1329-1343.	Conducted within the USA rather than UK

Appendix F: Conformation of Ethical Approval

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Appendix G: letter to Adoption Support Social Workers informing them of research

To whom it may concern,

Thank you for referring to the BUSS Program. My name is Scarlett and I am currently training to be a Clinical Psychologist and working alongside Sarah Lloyd. As you know the BUSS Program is a relatively new way of working and we are keen to build evidence around its efficacy. As part of my 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 that 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 wellbeing both physical and emotional, following their attendance of a group aimed at building underdeveloped sensory systems (the BUSS programme). For this research I hope to conduct 2 interviews with parents before and after the BUSS Programme and ask parents to complete weekly diaries to track their experiences.

As with all research, participation will be voluntary and the BUSS team will not know which families have opted into the research. It will have no influence or effect on the treatment they are offered, but should be very helpful in building our knowledge of how and when it might be helpful.

This research will have to go through the university ethics committee and be approved before any interviews commence. Results of the research will be made available.

If you have any queries, please do not hesitate to get in touch with myself on s.j.davis@2014.hull.ac.uk.

Yours Sincerely

Scarlett Davis
Trainee Clinical Psychologist
Humber Teaching NHS Foundation Trust

Appendix H: Participant information sheet

UNIVERSITY
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INFORMATION SHEET FOR PARTICIPANTS

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Exploring parental perceptions of their adopted child's sensory development and wellbeing.

Hello, my name is Scarlett 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. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

Little is known about the long-term consequences of difficult early experiences on the development of a child's senses. This study aims to understand more about adopted children's experience of a sensory based programme and the impact this might have on their development. We also want to explore the impact a sensory based intervention has on adoptive parents. We hope that this study will help us to improve support and treatment plans for adopted children and adoptive parents.

Why have I been invited to take part?

You are invited to participate in this study because you are an adoptive parent who will be starting the Building Underdeveloped Sensorimotor Systems (BUSS) programme. Sarah Lloyd gives this information sheet to people who may be interested in participating.

What will happen if I take part?

1. If you agree to take part please bring your consent form to the training day.
2. I will then contact you to arrange a meeting at a convenient place and time.
3. During our meeting, we will have a conversation lasting approximately 30-45 minutes. I will ask you about your experience of adopting a child and any sensory development difficulties you have noticed. I will audio record the discussion with your permission. There are no right or wrong answers, I am interested in your opinions and experience of the sensory intervention. During this meeting I will ask you if you would like to receive text reminders to complete the diary.
4. I will then ask you to take away a weekly diary to complete over the course of the intervention. Completing the diary should take between 10 and 20 minutes a week depending on how detailed you want to be. The diary will focus on your child's movement and emotions. I will ask you to bring your diary to the second interview. You can opt into text reminders to prompt filling in the diary from the researcher.

5. At the end of the intervention I will contact you to arrange a convenient place and time to meet again to discuss your experience of the sensory intervention as well as any differences you noticed in your child. This interview will take approximately 45-60 minutes.

Do I have to take part?

Participation is completely voluntary and you should only take part if you want to. Not participating will not disadvantage you in any way, and it will not impact your child's access to the BUSS programme 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 to take part I will ask you to sign a consent form.

What are the possible risks of taking part?

Taking part in this research requires a commitment to meet with me and complete the diary. I will ask you to attend 2 meetings of approximately a 45 minutes each and to write a weekly diary over 8 weeks. You may find this inconvenient.
Some people might experience emotional distress when they talk about their experience of the sensory based intervention because it may bring to mind difficult issues about the adoptive journey you and your child have been through. If this happens to you I will offer support and help you to gain access to further help if needed.

What are the possible benefits of taking part?

We cannot promise that you will have any direct benefits from taking part in the study. However, it is hoped that the information you give us will help us to understand more about underdevelopment sensory systems in adopted children and the impact of using sensory and movement based activities. We hope to use this information to improve treatment and support from services. Sometimes people find it useful and helpful to talk about their experiences with someone outside the family.

Data handling and confidentiality

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

- All of the personal information you provide will be kept strictly confidential. Any information that could be used to identify you will not be used in the research.
- Direct quotes from the discussion may be used in research publications and presentations but you will not be identified in these.
- To protect your anonymity you will be assigned a code or pseudonym so that it will be impossible to identify you from the information you provide.
- To protect the security of the audio recordings an encrypted recording device will be used. After the research is completed, all 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.

- During this process you can opt to have reminder text messages sent to you to prompt you to complete the diary. Your phone numbers will be stored on the researcher's research mobile phone and permanently deleted once the second interview has taken place.

Your contact details will be held securely for the duration of the research. They will be destroyed when the research is complete.

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 outlined 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 has been provided to you. 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 at any point of the study, without having to give a reason. Withdrawing from the study will not affect your treatment, or your child's access to the intervention in any way. You are able to withdraw up until data analysis has commenced which is one month after the interview, after which the data will have been anonymised and/or committed to the final report. If you choose to withdraw from the study before this point the data collected will be destroyed.

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?

It is unlikely that you will experience any long-term distress from taking part in the study, however if you feel you would like to talk to someone the following options might be worth exploring:

- Adoption in North and Humber – 0345 305 2576
- Adoption in West Yorkshire – 0113 378 3535

- Adoption support UK helpful - 07904 793 974 and 07539 733079
  https://www.adoptionuk.org/helpline
- Your GP
- Your Adoption Support 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:

Scarlett Davis
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Tel: 07501 247 556
E-mail: S.J.Davis@2014.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 the research supervisor's details below for further advice and information:

Dr Annette Schlösser
Clinical Psychology
Aire Building
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 I: Participant Consent Form

CONSENT FORM

Title of study: Exploring parental perceptions of their adopted child's sensory development and wellbeing.

Name of Researcher: Scarlett Davis

Please initial box

1) I confirm that I have read the information sheet dated 06.04.2019 (version 2.0) for the above study. I have had the opportunity to consider the information, 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 (1 month after the interview) without giving any reason, without my legal rights being affected and without my child's place in the sensory intervention being affected.

3) I consent to receiving text messages from the primary researcher to remind me to fill out the weekly diary. All texts and phone numbers will be deleted at the second interview

4) I understand that the research interview will be audio recorded and that my anonymised verbatim quotes may be used in research reports and conference presentations.

5) I understand that relevant sections of data collected during the study, may be accessed by the academic supervisor from the Clinical Psychology Doctorate Programme within the University of Hull and Dr Louise Mowthorpe (Consultant Clinical Psychologist and field supervisor) where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

6) I understand that the information collected about me and my child will be used to support other research in the future, and may be shared anonymously with other researchers.

7) I give permission for the collection and use of my data to answer the research question in this study.

8) I agree to take part in the above study.

Name of Participant	Date	Signature

Name of Person	Date	Signature

taking consent

Appendix J: Semi-structured interview schedule V 2.0

Interview Schedule 1 – before intervention
Demographic questions: (used to gain background data to put the interview into context) 1. What is your date of birth? 2. What gender would you use to describe yourself? 3. What ethnicity would you use to describe yourself? 4. What sexuality would you use to describe yourself? 5. How old is your child? 6. At what age did you adopt them? 7. How many children are there in your family? And what is the birth order?
Opening Statement: In this interview, I'd like to ask you about sensory development which is how well a child can take information from their environment and use this information to participate in everyday activities (Humphry, 2002). Sensory information includes vision, auditory, touch, taste, smell, balance and body awareness.
Opening Question: Can you tell me about your experience of your child's sensory development? • Vestibular: balance and orientation to surroundings • Proprioceptive: co-ordinated body movements • Tactile: touch (sensation from outside the body)
I would be interested to know:

• What are your child's strengths?
 	
• Have you noticed that your child has any specific difficulties?
 	
    o Physical difficulties with gross motor skills (posture, balance, movement) or fine motor skills (using cutlery, handwriting).
 	
    o Emotional difficulties.
 	
    o Behavioural difficulties (including difficulties managing behaviour in school or other environments).
 	
    o Social difficulties (peer/sibling relationships).

Interview Schedule 2 – after intervention
Opening Statement: In this interview I would like you to consider your experience of the 8 week sensory based intervention. I would be interested to know: • Has there been any changes to your child's physical development?   o Prompt: Have there been any differences to how your child walks, climbs,

walks up/down stairs, sits on a chair.
• Has there been any changes to your child's emotional development?   ○ Prompt: Have there been any differences to how your child expresses emotions or reacts to their own or other's emotions.
• Has there been any changes to your child's behavioural development?   ○ Prompt: Have there been any differences to how your child behaves in school or other environments.
• Has there been any changes to your child's social development?   ○ Prompt: Have there been any differences to how your child interacts and understands other people.
• The experience of completing the intervention as a parent

Appendix K: Worked example of Thematic Analysis

Transcript	Code/comments	Final Theme
I: Yeah. Ok, so can you tell me a little bit about child in particular? Um about her maybe sensory development, I guess, so kind of her vestibular, her balance, her orientation, her cordina…how coordinated her body movements are. Any kind of touch sensations things you've noticed about her [inaudible]		
P5b: it's only something we've noticed recently, isn't it? [I: right]. So, urm, it's.. it's quite mild really, isn't it because, well we think it is, but obviously going on this training it's sort of like brought to light [I: Right, OK] all the things we wouldn't have noticed. So she does, she's always been like 100 miles an hour [I: OK], so anything she does is just like running here, there and everywhere. Um, we did notice that she found it difficult to um sit still. [I: OK]. So if she's watching TV for instance, she'll be [P5a: upside down] upside down, or she'll, if she's eating dinner at the table she'll get up and do a cartwheel, she'll be under the table, just basically fidgeting around. We've not sort of like linked that with anything else other than she was a child who didn't want to sit still. So um, urm.	Belief that child's difficulties are mild – training helped understanding

Child struggles to sit still and self-regulate.

Realisation that energy levels might be linked to something else. | It all slotted into place

Seems more comfortable in her own body.
It all slotted into place |
P5a: we realised about, she was starting to, well she's always been behind in school [I: Right] [P5b: Yeah]. But she will put 110% effort in but only, only make very small steps, doesn't she. So, things started linking together and we'd…	Child finds school difficult – not because of lack of effort.	Understanding what helps child achieve at school
P5b: in reception really wasn't it		
P5a: So we then, it was, trying to get social workers back involved [I: Right, ok] and stuff like that. Well, basically it was what the school wanted.	Involved the social worker to try and get child help.	We'll never ever give up on her
P5b: Yeah, we tried to get school to sort it out, but because they didn't really have an understanding of how an adoptive child learns or their anxieties [I: Right, OK] and attachment issues, um,

P5a: it was trying to pigeon hole like saying she was probably dyslexic. [I: Right OK]

P5a: stuff like that, which… | School don't have an understanding of the child's difficulties and reasons behind behaviour – try to diagnose child which parents didn't agree with. | We'll never, ever give up on her |

I: you guys felt wasn't…		
P5a: we didn't feel that was right		
I: kind of didn't match her		
P5a: we fought for, well,		
P5b: we fought till last term	Participants had to fight for support – wasn't readily available and the services didn't predict the child might need it.	We'll never ever give up on her
P5a: a few years…till last term		
P5b: so now we've got school psychologist involved, [I: Oh right, OK], it was only because I rung (adoption agency), and I just thought I've had enough of this, she's not getting the help she needs, the school's letting her down.	Only have support because participants had to ask for it and chase it up.	We'll never ever give up on her
I: is it like academically or socially, what kind of		
P5b: Socially, she's like a social butterfly. [I: Yeah]. So she's got lots of friends, she's always got girls round here, she's always invited to parties.	Participants don't think child had any social challenges.	You have to analyse everything
P5a: sleepovers		
P5b: so she goes, at the moment she's at (city) performing arts, [I: Right, ok], so she goes to that. Um before that it was dance, but we sort of knocked that off, because she's doing dance in singing. She's in the school choir		
P5a: She's at Brownies at the minute		
P5b: She's just...she's at Brownies [P5a: as we speak]. She goes to swimming lessons, um, so we keep her, we, because she is social, we keep her social. So, all those things enable her to experience different things from different children. So, um, she's got different groups of friends, she's not just got the friends that she's got a school she's got the friends she's got at performing arts, she's got the friends she's makes at swimming, she's got the friends she makes at brownies. And with Brownies, um, she gets to do lots of things. So if there's any trips, she always, although she cries the night	Encourage child to make friends in different areas doing different activities. Participants provide child with the social opportunities to make friends. Child struggles with separation anxiety	You have to analyse everything

before she goes (laughs), she always wants to go and join in, she'll be the first to try something new. So she's done, I'm going to put her (dog) down, she might come and say hello, she might not now. Um, so she, she is very social, she's up for it, she's up for, and she's up for anything, trying different things, she's not shy, she'll speak to adults as well as children [I: Yep], she she's quite stranger aware, so she wouldn't necessarily just go up to random people [I: Yeah]. But if it's in context she would tell an adult all about herself, she's got no, "I'm J and I'm 8, what's your name".	maybe? Child is confident with new people, including children – participants see this is a strength.	She's having more meaningful conversations
P5a: She does that with children though doesn't she, she'll be in a strange place as she's never been there before, she's never been to a certain soft play before she doesn't know anyone there. She will just go up to a child, introduce herself and would you like to play. So she's…yeah she's…		
P5b: so socially, she's fine, academically it's a different story. I: Ok, what do you mean by that?	Contrast between participants perception of child's social and academic skills	Understanding what helps a child achieve at school
P5b: So she's still on, she's reading books that Y1 are reading, she's been, she's one down on everything. She's struggling with maths, she's struggling with her writing, she struggles with reading massively. And obviously, that at school is taking a knock on her confidence. [I: Yeah, I think it would…] so you tend to find that she likes everything her friends like [I: OK] so she's a people-pleaser. So if you like purple, that'll be her favourite colour [I: Right] sort of like thing, so she tries to make friends that way [I: Oh, OK]. Um…I don't know what else you want me to	Chid behind at school, reading lower than her peers. Acknowledgement that it impacts her confidence. Child influenced by peers a lot.	she so desperately wants to be accepted and normal
I: What about, kind of physically, it sounds like she does a lot of physical activities like dance and swimming, um, have you found, kind of, watching her grow up a little bit, has she struggled with balance or co-ordination?		
P5b: She's always, she…she's always, like I say, she is always, like 100 miles an hour. So probably because we've now been on this training we've got a bit more understanding [I: OK] of, how…how your body works in conjunction with your mind, sort of like thing, how it all links in [I: Yeah], how it all stems down. Um, she…she probably would trip up or fall over more than other children. P5a: I don't know	Participants have more of an understanding of child's difficulties with movement and co-ordination	All makes sense – seems more comfortable in his body
P5b: do you not agree with that? We've been asking her to walk down stairs, she can't walk down stairs [I: OK} she has to run.	Child's difficulties with co-ordinated gross movement	Seems more

		comfortable in his body
P5a: I think with J, like a lot of children, they'll just looking for something else pay attention, what's going to be there. But I wouldn't say she's, everyday she's falling over and doing things, just in general every 10 minutes she can't walk from there for there without bumping into something, nothing like that. Um, been from 15 months, she started taking her first steps, it wasn't something like balance, walking or anything was like laboured, Um, but she does everything at 100 mile an hour. Now being on this training, um and listening to what every has to say, it makes sense as because she does everything at 100 mile an hour she compensates. [I: Right, OK]. When we try to get her to walk down the stairs, she doesn't have time to hold onto anything to balance herself, but she can't go down the stairs without looking at her feet. [I: Right, OK].So when you ask her to, so we're stood at the stairs saying look at me, it's like her eyes are going to pop out her head because [P5b: yeah she's like proper staring you out] she's trying to concentrate to not look at her feet. Um, but before this because she did everything at 100 mile an hour, she'd just wizz up the stairs and she'd be on [I: Yeah, OK], and until that training, they said speed seems to compensate	Comparison to other children

Training has changed participants perspective – child is active to compensate. | You have to analyse everything

All makes sense |

Appendix L: Epistemological Statement

Epistemology is the study of how knowledge works, it outlines what 'true' knowledge looks like and is independent to each person. There is no one epistemology of research, but several stances which each with a philosophical underpinning at their core (Murphy, 2017). As someone who can find the language used within philosophy highly academic and somewhat inaccessible, it took some time for me to understand the many different stances.

To reach a conclusion about my own epistemology, I wanted to consider the different approaches. Positivism was coined by Comte (1974) who argued that scientific knowledge could drive technical and medical progress as well as societal policy making. Positivists have argued that science is defined by inductive method, where observations lead to conclusions of cause and effect (Ayre 1959). My experience of psychology before my doctoral training was the discourse "psychology is a science" with arguments for psychology being a "proper" science compared to a social science. Melchert (2020) highlighted how psychology as a discipline is known for the conflicts between different theoretical schools of thought. I also considered how my values aligned with social constructionism, which has many ideas and no single description, but is centred around the idea of taking a critical stance towards taken-for-granted knowledge which is often historically and culturally specific (Burr, 2015). The social constructionist ideas were presented to me at the beginning of my doctoral training and I recall the experience as mind-blowing and I found I

started to ask big philosophical questions. But neither of these opposing stances seemed to fit with me completely, as I agreed with some of their ideas but not all of them. After careful consideration, I reached the conclusion that all along I have been a pragmatist.

Pragmatism was originally designed by Pierce in the late 19th Century, defined as a logical method for going beyond formalism and abstraction. Rather than considering and reflecting on the deeper meaning of the universe, Charles Pierce focused on analysing the basic logic and structures of science (Wiener, 1958). Famous psychologist and philosopher James built on the idea of pragmatism, arguing that a pragmatic method is primarily a method for settling complex philosophical disputes that otherwise might argued indefinitely (Wiener, 1958). There were differences between these two philosophers' interpretations of pragmatism. Pierce focused on the logical, understanding that the meaning of an idea lies within the experimentally testable consequences while James' idea was more psychological, considering the more immediate felt sensations or personal reactions (Wiener, 1958). However, when considering entirely psychological effects, there is no difference between the two (Wiener, 1958).

Pragmatism itself lies outside the spectrum of relativism and realis, and is not accounted for in some academic literature considering the different epistemological positions (Feast & Melles, 2010). Scheffler (2013) argues that pragmatism is not always understood as a philosophy, rather it is taken as an

attitude which focuses on action and practice that works. However, Moon &

Blackman (2014) suggest that all necessary approaches should be to understand

the research problem. I believe that pragmatism is a type of epistemology. My

values impacted on my choice of project, as I wanted to complete research that

could be useful to the participants who took part, either directly for them to gain

a better understanding or for professionals and practitioners to provide better

support. Therefore, when I was given the opportunity to conduct research

around a sensory programme for adopted children, I saw that investigating this

field of research might help adopted children in their development. I also

wanted to complete a literature review that would add something to the field of

adoption. I felt it would be useful for me to understand what practitioners and

services were currently offering adoptive families so that I could determine

whether my empirical paper, investigating the impact of a sensory programme

on adopted children and their parents, would be useful. I found that there was

limited research on parenting training/programmes for adoptive parents

conducted within the UK over the past 20 years.

The conclusions of both my empirical paper and my literature review discuss

that more research is needed to address the challenges adopted families face and

the interventions that can be helpful for both child and parent. I feel that high

quality research is needed to influence guidelines (including National Institute

for Health and Care Excellence and Social Care Institute for Excellence

guidance) so that practitioners, services and commissioners have to provide the

support that the government suggests parents should have. I also concluded within my literature review that the government needed to complete a review of their policies as the guidance they set out is fundamentally not working, with the number of children being adopted going down rather than up.

I believe by taking a pragmatist stance I was able to conduct research that adds to the field of adoption and that could contribute to the current way that adopted children and their parents are supported.

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Appendix M: Reflective Statement

The relationship between a child and parent is complex, often filled with love and support but there is also the the capacity to be challenging and abusive. I grew up in a family where I knew I was loved and I was cared for. Although there are challenges, as there are in any family, I feel lucky and privileged. I am not naive that everyone has the opportunity to grow up with these experiences. I am someone who believes that everyone should know they are loved and have people to rely on and this is particularly important for children. Therefore, when it came to selecting a research project, I wanted to conduct research looking at the experiences of children and families. The opportunity to do my research project with adopted children and their families interested me and it was a topic that I would come to feel more passionate about as the project developed.

I am not a parent, so my experience of the parent-child relationship comes from my own experience of being a child. However, I distinctly remember my Dad saying to me once "Parenting is the hardest job in the world, and you never know if you're doing it right". This is an experience many of the parents I have talked to (through both my clinical and research work) have shared, that idea of being a 'good parent'. I am forever amazed, as are parents I talk to, that research suggests that good enough parenting is about providing 'good enough' care for 40% of the time. Winnicott (1998) emphasised how it was unrealistic and potentially unhelpful to demand perfection from parents and I completely agree with him. Parenting is about an equal distribution of attunement, rupture and repair (Schore, 2019).

However, I fundamentally believe that the child's rights and needs should always come first. I have worked with many services where I have met people (children and adults) where this is not the case and I have witnessed the impact this can have on the child's mental health and sense of self. I find I am often biased to the child's wellbeing over that of the parents and feel that parents have a responsibility for their child's difficulties. It is likely that because I have not had my own children that this influences my understanding of the dynamic. I am a

believer in attachment being at the centre of the child-parent dyad and that the vast majority of difficulties people experience can be linked to their childhood experiences.

Therefore, it might seem strange that I chose to conduct my research with adoptive parents rather than adopted children. I try to seek out experiences that challenge my values and provide me with a wider understanding of the world. I was keen to work with adopted parents as I felt that they have the challenge of supporting a child with difficulties stemming from maltreatment that they were not responsible for. I am reminded of a phrase a lecturer once used when discussing working with adults who had experiences of abuse or neglect in their childhood: "It's not your fault, but it is your problem". I think the same concept can be applied to adoptive parents as they are not responsible for their child's early traumatic experiences, however they are responsible for supporting them now. The experience of this project led me to really admire the strength adoptive parents have to support their child through their challenges.

I feel that research often involves cyclical processes, so when it came to selecting my methodology I remember that one of my supervisors suggested using qualitative methodology. At first, I was hesitant as my previous experience had been using quantitative methods and as a trainee with dyslexia I was concerned that I wouldn't be able to manage qualitative data analysis, and so I explored quantitative measures. However, once my supervisors explained that I would be able to capture people's stories, I changed my perspective. I thought of how essential stories are, particularly life stories to our understanding of the world. I thought of how I could gather people's experiences with the aim of producing research to try and make a change. I spent time considering different types of qualitative methodology including grounded theory and narrative design. However, after many supervision sessions, I decided that using a flexible method was important, and decided that thematic analysis was the best fit for my epistemological stance.

I am thankful for the contribution of Sarah Lloyd as she was able to provide direct connections to participants through the sensory programme that she has developed for adopted children. I had to work hard to get my ethics submitted quickly so I could start recruiting at the training day for the adoptive parents. Looking back on the experience, I could have been more forward with my recruitment. I think at the time I did not want to force my research upon people or push them into signing up to something they did not feel comfortable doing. However, this meant that I had to wait for parents to approach me and I found that once one parent had approached me, more parents came over. This indicates that some parents may have been interested in taking part if I had approached them directly. I also feel that I could have been more clear about my connection to the sensory programme as I got the impression that some of the parents thought that I worked within the team providing the sensory programme, and this may have prevented parents coming forward to participate.

Several participants dropped out before the first interview due to family commitments or increased stress within the family. I was keen to provide flexibility to the parents who had agreed to participate so completed the majority of interviews at the participant's homes. Although this meant I spent time travelling to different cities and I felt more nervous about the interviews, I think it helped the participants feel more comfortable to talk to me about their experiences as they were in their own homes. I recall the raw emotions that many participants recounted when talking about their child's journey. I found it interesting that several of the participants laughed when talking about difficult moments they had with their child, as if they had to make light of difficult situations. I wondered whether this was a coping strategy they also used with friends, family and other professionals. I recall leaving one interview feeling overwhelmed by the child's story the parent had described and how both the child and parent had to live with this experience every day.

To analyse the interviews, my supervisor suggested that I 'immerse' myself in the data. I coded all of my interviews, proud of myself that I had managed to do it quickly and excited

to start to put the codes into themes. I presented my codes to my supervisors, who kindly and gently talked me through how I had coded on a superficial level and had notconsidered the different levels of interpretation I could take from the data. Reflecting back on the experience, I think I was trying to protect my mind from seeing the different levels of understanding as many contained pain and struggle. I realise that I come from a position of privilege as I have not had to live through experiences of abuse or neglect, and so I could 'opt' to not read the transcripts at a deeper level. However, as Gilbert (2014) highlighted, compassion grows from having insight into the nature of suffering. By blocking my own feelings and coding at a superficial level, I was not truly representing the experiences of the parents I had interviewed and the stories they shared about their children. So, I recoded every single transcript, slowly and carefully. I immersed myself into the difficult feelings that participants had felt so that I could tell their stories with honesty.

Around the time I was starting to transcribe, code and analyse my empirical transcripts, I started to think about topics to consider for my systematic literature review. From my empirical study, I had really heard the positive experiences participants had after attending the training session at the beginning of the sensory programme. I started to search literature that looked at training programmes. By their nature, training programmes for adoptive families are run to increase a parent's understanding of their child so I thought that completing a research project on this area might be useful to consider both what adoptive parents experience of training and also how this can be improved. The first thing that astonished me about the research I found was that the papers were written in a very different way to many papers I had read before. The majority of papers I have read are written by psychologists or medical professionals and both these professions are considered "sciences" (although in different ways). Therefore, when I found that the papers for my review used a more narrative style rather than the scientific format in many academic psychology journals that I am used to, I found them difficult to understand. The academic, scientific quality of

these papers was poor but they have some very interesting and useful ideas within them. I am aware I see the literature through a 'psychology' lens and hold the belief that high quality research is needed to inform guidelines and subsequent service commissioning. I was surprised by this finding and chose to relate it to the UK government policy and guidelines to highlight the places where the support originally suggested for adoptive families was falling short.

Since the beginning of my research, I have worried about writing up my research. In the first lecture on research within the first few weeks of starting the course, I spoke to the head of research about how the timeline he had suggested would not work for me as I had a diagnosis of Dyslexia and I would need more time. I remember my anxiety started to build in the months before my deadline as I felt I should be further ahead with my writing up. I worried about having to write several drafts of my two papers and that I would run out of time. Luckily, I had a research supervisor who calmly but firmly told me "these things write themselves". Annette urged me to slow down and take my time with developing my themes, which I did. I trusted her and her understanding of both my strengths and difficulties, and the process of supervising trainees.

Here we are at the end of the experience. I have written a doctoral thesis, about a topic I feel passionately about, in the middle of big world issues including the global warming crisis, the covid-19 pandemic and the civil rights movement Black Lives Matter. The completion of this thesis would not have been possible without the kindness and bravery of adoptive parents sharing their story with me; I hope I was able to do their journey justice. My aspiration for my thesis project is that it can contribute to the wider conversation and knowledge detailing how to support adoptive families. I feel determined that my findings from both my literature review and empirical project are published to add to the limited research in this field. I am also keen to continue my research journey beyond qualification as I feel conducting research

is fundamental to understanding different populations and improving the services offered to them.

References

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