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Look After Me Too:

An exploration of the Adoptive Parent Experience (APEX)

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Thesis submitted for the degree of Doctor of Philosophy (PhD)

University of Sussex

July 2022

Signed Declaration

I hereby declare that this thesis has not been, and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature:

Charmaine Kohn

31st July 2022

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UNIVERSITY OF SUSSEXCHARMAINE KOHNTHESIS SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PHD)LOOK AFTER ME TOO: AN EXPLORATION OF THE ADOPTIVE PARENT
EXPERIENCESUMMARY OF THESIS

This thesis explored the lived experience of adoptive parents with emphasis on psychological wellbeing.

Paper 1 examines the transition to adoptive motherhood from point of decision to adopt to end of first-year post-placement (the ‘transition’ period). Nine semi-structured interviews were analysed using Reflexive Thematic Analysis (RTA) revealing five key themes: *‘Reality not living up to expectation’*, *‘Uncertainty and Powerlessness’*, *‘Emotional and Physical Fatigue’*, *‘Uniqueness, Difference and Isolation’* and *‘Love, Loss and Ambivalence’*. Most notably, adopters reported high level of negative mental health, specifically Post Adoption Depression.

Paper 2 draws from the same data set as paper 1; however, explored adopters’ sense of psychological wellbeing from transition through to time of interview. Analysis (RTA) revealed factors which challenge (‘*Demands of “extreme parenting”*’, ‘*Strains within and across relationships*’ and ‘*Deprioritising self-care*’) and protect (‘*Development of love, attachment and sense of family identity*’, ‘*Learning, competence and “Therapeutic Parenting”*’ and ‘*The ability to “off-load”*’) psychological wellbeing. Overarching, was a cry from adopters to be heard, respected and their mental wellbeing supported.

Paper 3 explored the impact of COVID-19 on adopters’ psychological wellbeing. Through a mixed-method online study, 170 adopters reported on their wellbeing 3 months

post-pandemic lockdown, with a subset of 65 adopters providing longitudinal data: 6- and 9-months post-pandemic lockdown. Quantitative results indicated a robustness to adopter's resilience as wellbeing levels remained in the 'normal' range at all timepoints with quality of parenting experience a significant predictive factor. Qualitative analysis (RTA) revealed themes concerning the challenges and protectors of wellbeing with the importance of connection ('*Along but not alone*' and '*Isolation*'), merging work-school-parenting-family life domains ('*Dysregulation of Family Functioning*' and '*Merging of Life Domains*') and the value of resilience ('*Self-Care*', '*Engaging in Self-Care*' and '*Personal Qualities of Resilience*') highlighted.

Implications for clinical practice, policy and research are discussed.

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Chapter 1: General Introduction

For many, raising a child and entering parenthood is one of the most rewarding and meaningful experience in an individual's life. Providing your child with love, shelter, food, security, clothes, boundaries, education, and so on are shared aims for many parents regardless of how the family is formed; however, despite such shared aspirations, adoptive parenting differs from parenting birth children in some unique and critical ways (Barnett et al., 2019; Brodzinsky & Schechter, 1990; Gibbs, 2010). For instance, the precursor to becoming an adoptive parent is often loss. That is, adoptive parents frequently enter the adoption process after a long and unsuccessful effort to have a biological child. The task of navigating the adoption process itself can be perilous with long waits, reversal of decisions by birth parents, the requirement to be assessed and granted 'approval' by a statutory body before being considered suitable to become an adoptive parent (Rushton, 2004; Selwyn et al., 2006) are to name but a few challenges faced before the real work of parenting even begins. Many children entering the adoptive family, or "forever family", have a range of physical and psychological problems that may only become apparent over time and impact the child's adjustment at different developmental stages (Barnett et al., 2019; Tasker & Wood, 2016). Even in the absence of such problems, adoptive parents may face additional challenges: helping their child build healthy self-esteem, a task that can be more difficult in a society that values biological ties; form a holistic self-identity inclusive of their adoptive, foster and or biological family histories; and aid recovery of past trauma and losses experienced pre-adoption (Barnett et al., 2019).

Although the literature on adoptees mental health and adjustment post adoption is plentiful, comparatively few studies have examined the mental health of adoptive parents (Frost & Goldberg, 2020; McKay & Ross, 2010; Payne et al., 2010) and even fewer have

focussed on the lived experience of adopters themselves. The overarching goal of this thesis was to examine the lived experience of adoptive mothers during the time of transition to adoptive parenthood and later as a ‘established’ adoptive mother. Furthermore, I wished to explore the impact of the recent COVID-19 pandemic on adoptive parent wellbeing and identify the factors which challenged and protected their wellbeing during this time. In this chapter, I will first provide an overview of adoption today in the UK with considerations of adoptee and adopter characteristics. I will then discuss several theoretical concepts which can aid our understanding of adoptive parenting before discussing the methodology used within the thesis.

Current Landscape of Adoption in the UK

In 2021, the number of Children Looked After (CLA) in England rose to 85,850, up 1% on the previous year, and continues to rise (DfE, 2021). The number of CLA who were adopted has continued to fall since a spike in 2015, with 2,870 children adopted in the year between 2020-2021 (fall of 18%; *ibid*). This decrease could be accounted for due to the delays experienced within the courts because of the recent pandemic where cases progressed more slowly than usual (*ibid*). Most children were adopted by heterosexual couples (72%) and the average child age at time of adoption was 3 years and 3 months (*ibid*). Unfortunately, no information is provided by the Department for Education concerning sociodemographic characteristics of adoptive parents.

As most of the adoptive parent literature comes from the UK and the USA, it is important to recognise there are several major differences within the pre- and post-adoption processes within the two regions. One of the major differences is the prevalence of private adoption agencies within the US. Within the UK, private adoption is not an option with all adoptions facilitated through either a Local Authority or a voluntary agency (such as Barnardos or Parents and Children Together). Private adoption allows the prospective

adoptive parent(s) and agency or attorney to work collaboratively in the selection of a biological mother who is yet to, or recently has, given birth. In many cases, this method provides an opportunity for adoptive parents to be more informed about the birth mother herself and the background of their prospective child. There is a cost implication for such an adoption, with average private adoption costing between \$20,000 and \$45,000 (CAFARS, 2021); however, it does allow adoptive parents to have a presence in the life of their adopted child prior to birth which is not available to those who engage with public adoption agencies either within the US or UK.

The second major consideration is when the mother can relinquish parental rights. Within the UK, a birth mother is not able to relinquish parental rights, and consent to adoption, until the baby is at least six weeks old. If the baby is ultimately going to be placed for adoption, a foster placement is arranged by the Local Authority where the baby will be cared for until the adoption process can commence (Sensitive Matters, 2022). The reasoning behind this practice is that the Local Authority is under a duty of care to ensure children remain within their birth families wherever possible and the delay allows the birth mother time to reflect on their options concerning the adoption. There is the possibility for prospective adopters to foster a child prior to adoption, which allows for the possible placement of an infant with an adoptive family; however, the placement is not secure as the assessments of birth parents are not finalised (Adoption Focus, n.d.). In comparison, birth mothers in the US also cannot provide consent for adoption before birth, however, are able to voluntarily relinquish their child whilst pregnant allowing the prospective adoptive parent(s) to start caring for the baby directly from hospital until the adoption process is completed (ibid).

A final key difference is the child age at time of adoption. In 2020, most children adopted via a public agency within the US were 2 years old (8,194 children) with 1 year

being the second most popular age (6,834; Adoption and Foster Care Analysis and Reporting System (AFCARS), 2021). Within private agencies, 62% of children were adopted within one month of birth (AFCARS, 2021). Child age at time of adoption, especially for those adopted through private methods, is thus younger than the average in the UK and has implications for child attachment and development. This difference is of importance as older age at placement is a consistent factor associated within adoptive family breakdown or risks to adoptive family adjustment and stability (Selwyn et al., 2014; Palacios et al., 2019). It is suggested children who experience longer exposure to adversity prior to adoption are at higher risk of altered stress reactivity, brain functions, development, and behaviour (Turecki et al., 2014) and tend to develop a world view whereby people are dangerous and unpredictable (Gibbs, 2002) regardless of the intentions of the adoptive parent.

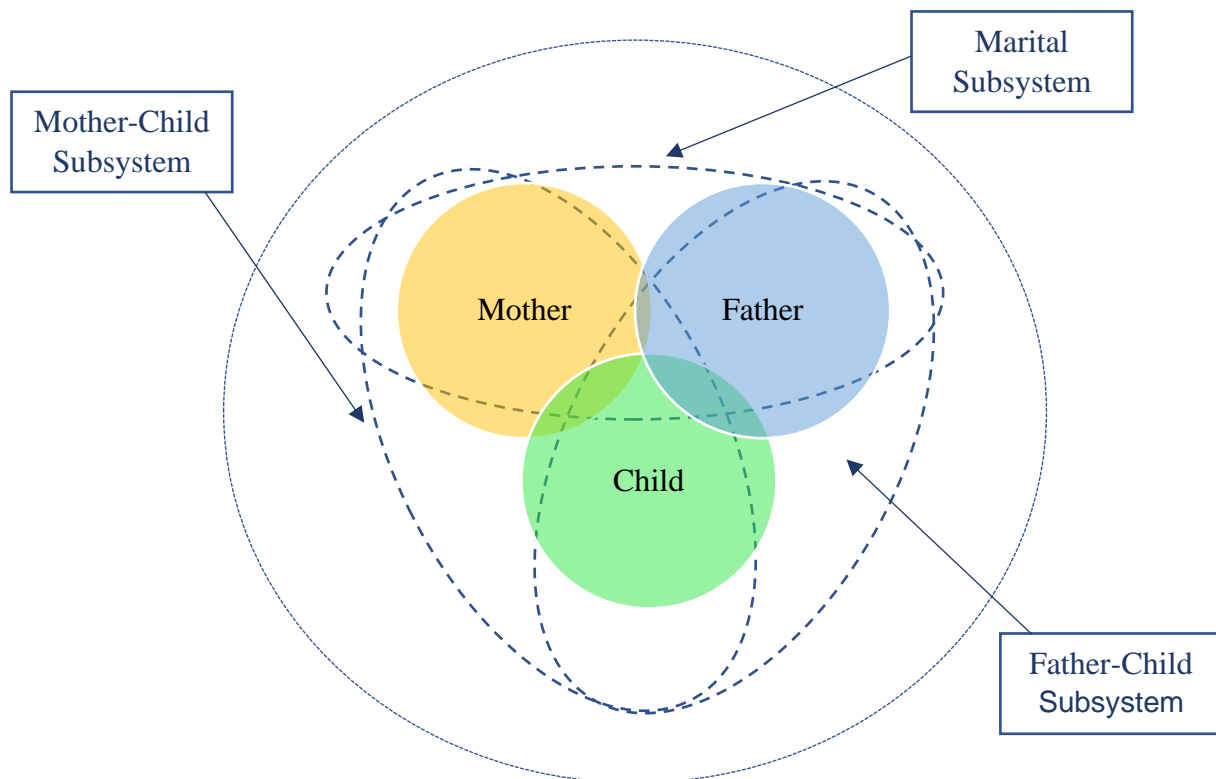
In sum, UK adoptive parents are more likely to adopt older children who have experienced some degree of trauma, beyond the initial separation from birth mother, compared to adoptive parents in the US.

Theoretical Considerations

In the literature, the notion of what constitutes family, varies depending on approach and theoretical stance. More recently, the concept of family is not seen as a static entity but rather something which is ever changing with the addition of family members through the development of intimate relationships, birth, adoption, foster relationships or the loss of members through death or departure through other means. Family functioning can be understood using various models with three being considered within this thesis: Family Systems Theory, Ecological Systems Theory and Shared Fate Theory.

Family Systems Theory

Family System Theory is a useful framework to examine and understand the interactive and bidirectional nature of relationships within a family. According to this theory, a family is understood as an emotional entity and the concept of systems are used to explain the complex, dynamic, and ever-changing interactions within and between family members (Bowen, 1978). From this viewpoint, dyadic relationships between family members (mother-child relationship; father-child relationship, etc) exist within the context of the wider family environment (see Figure 1.1). The relational and affective qualities of these differing family bonds are expected to share similarities with each other as behaviour from one pair is likely to ‘spill-over’ onto the others (Bowen, 1978; Engfer, 1988). Engfer’s spill-over hypothesis (1988) suggests feelings and behaviours from one dyadic relationship within the family will inevitably shift into other relationships within the family due to the complex interconnectedness among relationships.

Figure 1.1*Diagram of Bowen's (1978) Family Systems Theory*

Note: Source adapted from <http://www.thepentecostalfamily.org/family-systems-theory.html>.

Family Systems Theory, and the spill over hypothesis, has been widely supported within developmental and family literature (Cox, 2010; Erel & Burman, 1995) as well as within the field of family therapy (Harrison & Harrison, 2015). Recently those within the field of adoption have criticised the theory for being built from a 'normal' family perspective – i.e., whereby the family, and its members, are fundamentally connected by biology (Weir et al., 2013). Despite attempts by researchers and therapists to broaden the theory to incorporate the unique family structure of an adoptive family, the influence of both vertical (adoptive and biological parents, adoptive and biological grandparents) and horizontal generations (siblings, aunts, uncles within the adoptive and biological family, along with those within the foster family) are not considered enough within the model structure with

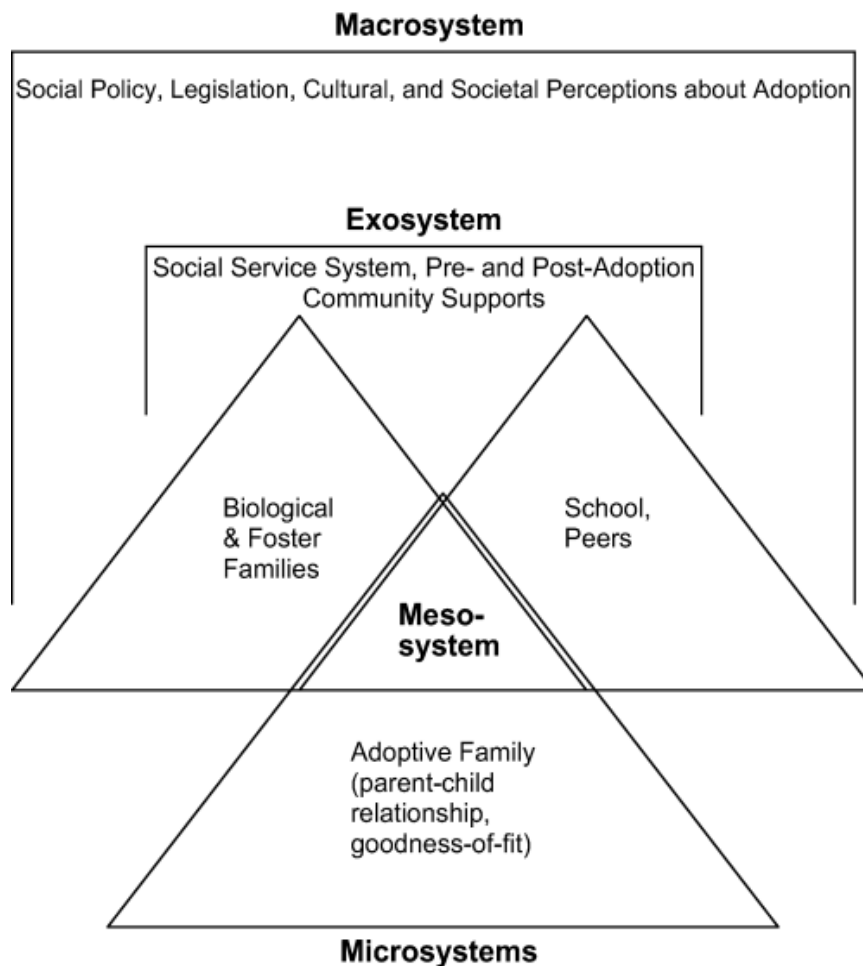
implications for child development and family adjustment (Harrison & Harrison, 2015; Weir et al., 2013).

Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1992) addresses some of the concerns raised concerning family systems theory. Within this model it is suggested that the development of the child is influenced by many different relationships and environments, or "ecologies" (for example, family, peers, school, communities, wider cultural values, political practices, etc; *ibid*). Bronfenbrenner's (1992) model describes the interaction among four ecological systems: (a) the *microsystem*, the immediate environment that the child lives within, such as the adoptive family; (b) the *mesosystem*, the interaction between two or more microsystems, such as the child and adoptive parents and/or biological family; (c) the *exosystem*, an environment within which the child has no direct presence but has an influence on their development, such as the adoption-based services within which adoptive parents engage; and (d) the *macrosystem*, the relationship to and within the larger culture and society which encompasses the above systems, such as the legal framework for adoption in a particular country. Therefore, this theory proposes in order to understand individuals, we must consider not only their individual characteristics but also the contexts, or systems, in which they live their lives.

Figure 1.2

Diagram of the core systems represented within Ecological Systems Theory which influence the development of an adopted child.



Note: Source adapted from Schwiger & O'Brian (2005, p. 513).

As Figure 1.2 illustrates, this model highlights the interconnectivity between the various settings an adopted child may be exposed to, with flexibility encompassing the impact of birth family, adoptive family, and foster family experiences alongside the acknowledgement of how adoptive parent behaviour and experience (even prior to adopting) can have an impact on child development through the concept of the exosystem. Schwiger and O'Brien (2005) demonstrated how the ecological approach can be utilised to understand the importance of 'matching' accuracy between the capacities of adoptive parent and the

needs of the adopted child. This is a similar concept to Chess and Thomas's (1991) 'goodness of fit' with consideration of parental temperament, expectations, and child characteristics. A strength of the theory is the focus placed on the interrelation between experiences, illuminating how the adoptive parent-child relationship can be impacted by what the child brings *into* the relationship following the adverse life events (such as trauma, abuse, neglect, etc) experienced prior to joining the adoptive family.

Shared Fate Theory

Shared Fate Theory was one of the first theories to openly acknowledge the unique family processes associated with adoptive families. In his theory, Kirk (1964) concentrated on how adoptive parents conceptualise their role as parents within a bio-normative society. Underlying this is a necessity for adoptive parents to recognise and acknowledge "that there are inherent differences between adoptive and nonadoptive parenthood and that adopted children have dual connections to their adoptive and birth families" (Lo et al., 2021, p. 118). Shared Fate Theory suggests adoptive parents differ in the extent in which they acknowledge these differences, with some parents acknowledging that their experience differs significantly from nonadopters (i.e., *acknowledgement of differences, AOD*), whilst others minimise these differences, disregarding the impact of adoption or adoptive processes on their parenting experience (i.e., *rejection of differences, ROD*). Central to the concept of 'shared fate', is the parent and child's mutual acknowledgment, identification and ownership of their adoptive status, recognition of their atypical experiences, which enhances and strengthens the formation of healthy and strong family bonds (Kirk, 1984; Lo et al., 2021). Therefore, by bringing the nature of adoption into the forefront of the family identity and relations, adoptive parents can join their children in a shared identity and navigate their unique family experiences together. To Kirk (1984), the AOD has vital implications not only for parents but for the child as it is through this shared recognition that parents can empathise with their

child's adoption-related psychological and emotional experiences, facilitating open and transparent communication and foster the basis of trust within the relationship. General parenting literature has demonstrated the importance of trust for secure attachment (Ainsworth, 1985) and positive parent-child relationships (Lo & Grotevant, 2020); however Brodzinsky (2005) proposed that within adoptive families, trust and open communication of adoption-related emotional experiences needs to be bi-directional in nature, allowing space for all family members to be seen and heard; improving the wellbeing of both the adopter and adoptee (Brodzinsky, 2006; Grotevant et al., 2011). A recent study by Lo et al. (2021) tested the relevance of Shared Fate Theory in today's adoptive families and suggests adopters "continue to experience parenthood and family life in ways that are unique from parents raising biological children" (p. 1129). As such, this theory, and indeed recent research, suggests further exploration of the emotional experiences of adoptive parents is warranted, as is the opportunity to foster open communication between those with lived experience and the professional and research community.

Methodological Overview

Rationale for retrospective qualitative study

To gain insights into the lived experience of adoptive parents throughout the time of transition, established adoptive family life and within the recent COVID-19 lockdown, there were two possible temporal approaches: retrospective or prospective.

To allow for exploration of adoptive parents' lived experience of *transition* and *established adoptive family life* (Adoptive Parent Experience: APEx study), within the confines of a PhD, the study design needed to allow for the fact that the adoption of the child had already taken place and the adopter had lived for a period as an active adoptive parent. Biographical research designs, such as this one, are often retrospective in nature, "in which

retrospectively from the point in time when the research is carried out, certain events and processes are analysed in respect of their meaning for individual or collective life histories” (Flick, 2010, p.136). As a result, a retrospective in-depth interview focusing on past events and recollections of emotional experiences was deemed appropriate.

Applying such an approach has significant benefits, such as being cost effective, pragmatic, less time consuming and allowing for investigation of phenomena which may not be commonly present or accessible (Hollingworth & Miller, 1996). However, Flick (2010) proposes one key limitation is the impact current circumstances and experiences can have on the recollection of past event. That is, the credibility of reported perceptions and evaluation of past experiences may be jeopardised due to memory loss, inaccurate recollection, or diminished quality of recall (Schwarz, 2007). Despite such limitations, this design was used as the aim of the research was to capture the lived experience of adoptive parents, from their own perspective, regardless of objective accuracy.

Rationale for longitudinal study

In contrast, the aim of the COVID-19: Adoptive Parent Experience (COVID-19: APEX) study was to examine adoptive parents’ experience of living through a pandemic and the impact this had on their psychological and emotional wellbeing. As such, the design of the study needed to allow for examination prior to, during and after an event (Farr & Nizza, 2019), such as capturing the experience of post-lockdown living in the UK. Such temporal considerations focussed on the ability to capture data over multiple timepoints which were not yet experienced, therefore a prospective longitudinal design was deemed suitable. Longitudinal research allows a researcher to collect and analyse data over a period of differing timepoints, providing insights into the changes within and between individual’s relationship with the phenomena over time (Plano Clark et al., 2015). Although there is some debate over the minimum number of timepoints required for longitudinal studies, three

timepoints is generally considered adequate (Menard, 2002; Planto Clark et al., 2015); therefore, the aim to examine adopter's wellbeing at three timepoints over a nine-month period of national lockdown was considered appropriate.

Despite the benefits, longitudinal studies can be at risk of issues concerning successful recruitment, sample size and participant attrition (Plano Clark et al., 2015). Furthermore, such studies are often time consuming and require substantial financial resources (Flick, 2018). These concerns were addressed with the design of a three-timepoint online study, maximising time efficiency and reducing the costs of data collection whilst still allowing the research to explore individuals' experience across a nine-month post-Covid-19 lockdown period.

Data Collection

The research programme consists of two studies which utilised either qualitative methods or a mixed-methods (both qualitative and quantitative) approach. In order to achieve the aims of each study, a consideration of the ontological and epistemological position underpinning the differing research paradigms is presented.

Qualitative research methodology. At its core, qualitative research is interested in 'meaning-making' and understanding how an individual constructs their own reality and experience. Qualitative research, and researchers, view the world from a 'relativist' position, arguing there is no singular truth, notions of right and wrong or good and bad, are relative to the experiences, values and beliefs of each individual. Therefore, there is no universal truth as all things change over time and context (Braun & Clarke, 2013; Guba & Lincoln, 1994). As such, qualitative research is founded from a constructionivist epistemology, whereby the world, and individuals' realities, are socially and psychologically constructed (Feast & Melles, 2010). Depending on the epistemological stance, data collection and analysis methods may vary. For example, researchers from the empiricist position may use

systematisation and categorisation to understand the world and therefore utilise methods grounded within this stance (such as, grounded theory or interpretive phenomenological analysis). In contrast, those who value a social constructionist stance, privilege the notion that we see ourselves in relation to, and influenced by, our social context and may be more likely to select methods such as narrative analysis (Willig, 2013).

The central strength of the qualitative approach is its ability to allow the exploration of individuals' own perceptions of their lived experience by utilising methods, such as in-depth interviews, to develop a detailed and rich understanding of such experiences (Denzin & Lincoln, 2000). Due to the sensitivity within such dynamic processes, the qualitative approach allows researchers to observe and respond to changes which arise within the research by shifting focus or making appropriate amendments (Johnson & Onwuegbuzie, 2004).

There are, however, limitations to qualitative research including smaller sample sizes, which are often not randomly selected, limiting the generalisability of findings (Dudwick et al., 2006). Furthermore, it is vulnerable to researcher idiosyncrasies (ibid; Johnson & Onwuegbuzie, 2004), whereby it is possible that no two researchers would interpret the same set of data in the same way and with limited control over mitigating factors making it a challenge (but not impossible) to report on causality based on qualitative results solely (Dudwick et al., 2006).

Quantitative research methodology. Quantitative and qualitative methodologies are founded on differing ontological and epistemological positions. Where, as described above, qualitative research is interested in understanding the different realities of individuals as perceived by them from their subjective experience, quantitative approaches take on a 'positivist' stance instead believing there is an objective and ultimate singular truth, or reality, which can be known, and is independent from human experience (Slevitch, 2011).

From this viewpoint, the researcher and the phenomena being investigated are independent from each other, can be explored without a bi-directional influence on each entity; a stance which is often referred to as ‘dualist’ or ‘objectivist’ (ibis; Guba & Lincoln, 1994).

This objectivity is a key strength within this paradigm, allowing for standardised, objective comparisons between phenomena or situations which can be generalised, offer prediction and test formulated hypotheses (Johnson & Onwuegbuzie, 2004). Saying this, some have argued that these very strengths also facilitate the weaknesses of the approach. Dudwick et al. (2006) suggest by investigating an ultimate singular truth using numbers and statistics, research is unable to reflect the complex in-depth features associated with individual’s subjective experiences. Furthermore, Johnson and Onwuegbuzie (2004) have argued the use of standardised objective measures can be subject to researcher bias because they are often created in isolation from the population, or experience of the phenomena, thereby reducing the meaningfulness of findings to reflect more nuanced contexts or individuals.

It is clear both methodologies present strengths and limitations and some argue for the incompatibility of the two approaches (Guba & Lincoln, 1989); however, others do suggest it is possible for a researcher to be rooted within one position whilst employing the methods of another. For example, Sale et al. (2002) argues both qualitative and quantitative methods can be employed within a single study if it is clear which part of the phenomena is being explored by which method.

My epistemological position and decision to use qualitative and mixed-method approaches. The focus of this research programme was to explore and understand what it is like to be an adoptive parent by directly asking those with lived experience about their experience. As such, my epistemological position aligns with the constructivism stance as from this viewpoint the aim of the research is to “understand and explain the social world

from the perspective of the actors directly involved in the social process” (Annansingh & Howell, 2016, p. 39). It implies that truth and knowledge are not objective entities but rather are socially constructed and therefore inevitably subjective in nature. That is, the understanding of what it is to be an adoptive parent is a social construct created by individuals influenced by their social context, time in history and idiosyncratic values and beliefs. From a constructivist perspective, an individual’s reality is formed through their experience and research results are “created through consensus and individual constructions, including the constructions of the investigator” (Howell, 2013, p. 87).

My qualitative research is therefore focussed on the individual’s socially and psychologically constructed reality. Sample size is a secondary consideration as the emphasis is on the depth and richness of the data rather than the representativeness of the sample (Hellström, 2008; Slevitch, 2011). Given the research aims, a qualitative approach was considered appropriate across the research programme. For the APEx study (Paper 1 and 2), in-depth face-to-face interviews were deemed particularly appropriate as they would allow rapport to be built prior to data collection, perhaps leading to more full responses / disclosures from participants (Roller & Lavrakas, 2013). Although a monomethod quantitative approach could have been considered within the COVID-19: APEx study, it was judged inappropriate as it would fail to privilege the subjective experience of adopters or provide context surrounding the factors which impact their wellbeing. It was decided a mixed methods approach would be more suitable as it would allow for a more comprehensive understanding of the research question through the merging of qualitative and quantitative approaches (Creswell, 2005).

As the mixed-method approach increases knowledge and confidence in research conclusions (Onwuegbuzie & Leech, 2004), it was felt embedding quantitative methods within the primarily qualitative methodology of the research programme would allow for

corroboration (or not) of the qualitative data and may demonstrate clinically meaningful changes in wellbeing across time. Within this study, the quantitative data was useful in providing comparison over time on subjective experiences such as wellbeing, relationship with partner or children, and level of uncertainty ranking. The qualitative data was useful in putting such numerical references into context, gaining an understanding of what the stressors or protective factors were to wellbeing, how adopters conceptualise their own experience, and what support they were seeking to help them during this time of national lock-down.

Design of the Research Programme

Considerations of being a researcher with lived experience. Prior to designing, and carrying out, this research programme, it was important for me to acknowledge my own positioning as a researcher who has lived experience of adoption. As an adoptive parent myself, I identify with the population under investigation, and have a vested interest in the research questions explored. As Given (2008) suggests, lived experience “in qualitative research is a representation and understanding of a researcher or research subject’s human experiences, choices, and options and how those factors influence one’s perception of knowledge” (p. 490). I acknowledge that my experience of transitioning into adoptive parenthood, and subsequent establishment of my own ‘forever family’, will and does have an impact on how I perceive the world and the phenomena that is adoptive parenting. It has shaped my motivation to undertake the research, facilitated a ‘shared understanding’ between myself and the participants, particularly within the APEX study, and I hold an invested interest in extending the platform for adopter’s voices and experiences to be heard and valued. As such, it was important for me to bring this experience, and possible bias, to the foreground. I spoke openly about this with my supervisor and approached the design, delivery, and analysis of data from a reflective stance. Although my lived experience helped to build rapport and empathy with participants, it was also important to remain aware of the

differences between our experiences, interpretations, sense of self and world view as this is vital in making sense of their lived experience (Sayers, 2018). This allowed me to bring my experience into the project, whilst also maintaining equipoise in data collection and analysis, therefore protecting the integrity of the research.

Thesis Aims. This thesis explored the experiences of adoptive parents during the adoptive parent journey; transition (Paper 1), established parenthood (Paper 2) and throughout the recent COVID pandemic (Paper 3). Specifically, focus was given to their emotional and psychological wellbeing and experiences throughout these times. The research programme had six overarching aims:

1. Explore the experience of becoming an adoptive parent and the impact of '*transition*' on adopters' emotional and psychological wellbeing.
2. Explore the experience of being an '*established*' adoptive parent and their reflections of their own emotional and psychological wellbeing.
3. Explore the factors which most challenge and protect adopter's emotional and psychological wellbeing throughout parenthood.
4. Examine the psychological wellbeing of adoptive parents at three months post-COVID pandemic 'lockdown' and at two further timepoints across a six-month period; June 2020 and December 2020.
5. Examine the extent sociodemographic factors, COVID-related factors and relationship factors were associated with compromised adoptive parent psychological wellbeing during the pandemic, and
6. Explore parent's own perceptions of the impact of the COVID pandemic on their emotional wellbeing, specifically what challenged or protected their wellbeing throughout the pandemic.

Summary of research papers. The first three aims were addressed using data collected via the APEx study which included in-depth semi-structured interviews with nine adoptive mothers. Prior to designing and conducting the interviews, I hosted a focus group with members of a local adoptive parent support group who provided consultation concerning the types of questions which may be helpful to ask, the length of the interview and the importance of my own personal disclosure of being an adoptive parent. The group felt that such a disclosure would aid in rapport building, reduce barriers to open communication, and ultimately support interviewees to feel confident to share their experiences with someone who may understand them. I found their input highly valuable, and it helped shape the development of the interview schedule used within the study.

Paper 1, titled *'Look After Me Too: A Qualitative Exploration of the transition into Adoptive Motherhood'*, builds on the existing literature by providing unique insights into the turbulence of the transition with results suggesting adopters' wellbeing was often impacted by feelings of being unprepared to parent challenging child behaviour, a sense of powerlessness to plan or control events within their family planning or permanence, isolation from support networks and a general feeling of being 'different' from new biological mothers.

Paper 2, titled *'Parenting in the 'extreme': An exploration into the psychological wellbeing of long-term Adoptive Mothers'*, builds on the existing literature by shining a light onto the durability of attachment-based challenges within adoptive parent-child relationships. Results indicated that parents continue to struggle with negative mental health and wellbeing throughout parenthood with middle childhood and adolescence triggering new, or pre-existing, hurdles to be faced associated with their child's identity formation and social relationships. Factors which protect parental wellbeing, such as quality of parent-child attachment and access to parent-focussed therapeutic support, were identified; however, due to the elevated

requirement to emotionally regulate their child and provide ‘therapeutic parenting’ on a continuous basis, adopters felt they were near, or experienced, parental burn out.

Aims four to six were addressed by the COVID-19: APEx study which was a mixed-methods longitudinal study exploring how the COVID pandemic, and national ‘lock-down’, impacted adopters emotional and psychological wellbeing. The development of an online survey comprised of both quantitative measures and open-ended questions allowed for comparison of wellbeing across three timepoints, spanning six months, and to gain insight into adopter’s own perspective on the factors which challenged and/or protected their wellbeing over this time. Paper 3, titled ‘*Resilience in the face of turmoil: The impact of the COVID-19 pandemic on adoptive parent wellbeing*’, contributed to the existing literature by demonstrating the resilience of adopters to meet the challenges associated with the amalgamation of life domains whilst maintaining a stable sense of personal wellbeing. Adopters provided insights into the most challenging aspects of the pandemic and the strategies employed to support their own wellbeing, such as identification of personal values and attributes, quality of parent-child relationship and being connected with family, friends, and the professional therapeutic community.

Procedure.

APEx Study (Paper 1 and 2): Recruitment. Adopters were recruited via three Local Authority Adoption Agencies and via online support groups (Facebook). The Local Authority Agencies agreed to include a study poster (see appendix 1) within an e-newsletter which was routinely email to adopters monthly. The Facebook support groups were also provided with the study poster which was posted to all members. The study poster included brief information about the study and invited those who may be interested in participating to email myself, as the main researcher, for further details. I responded to all expressions of interest by

providing the Participant Information Sheet (PIS; see appendix 2) and if the adopter wished to take part to inform me of their full name, age of their child, length of time since adopting, characteristics of their family (i.e., other siblings and presence of birth children) prior to giving consent (see appendix 3). Participants were selected on a first come, first-serve basis with consideration given to child age, number of children, and presence of birth children to enhance the representation of different family structures.

Inclusion criteria included:

- Sufficient fluency in English
- UK resident
- Adopted at least one child through public, third sector or international adoption.
- Length of time since child placement of one year or more.

APEX Study (Paper 1 and 2): Qualitative data collection. Semi-structured interviews were selected for the study as they are a well-suited tool for allowing in-depth exploration of an individual's experience which can be filled with complexity and sensitivity. They allow the researcher to be flexible and responsive within the interview, clarifying meaning and changing focal direction when needed (Barriball & White, 1994). As mentioned previously, the semi-structured interview used within this study was designed in consultation with a small group of adoptive parents within a focus group. Their contributions supported the shaping of the interview schedule (see appendix 4) alongside Braun and Clarke's (2013) recommendations for designing and conducting an effective semi-structured interview, including: preliminary/ending question, question sequence, tone and structure of questions, use of prompts and probing and being mindful of the effects of social desirability. Due to the sensitive nature of the research, the risk of social desirability bias, a desire to present one's experiences, thoughts or behaviours in a manner which is thought to be socially acceptable

and may be misaligned with actual events or perceptions (Berhen & Labonté, 2019), was considered high. Therefore, strategies were put in place to minimise the risk of such bias such as building rapport with the adopter prior to interview, disclosure of my own adoptive parent status, reiterating there is no ‘good/bad’ or ‘right/wrong’ and that everyone’s experience is unique to them. Using such techniques have been found to contribute to minimising social desirability within face-to-face interviews (Bergen & Labonté, 2019).

The interview schedule was used as a framework in which to conduct the interview; however, prompt and follow up questions were used, when appropriate, to foster a deeper understanding, encouraging them to reflect on their emotional experience and re-focus the line of discussion back to the adopter when attentions drifted to their child’s wellbeing or that of another person.

APEx Study (Paper 1 and 2): Participant biographies. Prior to commencing analysis, I wrote a biography of each participant with the aim of creating a holistic individual profile before dissecting the transcripts into ‘transition’ and ‘established’ parent experiences (see appendix. 5). By doing this, I was able to revisit this profile at a later date to familiarise myself once again with each individual, and their family, prior to commencing the analysis for Paper 2. By creating these biographies prior to analysis, I attempted to remain unbiased in the creation of their profile.

APEx Study (Paper 1 and 2): Qualitative analysis of data. Braun and Clarke’s (2016) reflexive thematic analysis (TA) was suitable as it provides a flexible framework to qualitative data analysis. It allows for generation of themes and patterns in the data, as does other TA approaches; however, TA also acknowledges that the researcher is active, rather than passive, in the construction of knowledge (Braun & Clarke, 2019). TA is considered a reflection of the researchers own interpretations of the data which directly impacts how the

researcher views the data, their theoretical assumptions they bring to the analysis and the level of analytical skills they themselves hold (ibid). Therefore, it is openly understood that no two researchers will undertake the analysis of a set of data in the same manner or with the same findings, and exact replicability should not be expected or attempted to be attained.

The analysis was conducted in accordance with Braun and Clarke's (2012) six-phase process:

1. Familiarisation with the data - repeated reading of transcripts until fully familiar with the data.
2. Generating initial codes – creation of initial descriptive and meaning-based codes for each transcript.
3. Generating themes - coding across the whole dataset, noting patterns of shared meaning, clustered to a central concept or theme.
4. Reviewing potential themes – recursive review of each transcript and checking against the created themes to ensure accurate representation of narratives.
5. Defining and naming theme - refining theme names and definitions in relation to both the dataset and the research question, and
6. Producing the report – writing the final results and presentation of analysis.

Themes were developed based on level of impact not only *within* each individual narrative but also *across* the adopter's experiences. Analysis initially took place using paper and highlighters for Paper 1 (see appendix 6); however, NVivo was used utilised as a useful software package to conduct the analysis for Paper 2 (see appendix 7). Transcripts, coding, and theme generation were shared with co-authors throughout the analytic process.

COVID-19: APEx Study (Paper 3): Recruitment. Participants were recruited via a study invitation (see appendix 8), with electronic link to study, which was posted on UK

based social media sites (i.e., Adoptive Parent Facebook groups and Twitter). In addition, invitations were sent to participants who had participated in study one who had provided consent to be contacted for future research. Participants were also encouraged to extend the study invitation to other adoptive parents who might be willing to participate. In appreciation of their time, participants had the opportunity to enter a prize draw for either a £50, £30 or £20 Amazon voucher.

Prior to commencing the survey, participants were presented with the PIS (see appendix 9), provided informed consent (see appendix 10) and entered their name and email address in order to be placed into a draw to win one of the Amazon vouchers.

Inclusion criteria included:

- Sufficient fluency in English
- UK resident
- Sufficient IT skills to complete an online survey
- Be an adoptive parent of at least one child aged between 3 – 18 years.

COVID-19: APEX Study (Paper 3): Mixed-method data collection. As this was an online survey, Qualtrics was used to collect both quantitative and qualitative data. Participants were asked to provide responses based on their experiences over the past week in relation to their youngest adopted child (in the instance of multiple adoptees in the family). Quantitative data was captured using standardised measures (closed questions) with qualitative data captured by free text responses to open questions (see appendix 11-13 for sample questionnaires, including measures, used at T1, T2 and T3).

COVID-19: APEX study (Paper 3): Qualitative analysis of data. Responses to open-ended questions were coded using Reflexive Thematic Analysis using NVivo software. The same analysis procedure was followed as for qualitative data analysis in the APEX study (see appendix 14).

COVID-19: APEX study (Paper 3): Quantitative analysis of data. All data were entered into IBM SPSS Statistics 26 package which was utilised for all data management and analysis. Data cleaning included removing any identifiable data, allocation of participant IDs allowing for respondents to be tracked over all timepoints and the removal of 35 incomplete surveys from the data set (deletion cut off point defined as $\leq 50\%$ complete or wellbeing measures not completed). Hierarchical regression analysis was conducted to analyse the effect of Pre-Pandemic factors and Partner and Parenting factors on self-reported negative mental health symptoms (DASS) and subjective wellbeing (SWEMWBS). A two-step hierarchical entry approach was utilised within two separate multiple regression analyses completed examining the effect of predictor variables on DASS and SWEMWBS score. This type of analysis was deemed appropriate as the framework allowed for comparisons between how much variance can be explained by multiple independent variables on the dependant variable (Richardson et al., 2015). Specifically, how much difference in adopter's wellbeing could be explained by several key variables: Pre-Pandemic Factors (i.e., Employment status, Intolerance of Uncertainty, Child Additional Need, Child Age and Child Gender), COVID-Related Stressors Factors (i.e., Changes to employment; Working from Home; Parent delivered childcare) and Partner and Parenting Factors (i.e., Couples satisfaction and Parenting Experience).

Latent Growth Curve Modelling (LGM) was used to explore the rates of change within and between adoptive parent wellbeing scores across time using RStudio (lme4 package). LGM offers an extension to more traditional repeated measures analysis of variance by modelling changes in the mean and variance of initial status (intercept) and the growth rate (slope) simultaneously (Brown, 2021). Furthermore, considerations such as missing data, use of continuous predictors (e.g., Parenting Experience) are accounted for and coefficient estimates are provided indicating the magnitude and direction of change to adopter wellbeing

(Baayen, 2010; Brown, 2021). Separate slopes were modelled for T1, T2 and T3 with models including random intercepts and random slopes. The use of random effects assumes individuals may vary not only in their starting point but also in their responses over time. Model constraints were used to test for significant difference between slopes estimates across each timepoint.

Ethical Issues

The studies included within this research programme were approved by the ethics committee at the University of Sussex (see appendix 15-16) and I conducted the research under the guidelines of Good Clinical Practice. The integrity of participants was upheld throughout participants receiving a PIS prior to giving informed consent and participating in the research. The APEx study involved paper consent forms which were filed, and stored, in a lockable cabinet at all times, whilst the electronic consent forms for the COVID-19: APEx study were saved in a password protected computer file at the University of Sussex.

Confidentiality was upheld by removing any identifiable data associated to each participant when analysing the data. Within the APEx study, participants were given pseudonym to maintain their anonymity whilst still allowing the data to represent the narrative of an individual. In the COVID-19: APEx study, participants were allocated a participant number to link responses over timepoints whilst separating identifiable information from responses. Prior to commencement of any interview, I explained that if there was a risk of harm disclosure, concerning the adopter or someone else, then it was possible confidentiality may have to be breached and information shared with appropriate professionals on a need-to-know basis.

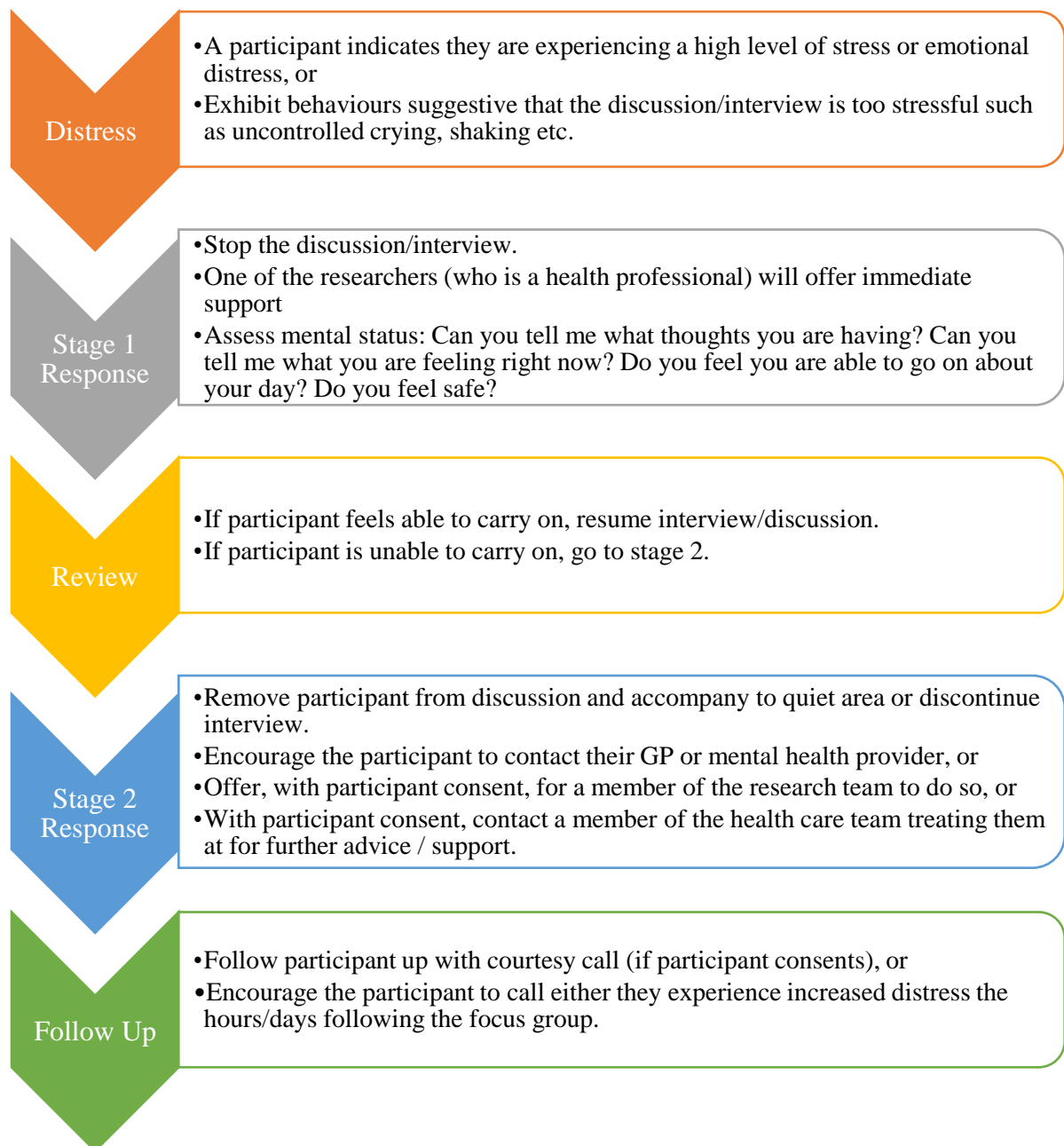
Interview audio recordings were saved within a password protected computer file at the University of Sussex. Anonymisation of participants took place during the transcription

process. Each recording was renamed to be aligned with the pseudonym identify created within the research.

Due to the sensitive nature of the interviews I adhered to the guidance provided by the Distress Protocol for qualitative data collection (Draucker et al., 2009) which outlines the procedure to follow when managing distress in the context of a research focus group or interview. Figure 1.3 outlines the five-step process I followed in the event of distress when a participant became emotionally distressed. As I was the sole researcher conducting the interview, and a trained mental health clinician, it was appropriate for me to assess mental status and offering of support within stage one. No participant wished to cease the interview after emotional support was offered.

Figure 1.3

Diagram of the Distress Protocol for qualitative data collection



Note: Source adapted from Draucker et al. (2009)

Chapter 2: ‘Look after me too’: A qualitative exploration of the transition into Adoptive

Motherhood

(Paper 1)

Abstract

This qualitative retrospective recall study utilised nine in-depth, semi-structured interviews with adoptive mothers involved with an online support group often used by adoptive parents facing difficulties. The aim was to explore their transition to adoptive motherhood. The study was unusual because it covered a lengthy period, from pre-adoption and the motivation to adopt, to 12 months post child placement and used Reflexive Thematic Analysis to analyse the data. Findings include the mothers’ sense of misaligned expectation, uncertainty, powerlessness, isolation, and emotional and physical fatigue. The most prominent findings centred on the high level of mental health issues reported by the mothers which included post adoption depression, anxiety and trauma. New insights are discussed along with implications for future research and practice, along with the limitations of the study.

Keywords

Adoption, adoptive parent, adoptive mother, transition to parenthood, post adoption depression, parental expectation, isolation, uncertainty, powerlessness

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Introduction

The transition to adoptive parenthood

For adoptive parents, the arrival of a new child is always a time for celebration. But, for some, the transition is challenging as parents adjust to changes in family relationships (Ceballo et al., 2004; Cowan & Cowan, 2000; McKay et al., 2010) and face threats to their mental and physical health (Foli, 2010; Foli et al., 2017a; McKay, Ross & Goldberg, 2010; Saxbe et al., 2018; Senecky et al., 2009).

During March 2018–2019, 3570 children were placed for adoption in England (Department for Education, 2019). In most cases, this leads to better lives for children and fulfils desires of parenthood for the adopter (Dance & Rushton, 2005; Palacios & Brodzinsky, 2010). However, for some the transition to adoptive parenthood is overwhelming.

The decision to adopt often follows fertility difficulties that may prompt painful reactions and longer-term psychological problems (Bonovitz, 2008). Individuals may continue to struggle with the psychological effects of infertility while engaging with the adoption process, hiding any feelings of loss and grief, in order to appear ‘ready’ for adoption to professionals (Brinich, 1989).

Further pressures are imposed by assessments and panel approvals, uncertainty surrounding child characteristics, lengthy timescales and disputes about parental rights (Cabello et al., 2004; Levy-Shiff et al., 1990; Rushton, 2004; Selwyn et al., 2006). Some mothers speak of ‘instant parenthood’ (Quinton et al., 1998) and ‘hitting the ground running’ because on average, newly placed children are three years old and have largely been in care due to neglect and abuse. Many adopters, therefore, underestimate the nature of adoptive parenting and the demands posed by parenting a child with psychological and behavioural difficulties resulting from early trauma (Goldberg, 2009; Rushton & Monck, 2009). Research highlights the protective factors of being older, with more opportunities to develop support

and coping mechanisms that better prepare them for parenthood (Ceballo et al., 2004; Levy-Shiff et al., 1990).

Adoptive Parent Experience

Despite the substantial amount of research into adoption, little is known about the emotional and psychological impact of transitioning to parenthood from the perspective of the adopters (Meakings et al., 2018; Selwyn et al., 2006). This is likely to be significant as adoption disruption has been linked to parental factors at time of transition, such as adopters' unrealistic expectations, idealised view of adopted children, help-seeking behaviour, and motivation to adopt (Goldberg, 2009; Palacios et al. 2019; Randall, 2013; Rushton & Dance, 2004; Selwyn et al., 2014).

Although the prevalence of adoption breakdown is low, approximately 3% in England and Wales (Selwyn et al., 2014), this encouraging figure should be seen in the wider context where adoptive parents struggle with their child's challenging behaviour and poor emotion regulation from the onset of placement (Palacios et al., 2019; Selwyn et al., 2014).

These difficulties have been highlighted in several studies from around the world. In the USA, for example, Foli and colleagues (2010; 2017b) explored the prevalence of post-adoption depression and warned that unrealistic expectations of self and others heighten the risk of it developing after child placement (Foli, 2010; Foli et al., 2017a, 2017b). The prevalence of post-adoption depression six weeks after child placement is comparable to that of post-partum depression (McKay et al., 2010; Senecky et al., 2009). In Canada, Daniluk and Hurtig-Mitchell (2003) interviewed 39 couples who had adopted a child within the previous two years. Parents found the transition stressful, with three factors contributing to stress: accepting infertility and deciding to adopt; psychologically surviving the uncertainties of the adoption process; and coming 'full circle' by adapting to adoptive parenthood.

In the UK, Selwyn and colleagues (2006) conducted a longitudinal study exploring the costs and outcomes of non-infant adoptions, specifically involving children placed at the age of three to 11 years. The authors scrutinised 130 children and carers (both adopters and foster carers) over 11 years, reviewing life changes and financial and emotional costs, as well as outcomes for both child and carers. They highlighted the need for improved post-adoption services, particularly those offering emotional support to adoptive parents/carers. A later UK study by Dance and Farmer (2014) recorded the reflections of 27 adoptive parents as they progressed from application to adoption placement and concurred with others by highlighting the physically draining aspects of the process and the value of connecting with already established adoptive parents as a means of support.

More recently, UK researchers have emphasised the love felt by new adopters towards their child and the success of family adjustment, with expectations being more than met (Adoption UK, 2019; Lewis, 2018; Meakings et al., 2018; Tasker & Wood, 2016). If problems do arise, they centre around different inter-generational parenting styles, a sense of continued uncertainty in the parental role (Tasker & Wood, 2016) and a lack of authority and support for well-being (Lewis, 2018).

A longer time period has been used in two further studies. The Wales Adoption Study (Meakings et al., 2018) surveyed 96 adoptive families at four months post-placement and 40 of them at nine months. The findings offered a comprehensive exploration of the support needs of adoptive families, particularly the value of short-term financial help, assistance with securing the adoption order and the need to be informed about the stages of the legal proceedings. A further large study, *The Adoption Barometer* survey by Adoption UK (2019), captured the experiences of adoptive families across the UK via an online survey of 3500 parents. It showed that half of new adopters found the early months so challenging they wondered if they could continue. Moreover, 54% of parents experienced stress, anxiety or

post-adoption depression symptoms during the early weeks. In addition, social isolation thereafter was a continuing concern. Advice from social workers to keep family at a distance deepened this sense of isolation and loneliness.

The Current Study

From this literature review, it can be seen that much of the research on adoption tends to focus on specific events within the transition, such as ‘matching’, ‘introduction’ and support needs, with the emotional and psychological impact on parents discussed as a secondary issue. This study adds to the literature by exploring parents' transition to adoptive parenthood over a lengthy period – from point of decision to adopt through to 12 months post-placement – and pays particular attention to their emotional and psychological well-being.

Methods

Participants

The participants comprised nine white, heterosexual adoptive mothers who used an online support group often used by adoptive parents who are facing difficulties. They had formally adopted 14 children, with one of those adoptions completed at least a year ago. No fathers, members of the LGBTQ+ or BAME community were represented. Inclusion criteria were: sufficient fluency in English, UK residence and adoption in the UK through public, private or international agencies. Eight families had adopted through the local authority and one via a private agency. Eight children were below the age of 24 months when placed, younger than the current average age of around three years in the UK (CoramBAAF, 2019). The remaining six were aged between three and five. In eight of the families, the adopted children’s ethnicity resembled that of their adoptive parents and seven mothers described themselves as married, with one identifying herself as divorced and another single.

Procedure

Ethical approval (University of Sussex Sciences & Technology C-REC, ref ER/CK377/4) was granted prior to recruitment via three local authority adoption agencies and online support groups. Participants were selected on a first-come, first-served basis with consideration given to the number of children and their ages, as well as the presence of birth children in the family, in order to enhance the representation of different family structures. Each participant received an information sheet prior to interview, including details of data management arrangements. If more than one child had been adopted, parents were asked to speak about the most recent.

Genograms

The genograms of the nine families are laid out below (Figure 2.1).

Data collection and Analysis

Semi-structured interviews were conducted between April and June 2019. They focused on retrospective and current adopter experiences and how the family had evolved from preplacement to its current situation. As the focus of the article is on the transition to adoptive motherhood, content relating to this was extricated from the wider interview transcripts. Interviews were recorded and transcribed verbatim and pseudonyms are used for names, locations and identifiable organisations. Reflexive Thematic Analysis, as described by Braun and Clarke (2006; 2019), was used to analyse the material as it facilitates the identification of themes both within and across data. The analysis followed the RTA method and comprised repeated reading of transcripts, the generation of descriptive and meaning-based codes across the whole dataset, reviewing each transcript and checking against the created themes and refining theme names and definitions. Themes were developed based on the level of impact not only within each individual narrative but also across the individual transition period as well as across the wider group narratives.

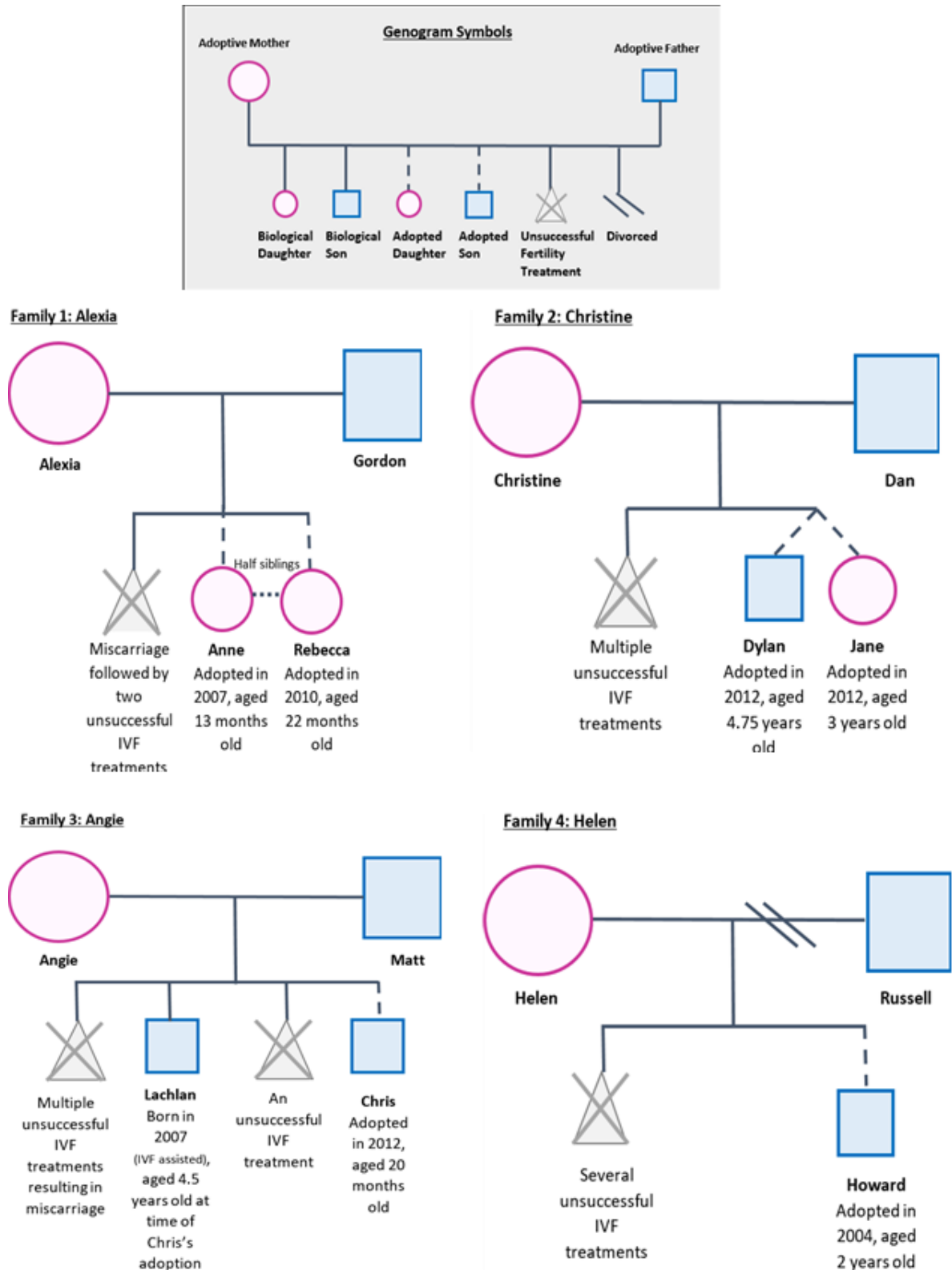
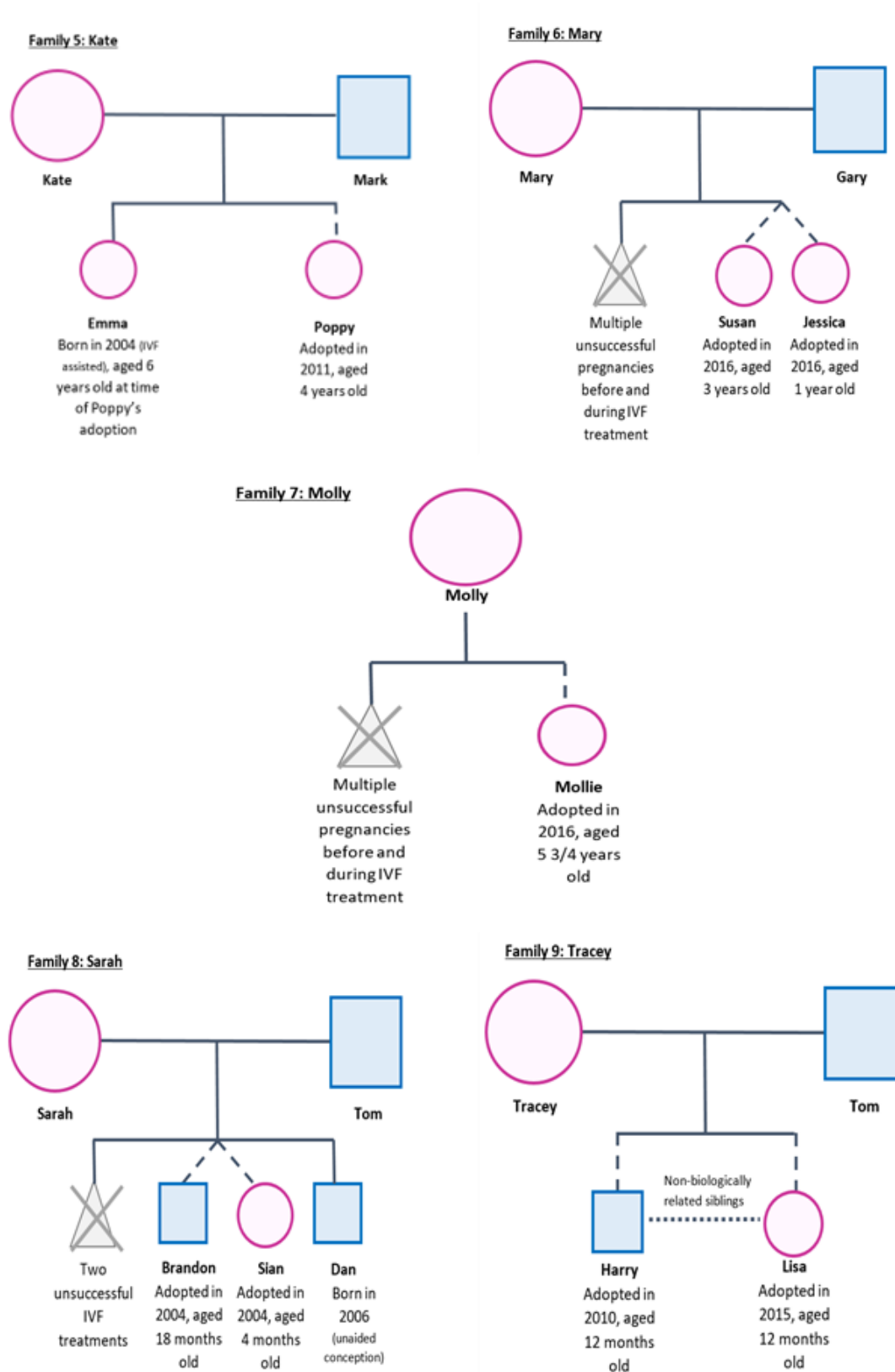
Figure 2.1*APEX: Participant Genograms.*

Figure 2.1*APEx: Participant Genograms continued.*

Results

Five key themes were identified from the interviews: ‘reality not living up to expectation’; ‘uncertainty and powerlessness’; ‘emotional and physical fatigue’; ‘uniqueness and isolation’; and ‘love, loss and ambivalence’.

These themes were not entirely independent but in the following discussion the significance of each of them for well-being is dealt with separately. References made to adopters’ psychological well-being reflect their own descriptions of their emotional states and have not been clinically validated.

Reality not living up to expectation.

For eight of the nine mothers, expectations about what adopting a child would be like, how the process would unfold and how the family would function differed from the reality of their experiences. They reported an optimistic, somewhat fantasised view of parenthood and ‘glossed over’ the hurdles they needed to overcome. For those seeking to adopt a second child, familiarity with the process reduced this lack of realism and boosted their confidence.

In Kate’s words:

I just assumed I’d be having a four-year-old child. I had a six-year-old and had she been four, I’d have known what four-year olds entailed. I always thought that’s what I could be getting ... I just thought as soon as that child comes through to me, she’s going to be the most fabulous girl, fabulous boy, whatever, and they’ll merge straight into my family and it’s going to be great.

Others used phrases such as ‘rainbows and dreams’, ‘lovely’, ‘perfect happy kind of family’ to describe their expectations. Their attention focused on the excitement of a child entering the family, envisioning a new beginning, the creation of positive family memories and the future of a happy settled unit.

But such expectations neglected factors like uncertainty about the adoption process, the child's past experiences and the special demands of parenting a child from care. For all but one mother, there was a discrepancy between the child they expected and his or her presentation once in the family: the child profile and information provided by those who knew the child, such as social workers, foster carers, did not mirror the individual they were seeing and parenting. To quote Angie:

We were quite dreamy about it ... I assumed I'd be okay. The reality was that I wasn't ... I had a child who I didn't know what he wanted, I didn't know what he needed because all the things I was told he needed he didn't want anymore, and so there was this major breakdown in communication... I felt all I said to him was 'no', he screamed, I said 'no' and he screamed and attached himself to me so I felt physically – I just couldn't breathe. I went on anxiety medication within six weeks of Chris moving into the home.

Other mothers spoke of 'rose-tinted' expectations with reality being 'completely different from what they envisaged' and 'not within the realms of normal parenting'. The experience of delayed or regressive behaviour, child hostility or violence and challenges to parent-child attachment were unforeseen aspects of their adoption journey.

Interviewees who expressed the most distress were mothers whose prior expectations were mostly unmet and whose high level of uncertainty endured beyond child placement. One summarised her experience as feeling 'completely unprepared for the intensity' of her child's behaviour, often struggling to relate and bond with one child while 'surviving' the often dysregulated, aggressive and violent behaviour of the other. To quote Angie again:

It was horrendous ... I felt claustrophobic and wanted to escape most of the time ... I was desperate for anybody else to be in the house, so I didn't have to manage this on my own ... I didn't feel safe often ... I had been through a trauma.

The personal demands of the mother attempting to build a relationship and bond with a child who is not only unfamiliar but acting out often resulted in mothers experiencing mental health difficulties and emotional instability. They suffered high levels of anxiety during this period, feeling 'just a failure ... not the perfect mother he should have'. One described 'sinking into a depression' which she now knows to be post-adoption depression.

In contrast, two mothers did not experience large discrepancies between expectations and reality and did not report great emotional distress. On referring to a friend who had adopted, Tracey stated:

[They had] quite a horrendous experience, but I was obviously looking on at this time quite closely thinking 'Oh, do we really want to do this?' ... but actually having that knowledge was really useful because we saw the kind of, I wouldn't say the worst-case scenario because it isn't the worst case scenario, those children are now grown up and you know, doing okay so ... but they did have a really tough time in the beginning, so we kind of went into it with our eyes open ... quite aware that you know, it might not be ... an easy journey.

So, to summarise, the analysis of this theme showed variation in the contrast between mothers' expectation and reality and that those for whom the gap was smallest reported less emotional distress throughout the transition period.

Uncertainty and powerlessness

Feelings of uncertainty and powerlessness were frequently expressed in the interviews, particularly about the length of the process and perceptions of authority within child selection and eventual adoption approval. Angie highlighted these features in her complaint about the process timeframe and her lack of power to influence it:

You find a child, oh no

you haven't, we're going to go to matching panel, or no we're not. There are just so many variables. At least with pregnancy you know you are going to have a baby at the end of it and it'll be around this date. But in adoption you can't even put a date on it ... you just don't know when to get excited.

One mother recalled how despite 'sailing through' the initial stages, she experienced an involuntary nine-month delay as her adoption agency declared she 'was not financially secure enough to continue'. Another experienced delays due to administrative problems, such as 'the children's social worker didn't work the summer holidays, so we had to wait until September'. They all had experienced continuing uncertainty about not being approved in the end because 'It's a waiting game ... and you just don't know the outcome.' This lack of agency left mothers with a sense 'passing the test' and needing to 'get the job done. It led them to feel in competition with other prospective adopters and a pressure to act quickly due to the risk of the 'match' between child and parent being rescinded, as in Mary's account:

Immediately after panel our social worker had some children for us that we wanted to adopt immediately, and we thought 'oh, nailing this'. It was a sibling pair, a boy and a girl, who were five and three at the time. Um, and they liked us, and it was all progressing, and everybody was very happy, and we decided – because it was all going along and they were talking about when the children were going to move – we decided

to have a pre-child holiday. And on the Friday, they told us they needed me to try and find a school for the boy to start in September and on the Monday, they phoned us to say it was off, that was it, they weren't going to proceed with us. And we had been involved in the match for about three months. The social worker told us to buy beds, we bought beds and bought bedding.

Interviewer: Did they tell you why?

Yes, well another social worker looked into the paper and – I don't know why this happened because none of this is in the paperwork, but she got out of my paperwork that I was very mentally fragile and couldn't go to the shops by myself But it doesn't say that in any of my paperwork ... I had a full-time job ... we had spent three months falling in love with these children and making plans and ... [we were] absolutely devastated, unbelievably devastated. We fought it as much as we could, but they wouldn't change their mind even though they were happy to admit that basically it was a big lie.

Mary's experience reflects the power imbalance experienced by all the mothers throughout the process. This was also evident after placement when birth parents contested the adoption, leaving one mother to say, 'We had no idea that might be a possibility.' The powerlessness and uncertainty mothers felt reflects the realities of the situation, namely that children's services and/or birth parent remain very powerful.

Emotional and physical fatigue

All the mothers spoke of emotional and physical fatigue throughout the adoptive process. For seven of them, the toll of fertility treatment was a precursor to their decision to adopt. Interestingly, fatigue was not reported during the assessment and matching stages, but

more once approval had been granted and the parent and child were united in a phase called ‘introductions’. In Kate’s words:

I was tired. The transition period was over two weeks and Poppy was over in [location] and I had to be over there for like 7:30am. You can’t get there for then because the traffic was crazy, and I had a child already ... yeah, I was stuck in the foster carer’s house, I felt like a spare part, and I felt really uncomfortable ... it was very difficult. ... I just couldn’t envisage how traumatic that would be for us ... I was having to leave earlier and earlier, and I wasn’t seeing Emma in the morning. And she was going to school and missing me ... it was tiring. So exhausting.

While the emotional intensity of this period produced mixed feelings among the mothers, physical demands were reported by all. The adherence to statutory requirements meant that they lacked sleep and a lot of travel was involved, often with early starts and late finishes. Days were spent in unfamiliar locations while attempting to bond with an unfamiliar child. This was Helen’s experience:

As soon as I saw him, I wanted him to be my baby ... but he has gone from his foster home to being with me, he didn’t sleep, I can’t tell you how tired I was. I went to bed at 4.30 in the afternoon, I cried at going to bed at 4.30pm but he was asleep, so I was going to go to sleep. He hardly slept; I couldn’t leave him for any period of time ... I couldn’t return to work.

Other mothers spoke of the draining effects of ‘instant parenthood’ and the efforts to ‘survive’ the daily verbal or physical attacks delivered by children responding to their own challenges. As Mary described:

It was all just so overwhelming and from the beginning of introductions, Susan was very rejecting of me and didn't want to particularly be near me or do anything with me... There was a lot of violence between them ... Susan had always had more challenging behaviours than her sister, so a lot of her violence was towards me ... [there] wasn't a fable honeymoon period that people talk ... she was very verbal from the off but the violence towards me started very quickly ... It was a total surprise. There was nothing in their paperwork.

For these mothers, the behaviour and characteristics of their newly placed child were unexpected and their frustration was exacerbated by the fact that statutory bodies continued to maintain a parental responsibility during this time, and monitor the situation to assess the progress of the placement. Under such pressure, mothers hid their distress, fearing the child would be removed if they acknowledged their difficulties, a response that could only further increase their physical emotional exhaustion.

Uniqueness, difference and isolation

For seven mothers, the adoption process was new to them and those around them. Uncertainty about the process, along with recollections of previous pregnancy complications, led them to withhold information about the decision to adopt or the progress of the application from others. This was Sarah's experience:

I went on adoption leave and that's the other odd thing because we'd kept it private... a lot of people were surprised, and I only gave something like a week or 10 days' notice to work that I'd be leaving and going on leave. Unless you choose to tell people... which we didn't...there wasn't any notice for people of what you are going to be doing. You don't have that lead-up with getting to know other mums and things. You're just suddenly there with two kids. But in the village, there were some parent and toddler

groups, so I joined those but it's a different starting point. To suddenly go in and everybody talks about births and pregnancies and things, so you'd feel a bit alienated I think at the beginning.

Every mother spoke of the unique position of beginning their parenting journey with a child who had started his or her life within another family and the sense of 'missing information' about them. The task of looking after a child while developing a meaningful mother-child relationship recognisable both within the family and the wider community was a challenge.

All but one of them spoke of the time commitment of appointments and continued monitoring by statutory services post placement. To quote Helen:

All of a sudden I'd gone from being at work and having a friendship group and a really great social life, to being at home with a two-year-old who I didn't really know, and also we had social services visiting, his social worker, our social worker, we had review meetings, he had a guardian because the birth father was challenging the adoption. A guardian was appointed who had to be a visitor as well; I had a health visitor, I had a play worker, a paediatrician. So, every week there was at least two official meetings for him, where I was expected to keep him quiet and occupied and take part in a meeting.

At a time when most new biological mothers are given space to recover, bond and lean on family for support, adoptive mothers continue to be assessed and monitored. Access to tailored support appeared non-existent in the majority of cases and in all the adoptions physical contact with family and friends was discouraged in the initial weeks. This was Kate's experience:

I was a bit stuck really because, like when I had Emma my parents came over, my mother-in-law and father-in-law all came over, they brought food with them, I didn't have to do anything, I was really looked after. But when I had Poppy, I couldn't allow any family to come, the bonding is really important, but I needed my family, I needed my mum to cook me a meal. It was really exhausting [cry], sorry I don't mean to cry... but I was tired.

Many mothers struggled with the lack of personal contact with close family, suggesting they needed hands-on support to help manage day-to-day tasks. However, they complied with instructions from social workers to delay or avoid such contact in order to promote positive attachment. Knowing whom to share information with, how much to share and when proved to be a challenge throughout the transition period and beyond.

Across the narratives there was a sense of isolation from other new mothers and a lack of the understanding and support afforded to biological mothers. They reported a pressure to be seen to cope, be 'perfect' or a 'wonder woman'. To quote Kate again:

I just felt no one really saw it from my point of view, have any concept of how it could feel for me. And actually, not long after that my friend had a baby and she was diagnosed with post-natal depression and everyone supported her through that ... but for me there is actually no one there for you. You're discouraged from seeing anybody or meeting anybody. It's about you and the child and the bond. Oh my goodness, you need to have a break!

Feelings of isolation, difference and fear were shared by the six mothers who struggled the most, one commenting, 'I wish I'd been told that it's okay not to be okay'. They wanted social workers to provide reassurance that if they felt they were not coping very well, they

could admit it and be told, 'It's fine and your child won't be taken away'. Six mothers also felt isolated by their friends and by their family's misunderstanding and ignorance about their situation. In Angie's words:

[T]he first six or nine months were horrendous, and there was almost the feeling of 'Well, you wanted this, now you have to get on with it' or 'you know, it's just a tantrum and you just put him in his bedroom', and no you don't. When you are faced with that complete lack of understanding it's easier to just say everything is fine because it's too emotionally difficult to try and explain it to somebody and then still not receive the support you need from them. This is when we shut down a little really.

As the mothers found their experience differed from other new mothers, they described how feelings of anxiety, depression and isolation deepened. Angie warned that 'isolation is the biggest killer'. The lack of open and active support specifically aimed at adoptive mothers fed into an unrealistic expectation of perfection, resulting in feelings of 'failure', with the risk of child removal a real threat. The loss of family and friend support magnified the absence of structured professional support for adoptive parents who might be struggling with the emotional adjustments to parenthood. Nevertheless, three mothers did covertly seek and receive support from those who were close to them, offering respite and understanding.

Loss, Love and Ambivalence

The theme of loss, love and ambivalence captures the evolving nature of relationships during the adoptive parent journey. Like most adopters around the world (Schmidt, 2010), all nine mothers had attempted to become biological parents. Most had experienced unsuccessful fertility treatments before considering adoption as a means of creating a family life.

These experiences left many with a strong sense of loss concerning life expectation and control of life choices, a prolonged sense of stress associated with a risk of developing mental

health symptoms linked to anxiety and depression (Schmidt, 2010; Verhaak, et al., 2007a). Interestingly, only two mothers referred explicitly to the emotional impact of this loss and in both instances, it endured, even post-adoption. For Molly: 'I don't dwell on it but sometimes something will come out of nowhere, like on the telly, you know like a scan and it'll make me go [physically retract and sigh].'

More common was reference to the physical and/or financial toll of fertility treatment. Each mother began her adoption story by referencing her fertility or infertility status, perhaps suggesting that this loss is an important aspect not only related to her motivation to adopt but also her identity as an adoptive mother.

Another loss which seemed apparent to the researcher but was not explicitly acknowledged by most of the mothers was that associated with the fantasised child. Each mother held strong views of either what their adoptive child would be like or how their post-adoption family would function. In all but one case, these expectations or fantasies were not realised and a loss of the 'idealised child' was experienced (Hugger, 2009).

Despite stems of affection developing throughout initial meetings, the challenges of day-to-day life and the need to abandon previously held fantasies resulted in mothers finding it difficult to bond and attune to their child. For four of them, the first year after placement was filled with ambivalence. Angie again:

[At the beginning] I'd given him my heart ... I felt there was a connection ... [but when he was placed] there was a major communication breakdown ... I'd go into survival mode ... love was gradual.

Another found it difficult; her child continued to be like a 'complete stranger', with being called 'Mummy and Daddy [feeling] false'. Even Sarah, the mother who reported the least stress throughout the transition period, recalled that 'love developed over a long time'.

While loss and ambivalence touched each mother's story in some way, love was threaded throughout: love held for the fantasised child, love at first sight for the real child and/or the development of love over time. Despite the challenges throughout the process, five mothers experienced a positive connection – a love, a sense of togetherness with their new child.

Alexia: Once I'd met Anne ... I just got tunnel vision. It was like, right ... I need to look after this little baby, and that is what I'm gonna do, and I couldn't really give a toss about those other things or the class I left behind, you know. It was amazing how focused my brain was and I thought, 'This must be what happens when you have a baby!' ... that was a strange feeling and actually quite brilliant.

Others also felt 'instant' and 'powerful' connections, describing a sense of belonging and ownership: 'He is mine.' Perhaps it was the feeling of having 'a lot of love to give' and belief – 'I was meant to be a mother' – that motivated mothers throughout the adoption process. But for some, the reward came from an immediate strong connection, a love at first sight, leading Alexia to experience a type of Winnicottian 'maternal preoccupation' (Holloway, 2012) more commonly associated with biological motherhood.

These extracts encapsulate the complexities and transient nature of relationships during this transitional period. Adoptive mothers explicitly or implicitly referred to the desire to develop a connection with their new child/ren, while perhaps overlooking the child's own sense of mourning or loss connected to the adoption. Their narratives depict a transitional experience shaped by unanticipated challenges, a sense of uncertainty and powerlessness and lack of parental autonomy, leading many to suffer distress and poor mental health in what should be a primarily joyful life change.

Discussion

As the emotional distress associated with the adoption process has been somewhat neglected as a prime focus in past research, the mothers' experiences captured in this study provide new insights into its effects.

The first is that only a minority of mothers recalled a completely free transition, attaching to their new child with ease and adjusting physically and emotionally to the life change. Instead, they described turbulence, often feeling unprepared to deal with their child's challenging behaviour, powerless to plan or control events within their own family, isolated from their surrounding support networks and different from new biological mothers. Despite this, mothers showed remarkable ability to overcome such difficulties and express love towards their child (Brinich, 1989; Brodzinsky, 1987; Brodzinsky & Huffman, 1988; Selwyn et al., 2014).

While these findings concur with those of other studies, they provide new insights into the emotional and psychological state of new adoptive mothers. For example, while Lewis (2018) and Tasker and Wood (2016) found high levels of physical tiredness due to pre-placement processes, our findings emphasise the emotional fatigue felt on top of physical tiredness, suggesting that mothers found themselves in a state of emotional and physical exhaustion well before starting the task of parenting an unfamiliar child. Moreover, those who reported high levels of emotional and physical fatigue at the time of child placement also expressed high levels of anxiety, depression and/or trauma.

A further important finding is the emotional and psychological impact of the process on mothers, particularly the escalation of self-reported mental health issues among those caring for a behaviourally challenging child or with poor support networks, both compounded by misalignment of expectation. Several studies have indicated anxiety or depression among adoptive parents throughout transition, but the findings from this study suggest that levels of

negative mental health may be higher than previously reported and persist long after the settling-in period.

All new parents experience a certain amount of anxiety, stressors and sense of unpreparedness (Ceballo et al., 2004; Cowan & Cowan, 2000; Harris-Waller et al., 2016; Levy-Shiff et al., 1990) so it might well be asked what is special about adoptive parents? Our findings suggest that they face the additional challenges like those described earlier, making them more vulnerable to stress and negative emotional states (Daniluk & Hurtig-Mitchell, 2003; Harris-Waller et al., 2016; Schmidt, 2010; Schoemaker et al., 2020) and that these pressures are greater the older the child at the time of adoption.

Limitations

There are several limitations to this study that restrict wider application of the findings. All participants were members of an online support group, often used by parents who are having difficulties within their adoptive family, so their experiences may have been unduly negative. Second, the sample is small and comprised nine heterosexual white mothers. The experiences of fathers, members of the LGBTQ+ community, or people with non-white ethnicities were not included. Fourth, adoption practices differ across geographical areas and vary over time. These might have affected the waiting times, access to financial support and post-adoption interventions experienced by the mothers in the past. Fifth, one factor possibly affecting the study was the length of time from transition to parenthood – from three to 15 years – and the accuracy of memory recall over such a long period. Sixth, the interviewer's own status as an adoptive mother was made known to interviewees and this may have created a more open environment, facilitating fuller disclosure of negative emotional experiences. Finally, Reflexive TA was used for the analysis and the strengths and weaknesses of this method in highlighting some factors at the expense of others must be considered,

Future research

Suggestions for further research emerging from the study include: replication using larger and more representative samples; the inclusion of potentially significant factors, such as quality and satisfaction with the partner relationship, the psychological impact of infertility and parents' levels of knowledge and understanding of their child's characteristics; investigation into the prevalence and nature of post-adoption depression, anxiety and secondary trauma among adoptive parents; and a review of the timing and content of pre-adoption training.

Implications for practice

Four implications for practice are indicated by the study. First, it is helpful for those working with adoptive parents to understand the high level of physical and emotional exhaustion parents feel when completing the adoption process itself, let alone meeting their new child for the first time. Slowing down or extending the introduction phase could provide parents with time to replenish emotional and physical reserves, become more in tune with idiosyncratic characteristics of the child and provide space for them to discuss and manage unexpected challenges. Similar proposals have been made previously but statutory process remains unchanged. Second, in response to adopters' high levels of emotional distress and feelings of unpreparedness for the parenting task ahead, provision of psychological interventions targeting the parent themselves may be warranted. Parent-focused and clinically informed interventions delivered at the time of child placement are likely to be especially effective. Third, along with 'specialist interventions', it is worth developing a general service focus on both child and adult well-being. If the focus is dominated by child adjustment to the exclusion of adopter responses, parents may feel unsure of the legitimacy of their own emotional health concerns. Fourth, because mothers report a need for face-to-face support from close family at the time of placement, it may be beneficial to review the advice given to

keep friends and family at a distance during early placement as this can isolate adopters and exclude supporters – risking further adjustment problems.

Conclusions

This study reports the findings of nine interviews with adoptive mothers, exploring their transition to adoptive motherhood. The most significant findings reveal reports of severe and enduring psychological distress throughout the transition period, with self-reports of high anxiety, post-adoption depression and ‘trauma’, as well as emotional and physical fatigue.

The demands of their children’s needs and subsequent parenting tasks mean that families facing the most challenging child behaviour often feel the most isolated, separate from other parents and misunderstood by wider support networks. Although it is important not to pathologise mothers based on their reported levels of distress, and bear in mind the limitations of the study, it is nevertheless just as important to recognise that for most of these mothers their transition into adoptive motherhood was marked by risks of mental health problems which clearly warrant attention.

Chapter 3: Parenting in the “extreme”: An exploration into the Psychological Wellbeing of Long-Term Adoptive Mothers

(Paper 2)

Abstract

Often facing unique challenges, adoptive parents are at heightened risk of negative mental health. Exploring the psychological and emotional well-being of adoptive parents allows us to better understand the factors associated with positive and negative parental mental health. This qualitative retrospective recall study utilised nine in-depth semi-structured interviews to explore the emotional well-being of adoptive mothers. Aims were to (1) identify and compare mothers' self-reported emotional state at 12 months after child placement to time of interview, and (2) identify factors which challenge and support maternal mental health. Themes generated through Reflexive Thematic Analysis (TA) offered unique insights, including the consistency of negative mental health across time associated with ‘Demands of “extreme parenting”’, ‘Strains within and across relationships’, and ‘Deprioritising self-care’. Factors associated with positive mental health included “Development of love, attachment and sense of family identity”, “Learning, competence and ‘Therapeutic Parenting’” and “The ability to “off-load”. Overarching is the call for adopters’ emotional and psychological well-being to be validated and recognised as important to the overall adjustment of adoptive families alongside the utility of clinical intervention in protecting adopters’ mental health. Implications for adoptive families, professionals and future research are discussed.

Keywords

Adoption, adoptive mother, adoptive parenthood, therapeutic parenting, mental health.

Introduction

For many adoptive parents, completing the matching and placement process means the most difficult phase of adoptive parenthood is behind them (Adoption UK, 2019; Neil et al., 2019). For others, the experience is more turbulent, reported as a "baptism of fire" with "no honeymoon period" to ease the transition (Kohn-Willbridge et al., 2021). Parenthood is a major life transition marked by a range of stressors often resulting in increased negative mental health (NegMH) (Cabello et al., 2004; Cowan & Cowan, 1995). Parents' experiences of NegMH, such as depression or anxiety, have been associated with negative consequences for personal, family and child developmental outcomes in both genetic (Shrivastava et al., 2015) and non-genetically related families (Natsuaki et al., 2014).

Although the literature on birth parents' adjustment to parenthood is plentiful, comparatively few studies have examined the mental health of adoptive parents (Frost & Goldberg, 2020; McKay & Ross, 2010; Payne et al., 2010). The impact of adoptive parenting on parents' emotional and psychological health is often overlooked (Eanes & Fletcher, 2006; Roberts et al., 2009). Given that more than 20,000 children have been placed for adoption over the past five years in the UK, and evidence suggesting negative parental well-being is associated with negative child outcomes (Anthony et al., 2019; Goodman, 2011) and placement breakdown (Palacios et al., 2018; Selwyn et al., 2014), there is a clear need to better understand adoptive parents' mental health.

Risks to adoptive parents' emotional and psychological well-being

Adoptive parents often face additional challenges beyond those experienced by other parents (Barnett et al., 2019; Brodzinsky & Schechter, 1990; Gibbs, 2010). When parents' sense of well-being is under threat their capacity to parent diminishes (Roberts et al., 2009). The parent-child relationship is reciprocal, with the behaviour and well-being of each impacting the other (Abidin, 1990). Adopted children are at a higher risk for psychological

problems - externalising behaviour such as acting out or aggressiveness, and internalising behaviour such as depression or social withdrawal - than non-adopted children (McKay & Ross, 2010). This suggests that adoptive parents may also be at comparably high risk of parental stressors leading to NegMH (Eanes & Fletcher, 2006).

Adopters have reported issues such as pressure to be a ‘perfect’ parent (Daniluk & Hurtig-Mitchell, 2003), lack of appropriate parenting role models (Juffer et al., 2005), and unrealistic expectations of self and child along with low social support (Foli, 2010) as factors associated with depression, particularly early in the placement. Rates of adoptive parent depression are estimated to be as high as 32%, but this estimate varies greatly across studies and contexts (Foli et al., 2016; Gair, 1999; Senecky et al., 2009). Although adoptive mothers do not experience many risk factors associated with Post-Natal Depression, such as hormonal changes or delivery complications (O’Hara & Swain, 1996), they do experience the same challenges any new parent faces, including increased levels of stress, lack of sleep, and alterations in their intimate partner relationships (Foli et al., 2012). Unlike the large number of children in the US who are formally adopted by known carers, 85% of adoptive parents in the UK adopt their child as ‘strangers’ (Selwyn et al., 2014). As such, they contend with establishing an emotional relationship with their child, who may not have had a stable, positive experience of family life and may struggle to understand their new family circumstances (Rushton, 2003). Additionally, many face unique challenges such as adopting a child with special needs, medical, developmental or behavioural challenges which are often unforeseen at the time of adoption (Barnett et al., 2019; Tasker & Wood, 2016), and present themselves years impacting the emotional and psychological resources of adopters (Atkinson & Gonet, 2007; Child Welfare Information Gateway, 2020).

Most studies concerned with adoptive parent mental health have used cross-sectional data to focus on a few key areas: the transition to adoptive parenthood (i.e. Boswell &

Cudmore, 2014; Dance & Farmer, 2014; Meakings et al., 2018), Post Adoption Depression (i.e., Foli et al., 2016; Foli et al., 2017a, 2017b) contact with birth families (Grotevant et al., 2013), and parenting programs (i.e. Harold et al., 2017; Sturgess & Selwyn, 2007). Attention has also been given to the evaluation of post-adoption support initiatives (i.e. Chobhthaigh & Duffy, 2018; Harris-Waller et al., 2018; Harlow, 2019;) and factors associated with placement breakdown (i.e. Selwyn et al., 2014; Randall, 2013; Palacios et al., 2019). However, studies of the emotional well-being of established adoptive parents, i.e. beyond the first 12 months post placement, are uncommon (Palacios & Brodzinsky, 2010).

The prevalence and severity of NegMH amongst adopters is unclear as this issue remained under-researched. Research from the US suggests despite the majority of adopters reporting low levels of depression, the period immediately after child placement is associated with reports of clinical depression, known as Post Adoption Depression (PAD) (Foli et al., 2012; Foli et al., 2016). In the UK, Anthony et al. (2019) extended this work by examining adopter depression and anxiety symptoms across the first four years after child placement, with findings suggesting such symptoms remained relatively stable across time with depression scores declining towards the later years of placement. The persistence of symptoms across the first years highlight the importance of professional awareness of adoptive parents' mental health beyond the first year and signal the need for further exploration into the mental health of established adoptive parents.

Across the UK, there have been large-scale survey-based studies providing valuable insight into the well-being of long-term adoptive parents. Findings suggest the majority of adopters were satisfied with their adoption experience, reflecting on the joy and delight their children brought; however, reports of depression, anxiety and or PTSD-like symptoms years after placement (>10 years post-placement) puts to question the overall satisfaction parents experience (Adoption UK, 2019; Neil et al., 2018; Selwyn et al., 2014). Adoption UK (2019)

surveyed 3,500 adoptive parents, including over 2600 ‘established’ parents, finding although many were satisfied more than half reported experiencing significant or severe challenges, with 61% experiencing violence and aggression from their child. When asked to identify the most significant challenges to family life, parents reported supporting their children through education (68%), understanding their child’s needs and adapting their parenting and family life to cope (41%), and dealing with violence and/or aggression from their children (35%) (Adoption UK, 2019). Neil et al. (2018) examined parental stress within established adoptive parents, finding of those who completed the Parent Stress Index (n=171), 29 reported within the clinical range of overall stress; 23 within the distress subscale and 40 in clinical range for difficult child subscale (Neil et al., 2018). The findings from such studies indicate many long-term adopters struggle with parental stress, depression, feelings of low parental competence and anxiety associated with adoptive parenting (Adoption UK, 2019; Neil et al., 2018; Selwyn et al., 2014). Despite such insights, the prevalence and factors influencing adopter mental health remain unclear due to methodological differences, restrictions of capturing cross-sectional data and with the emotional and psychological state of adopters often not universally explored as a primary outcome. As many parents reported dealing with violent and/or aggressive child behaviour, strains to intimate relationships, and categorise themselves as experiencing significant or severe challenge (Adoption UK, 2019; Neil et al., 2018; Selwyn et al., 2014), it is reasonable to assume there may be a considerable impact on parents’ emotional and psychological well-being outside of their parenting capability. Furthermore, as parents of older children have been reported to score higher in depression related parental stress (>12 years; Neil et al., 2018), it could be suggested the challenges of adoptive parenting may continue, or increase, as the child ages and the family faces new challenges.

Many of the referenced studies utilised survey-based data collection methods, as such there is concern respondents may foster a desire to answer in a socially favourably manner, painting a more positive picture of their experiences (Opdenakker, 2006). It is possible adopters may find it challenging, even within an anonymous survey, to report their struggles given feelings of guilt and shame are associated with symptoms of depression, and adopters tend to have high expectations of themselves (Foli, 2010). Using other methods to engage parents, such as a face-to-face interview, may mitigate some of the stigma associated with discussing NegMH through the use of positive social cues, ability to prompt or spontaneously respond and allow respondents to use their own language to describe their experiences (Opdenakker, 2006).

Addressing these concerns, Kohn-Willbridge et al. (2021) conducted a qualitative exploration into the mental health of nine long-term English adoptive mothers. The study focused on transition to adoptive parenthood from pre-adoption to 12 months post-placement. Analysis generated five key themes as impacting maternal mental health; Reality Not Living Up to Expectation, Uncertainty and Powerlessness, Emotional and Psychological Fatigue, Uniqueness and Isolation, and Love and Ambivalence (Kohn-Willbridge et al., 2021). Findings provided new insights into the experience and severity of mothers' psychological distress, highlighting adopters with the most misaligned expectations of self and child reporting the most isolation, separateness from other parents and NegMH (Kohn-Willbridge et al., 2021). Such findings offer further encouragement to extend the parameters of future research to examine adopter well-being beyond the transition period and into the realm of established adoptive parenting.

The Current Study

As the issue of adopter mental health remains largely under-recognised, the current study explores the emotional and psychological experiences of adoptive mothers as they

reflect on their journey through adoptive motherhood. Study aims were to: (1) Identify and compare mothers' self-reported emotional state at 12 months after child placement to time of interview, and (2) Identify the factors which most challenge and support adopters' mental state.

To allow for comparison, the study draws on data collected as part of a wider qualitative study conducted in 2019 interviewing nine adoptive mothers on their experience of adoptive motherhood, allowing for comparison of mothers' self-reported emotional/psychological state at transition to the years that follow transition, on average 8 years later (Kohn-Willbridge et al., 2021). This analysis rests on adoptive mothers' own assessment of their emotional and psychological states and factors which have contributed to such experiences.

Methods

Participants

Participants were nine white, heterosexual adoptive mothers (see Figure 2.1, p.34). Inclusion criteria included sufficient fluency in English, UK residence, and adoption in the UK through public, private or international adoption. At the time of placement, eight of the 14 children were aged below 24 months (remaining six were aged 3-5 years); therefore, the majority of children were placed younger than the current average age of 3 years old in the UK (DoE, 2019) and eight out of nine families adopted a child of similar ethnic background. At time of interview, adopters age averaged 45 years (range: 37-55 years old) and had been an adoptive parent for, on average, eight years (range: 3-15 years). Seven families consisted of more than one child ($N=7$), with four including adopted siblings and three including either an older biological child ($N=2$) and one who gave birth to a biological child several years after adopting a sibling pair.

Procedure

Ethical approval was granted by the appropriate university committee prior to recruitment via three Local Authority Adoption Agencies and online support groups. Participants were selected on a first-come, first-serve basis with consideration given to child age, number of children, and presence of birth children in order to enhance the representation of different family structures. Each participant received an information sheet prior to interview, along with providing consent prior to interview.

Data collection

The first author conducted semi-structured interviews between April 2019 and June 2019. The interview focused on retrospective and current adopter experiences. Interview questions were open, with prompts provided encouraging participants to reflect on their emotional or psychological experiences where needed.

Interviews provided a rich account of how the family evolved over the years from pre-placement to current day. As the predominant focus of this paper is on experiences 12 months post-placement, content relating to outside this time were extricated from the wider interview transcript. Data relating to mothers' experiences during the transitional period are reported elsewhere (Kohn-Willbridge et al., 2021). Interviews were recorded and transcribed verbatim by the interviewer. Pseudonyms are used for names, locations, and identifiable organisations.

Analysis

Reflexive Thematic Analysis (TA: Braun & Clarke, 2006) was used as it facilitates the identification of themes both within and across participants' accounts. To ensure systematic and rigorous analysis, we followed the six phases outlined by Braun and Clarke (2006, 2019): (1) Repeated reading of transcripts until fully familiar with the data; (2) Generation of initial descriptive and meaning-based codes for each transcript; (3) Coding across the whole dataset,

noting patterns of shared meaning, clustered to a central concept or theme; (4) Reviewing each transcript and checking against the created themes to ensure accurate representation of narratives; (5) Refining theme names and definitions; and (6) Writing final results. Themes were developed based on level of impact not only *within* each individual narrative but also *across* the individual transition period, and across the wider group narratives.

Transcripts, coding and theme generation were shared with co-authors throughout the analytic process.

Results

Analysis of mothers' mental health generated three key themes: 'The Continuation of NegMH throughout adoptive parenting', 'Risk factors to Mothers' Emotional Wellbeing' and 'Protective factors to Mothers' Emotional Wellbeing'. Table 3.1 provides a summary of generated themes). Sub themes were identified within the 'Risk' and 'Protective' factor themes. References made to adopters' emotional wellbeing are made without clinical validation – no standardised measures were used but rather they reflect mothers' own descriptions of their emotional state.

Theme 1: The Continuation of NegMH Throughout Adoptive Parenting

Across all nine narratives mother's spoke of "ups and downs" in what they imagined all parents face. Of the six mothers who reported experiences of depression, anxiety or trauma symptoms within the first 12 months post-placement, all expressed continued strains on their emotional well-being due to adoptive parenting over the years. Perhaps unsurprisingly, factors directly related to transition to adoptive parenting, or the adoptive process itself, were not reported; however, factors including love, fatigue and isolation were all identified as important influences on mothers' well-being.

Table 3.1*Reflexive Thematic Analysis theme and sub-themes*

Themes	Sub-Themes
1. Continuation of NegMH throughout adoptive parenting	Latent overarching theme
2. Risk factors to Mothers' Emotional Wellbeing	2a. Demands of "extreme parenting"
	2b. Strains within and across relationships
	2c. De-prioritisation of parent self-care
3. Protective factors to Mothers' Emotional Wellbeing	3a. Development of love, attachment, and sense of family identity
	3b. Learning, competence and 'therapeutic parenting'
	3c. The ability to "off-load": sources of formal and informal support

Such results suggest over time, mothers may have been realigning expectations as they became more familiar, and skilled, within their parenting task. Ultimately, the uniqueness and complexities of the adoptive parent-child relationship appeared to affected mothers' mental health.

Despite the challenges, each mother reported a strong commitment to their child and for three mothers, distress reduced over time.

Two mothers continued to be emotionally challenged by the "relentless" demands of parenting. These mothers "very much loved" their children, but parenting was "tiring, challenging and very frustrating". The task of love, commitment and day-to-day parenting within an established family continued to take a toll on their well-being:

Christine: I now have severe anxiety because of them. It is not their fault but what they are going through, Secondary Trauma- all that trauma kind of stuff ... It is an emotional

roller-coaster of what they throw at us and then I need counselling to help off-load ...
Sometimes I just have nothing left and I hit the wall.

Mary: I was suffering with anxiety. You were constantly living on eggshells ... I was getting a lot of panic attacks ... I was miserable and put on anti-depressants ... and it went on for a very very long time ... In the end I ended up with PTSD [Post-Traumatic Stress Disorder] ... EMDR [Eye Movement Desensitization and Reprocessing] has really helped [but] it is still not within the realms of normal parenting. It is extreme parenting.

Not all mothers reported negative emotional well-being at 12 months post-placement. Three reported positive and smooth transitions. These positive experiences continued over time for two mothers, but the third had a very different experience. Sarah's transition into adoptive motherhood of siblings, Brandon and Sian, went better than she had hoped, but her relationship with Brandon changed considerably at age eight, approximately seven years after adoption, and continued to deteriorate with increasingly aggressive and violent behaviour towards Sarah before he moved out of home at age 15. Sarah's sense of emotional well-being was dominated by feelings of anxiety, isolation and fear for herself and concern for her son's future.

Sarah: [It became like] walking on eggshells ... I was trying to cope with living ... surviving ... We are still a family ... [but when he left home] I got my life back.

Overall, mothers who experienced a degree of depression or anxiety during the transition period reported continued experiences throughout their parenting journey. The term 'walking on eggshells' appeared to represent the daily anxiety and unpredictability shared by

mothers, along with a sense of trying to ‘survive’ the brunt of challenging child behaviour. For most, although challenging child behaviour continued to strain maternal mental health, the love, commitment and resilience mothers developed for their children appeared to moderate their emotional state somewhat, facilitating space for therapeutic understating of such behaviour and the role it plays in their child’s recovery from early life experiences.

With seven of the mothers self-reporting negative emotional well-being, either through anxiety or low mood, analysis identified factors which risked and protected maternal mental health.

Theme 2: Factors Contributing to Negative Emotional Wellbeing

Three key factors were identified as contributing to mothers’ experiences of negative emotional well-being: ‘Demands of “extreme parenting”’, ‘Strains within and across Relationships’, and ‘Deprioritising Self-Care’. Each sub-theme is discussed below and illustrated by quotes from the interviews.

Theme 2a: Demands of “Extreme Parenting”. Eight mothers spoke openly about the difficulties associated with their continued challenging child behaviour. Comments centred around children’s emotional difficulties, developmental delay, child-to-parent violence and aggression, child need for control, and extreme inconsistency in child behaviour.

Kate: Her emotional needs are different ... this is a lifelong thing ... she was a child who was four presenting as 18 months and now she is 12 she is behaving like she is eight.

Helen: Even recently, I had to go out ... I was not in contact with Howard for half an hour and when I came home, he was really angry and upset ... he said he thought I had left him at home to die. He was dramatic but not putting it on ... he thought I had abandoned him.

In all cases but one, such characteristics and behaviour had been present since child placement: Sarah was the exception, whereby Brandon's challenging behaviour started seven years after placement.

Given the severity and complexity of behaviours, mothers spoke frequently of the exhaustion felt delivering the "extreme parenting" needed. The emotional energy required to constantly regulate their own emotional state (neutralising feeling of anxiety, anger, frustration, irritation, shame etc), in order to emotionally attune with their child, understand the world from their eyes (as children who have experienced early trauma), and teach new strategies to cope with life's difficulties. Such responses often required mothers to comprehend the emotions driving challenging behaviour (e.g. violence, aggression, control, rejection) putting aside the impact of such behaviours on themselves.

Molly: Sally can be exhausting and sometimes the support worker will leave here like 'wow' because he has just dropped bombs on her and of course she is then very dysregulated and regresses and becomes a three-year-old ... it is exhausting regulating her all the time.

Mary: I mean the thing with 'extreme parenting' is that everyone is stretched all the time... I think it would be true to say probably more than birth parents, and I don't mean because they are adopted but because of my duties, I wish I could just run away... I would just like to put the load down and not have to deal with the mental load of appointments and fighting for therapy and getting the right support for them and having the right structure in the home.

Christine: At times I have nothing more to give. I have no emotional energy to give them... I am operating three brains [Christine's, Dylan's and Jane's] because they are

offline at times... ‘the wall’ comes very close at least once a month and I probably hit it hard three or four times a year.

Mothers also spoke of a loss of work-identity because of adoptive parenting, i.e., the requirement to be available to advocate for their child or be at hand to regulate or moderate their child’s behaviour. Mothers experienced their inability to return to work as a loss of “independence”, and “identity outside of being a mother”; reflecting their underestimation of how much “relentless attention” their child would need.

Theme 2b: Strains Within and Across Relationships. Perhaps unsurprisingly, mothers often spoke of strains to fundamental relationships within their immediate family, extended family, and wider circle of friends. Eight mothers were in long-term relationships, with one relationship breaking down child placement. Four mothers noted the quality of their partner relationship had decreased because of adoptive parenting. For example, Alexia explained her children could no longer be babysat by family or friends due to their behaviour, resulting in “not having time for each other” so tended to go out separately.

More prominent was the continued strain within mother-child relationships and the impact of strained sibling relations. Despite loving their children, three mothers continued to feel a strain in their attachment or bond at time of interview.

Alexia: It would be quite nice for Rebecca to have a, you know, a go-to person where she can actually do no wrong in their eyes ... like my friend who she had a real connection with and ... yeah, I never thought I would say that about one of my own children.

Sarah: You know we have really tried hard and it has been really difficult to try and build a relationship with him. Um, he is not the boy I recognise, he has tried to morph into – he has changed.

For others, it was not their own relationship but the strain between siblings which left mothers “disappointed” and “questioning” whether adopting a second child, or siblings, was the right decision. Of the seven mothers who adopted their second child, five expressed ‘guilt’. For those who adopted two children - either simultaneously or separately - the strain on meeting the needs of two children with differing needs left mothers reflecting on the merits of single adoption. For example, Christine said “one could be just as fulfilling”.

Two mothers who were motivated to adopt, at least in part, from a desire to provide a sibling for a biological child also reflected on the choice of sibling and expressed “guilt” that perhaps the choice to adopt had not been as advantageous for their first born as previously hoped.

Angie: Since adopting Chris, we do question something if the struggles we are having with Lachlan are because we did adopt Chris.

Outside of the immediate family, strain was reported between mothers and members of the wider family. This often centring on differences in parenting techniques by grandparents. Although grandparents were mentioned as a source of support, mothers also spoke of the difficulty in adjusting the parenting values and beliefs held by their own parents to accommodate the needs of their children.

Molly: Sally was kicking off last week and mum struggles with her values and ideals to deal with Sally’s behaviour when she’s behaving like that. And I still can’t get through

to my mum that, you know, she is a child of trauma, but she thinks “no, she is just misbehaving.

Others spoke of difficulty in educating their parents and wider families about their children’s behaviour and why their parenting is different. Interviewees reported that grandparents often struggled with the terminology of adoption and understanding there is more than “one style of parenting”. There was an apparent tension between wanting family involvement and support, but also feeling that it was “easier to leave it” resulting in a distancing in family relationships.

Such experiences within the family, coupled with the reduction of support offered by face-to-face friendships, led some mothers to report feelings of “isolation” and emotional distance from others. Mothers described situations where contact with close friends “completely stopped”, support networks “kind of disintegrated” and even long-term friends opting out of babysitting because the child “is a bit too much”.

Angie: [That] has led to a lot of isolation because we chose not to open ourselves up to people, we felt didn’t understand, because it was too difficult to then deal with their insensitivities about it.

Mary: They thought “of course we will babysit all the time, we love kids”, and even our referees have said ‘She is too much’, and they have never babysat... Um, very isolating. My parents also haven’t really got it despite their experience, so yeah it has been isolating.

Theme 2c: De-Prioritisation of Parent Self-Care. The final sub-theme explored is arguably the most reinforced message shared by mothers – that the de-prioritisation of

maternal self-care by adopters and adoption professionals is harmful not only to parents but to children and the wider family.

Angie: This self-sacrificing parenting where you don't matter, and it is only about the child: there comes a time when you realise that if I don't matter then they will only suffer.

Although most mothers spoke of accessing some form of professional help over the years, often this was a result of a child referral with the parent 'piggy-backing' support. Without exception, every mother spoke of the need for self-care, in various forms, to keep their own sense of well-being intact and to "have enough emotional resources to parent".

At times, self-care was referred to as "making time for myself", enjoying time with friends/family outside of parenting duties. However, for all but one, self-care included professional help that was adoption-informed and accessible. It is therefore important to note that most mothers reported experiencing difficulties accessing the support, including long waits, funding issues, or parent well-being issues not being recognised by professionals:

Christine: We can't afford to pay for counselling sessions, so I have to wait for charity sessions to come up. The [Adoption Support Fund] budget goes too quickly on the kids... and counselling is not something you get through the Adoption Support Fund.

Some mothers reported accessing support for themselves through the Adoption Support Fund (ASF) but doing so "under the radar" so not to be "caught out". Mary's Eye Movement Desensitisation and Reprocessing therapy for PTSD was one example of this:

Mary: It is not what the fund is for which I think is a big flaw ... what I experienced is relatively common and I think it needs to be recognised within the ASF that sometimes it is the parent that needs the help in order to parent the children.

For Sarah, requests for personal support were left unanswered during the breakdown of Brandon's placement. She explained all support was withdrawn as soon as Brandon chose to disengage, despite her request for some personal support, and added "there is nothing for parents unless the kids are partaking".

Theme 3: Factors contributing to positive emotional well-being

Three key factors were identified as supporting mothers' emotional well-being: "Development of love, attachment and sense of family identity", "Learning, Competence and 'Therapeutic Parenting'" and "The ability to 'off-load: Sources of formal and informal support'". Each of these sub-themes is discussed below with illustrative quotes from the interviews.

Theme 3a: Development of love, attachment, and sense of family identity. All nine mothers spoke of the love they felt for their children. If not throughout the entire parenting journey, at least during times, mothers reflected on their attachment or bond with their child, the importance of feeling needed by them and a sense of agency in creating "our family". Unsurprisingly, mothers who reported "better than expected" adoption experiences also offered many reflections of love and attachment between themselves and their child. The ease in which some mothers bonded and identified as 'mother' related to lower reports of emotional distress and strains to well-being across time.

Helen: He is lovely, he is my boy and we will always have that... Everything else seems to be secondary to that.

For some, attachment and bonding took time. Being able to build a reciprocal relationship appeared to greatly help mothers "feel true love" for their child and identify positives in the child's character where challenges previously felt overwhelming.

Angie: He was always clinging to me ... screaming. I felt trapped and claustrophobic. The day after this third birthday he was poorly and just slept on me and it was the first time I didn't want him to go somewhere else. I didn't want him to not be with me because actually you need me. And that was fundamental in creating that bond.

Kate: It has taken years and it is an ongoing process and I am not sure if we will ever ever get there really but, I mean ... [cry] ... now I adore her, I adore her but it took me ages to even like her. I didn't like her at all. She was a nightmare and it was really hard to see any positives ... It took about two years for me to absolutely love her.

For two mothers who continued to experience NegMH, comments such as “I just want to help them” and “it's been harder than I thought” but the children are “very much loved” may go some way to show how a loving relationship can help to overcome the challenges of “extreme parenting”.

The initial bond Sarah felt with Brandon was severely tested over the years. Despite the progressive breakdown of relationship, Sarah reflected on the many “memories in the bank” she had acquired from the earlier years which helped to not only emotionally manage the breakdown with her son but continue to “have a relationship ... still [be] a family”.

Theme 3b: Learning, competence and ‘Therapeutic Parenting’. Growth in parental competence, knowledge, and skills were associated with positive or improved mental health. Eight of the nine mothers referred to their increase in knowledge and understanding of their child's behaviour feeling more skilled at responding to it. With time, mothers accepted their children's behaviour, recognising the “need to be treated differently”, and becoming an “expert of [their] own family”.

Angie: [Before] I wouldn't have known what was right or not. Now I know my son, I know- not all the time but most the time – what is going on underneath ... we are more able to deal with things ... [and] have more tools in our toolkit.

Helen: Oh now I can read her like a book, but at the time I couldn't keep up with her.

Many commented on the belief adoptive parenting was “more than pure parenting”, often making reference to being a “therapeutic parent” and the realisation they needed to diverge from more familiar or traditional methods of parenting. Specifically, such parenting does not shame the child, use reward charts, or expect the child to self-regulate or feel empathy and remorse for their behaviour (Naish, 2018). Rather, parents recognise that all behaviour is communication, often based on fear, and therefore parenting needs to respond to the child's emotional and developmental age, as opposed to chronological, using empathy and connection to guide behaviour (Hughes, 2012).

Christine: I am a therapeutic parent, not just a parent ... [I'd] say “it's time to brush your teeth” and he would brush his teeth, instead of standing there and saying “come on, you must know what you are supposed to do ... you have been doing it twice a day for the past few years”. But of course, he really didn't know what he was supposed to do and the more I went on about it, the more he froze and the more incredibly frustrated I would get. Now I understand ... PACE parenting, think toddler.

The term PACE parenting refers to a trauma-informed model of parenting based on the principles of Playfulness, Acceptance, Curiosity and Empathy (Golding & Hughes, 2012).

Conversely, Sarah's narrative showed a decreased sense of parenting confidence and competence as Brandon's behaviour continued to challenge her:

[I] had no idea anything else was going on ... we didn't realise until afterwards that this [Brandon's difficulties] was obviously attachment related.

Perhaps if Sarah had received support to better understand Brandon's behaviour, she may have been able to increase her confidence in parenting and avoid, or decrease, the emotional distress experienced over many years.

Theme 3c: The ability to “off-load”: Sources of formal and informal support. The eight mothers who access professional, adoption-related support considered it “a lifeline”, to “save” families. Mothers accessed a range of professional support from adoption parenting programmes to clinical interventions. Four mothers spoke highly of one-to-one talking therapy, with reference to being able to receive direct clinical care for themselves during these sessions, without the presence of their child or partner.

Kate: If we go separately then at least we can sort of talk about the other person, it sounds horrible but, we can express ourselves free and openly ... and that is really good.

Regardless of the degree of emotional distress a mother faced the experience of “being listened to” allowed them to “off-load” their emotional baggage.

Christine: Basically, I had gone beyond the wall ... I had been on anxiety medication for four years, but it triggered me into counselling and getting more help for me ... counselling helps me to find me.

Although most mothers had attended courses aimed at providing information about child development and parenting techniques, it was largely felt unhelpful compared to more tailored, one-to-one support.

Angie: It has been very theoretical and information heavy which you then have to try and work out how it applied to your child ... the family therapist has been better because it has physically been with us ... without this support I think I would have been really struggling.

Reflecting on her experience, Sarah recalled the introduction of several therapeutic interventions that focussed on Brandon's needs, but she complained help was withdrawn if child did not wish to engage. Like other mothers, she called for more support to be available for parents independently.

Beyond formal support, all mothers commented on the value of other adoptive parents "normalising extreme behaviour" leading to feeling "understood by someone who knows". For some, meeting peers was the most beneficial aspect of the post-adoption interventions provided to them.

Christine: Looking back now, 50% of the course was useless but the biggest thing was meeting other adopters and I suddenly realised that we were the same as other adopters' worlds.

Others note the value of purposely engaging in support activities such as in-person adoptive parent support groups and family meet ups, use of social media groups or engaging in a buddy initiative via social services.

Angie: I think that informal support has increased my confidence to put my hand up maybe earlier than I would have done and ask for help. This has been hugely beneficial ... with the parents on the group things are unsaid and just accepted.

Connecting with other adopters appeared not only to increase parental confidence but decrease their sense of isolation. These impacts appear to evolve over time as mothers expressed a higher confidence in utilising and valuing such informal support as their parenting experience increased. Furthermore, mothers appeared to gain parenting confidence not only from receiving support, but also by providing it to others and normalising their experience.

Molly: Before, I didn't really share with them in a way I would now, and I do now. You know, like I posted the other day how lonely and isolated I was feeling ... because now I know if I do post something, I will get support back... There was a lady recently who is going through severe Post Adoption Depression, and it was really nice to say, it is ok to her we have all been through it.

For Tracey, who has experienced an overall positive adoption journey, the use of peer support had been valuable, but she cautioned “they can give you a skewed view” if everyone in the group is struggling and the positives about adoption are lost.

The majority also spoke of turning to friends for emotional support, rather than practical child-orientated support. This offered some comfort and attention to the emotional needs of the mother.

Angie: No, they don't get it. They don't understand it but at least they are aware of that impact on us.

Overall, there was a sense mothers had to fight to receive personalised support and have their emotional experiences validated. All mothers who were able to receive therapeutic intervention, expressed gratitude for the help and indicated an improvement in their emotional well-being. For those challenged on a day-day-basis by “extreme parenting”, the engagement with counselling, or other forms of therapy, provided an essential space to “off-

load” emotional baggage accumulated during their routine parenting function. Parent-focussed therapeutic support appeared to restore the vital reserves needed to effectively meet the demands of “therapeutic parenting”.

Discussion

The first aim of this study was to explore mothers' self-reported emotional state beyond the first year after child placement until time of interview. Overall, mothers' reports of NegMH remained stable across time. Those who reported struggling with low mood, anxiety or ‘trauma’ at 12 months after placement reported some degree of NegMH years later. Our findings extend the work of Anthony et al. (2019), suggesting such experiences can continue for many years post-placement. Interestingly, other studies suggest factors such as child age at placement, adoption of a single child or sibling group are associated with higher risk of parental NegMH (i.e., Canzi et al., 2019; Goldberg & Smith, 2014; Selwyn et al., 2014); however, such predilections were not seen in this sample. Regardless, as adoptees developed into middle childhood and adolescence, adoptive parents faced new challenges with issues such as identity and social relationships coming to the forefront. Our findings – and others’ - underscore the need to support parental mental health over the early years of parenting, and for this to continue across the lifespan of the adoptive family beyond the early years (Palacios & Sanchez-Sandoval 2006; Sanchez-Sandoval & Palacios 2013).

The second aim was to identify factors which challenge and support parents’ psychological well-being. One key finding was mothers’ tenacity and love for their children, despite the cost to themselves. Unsurprisingly, there was a positive relationship between mothers’ emotional well-being and the increase in mothers’ sense of parenting competency and sense of identity as ‘mother’ (Eanes & Fletcher, 2006; Foli, 2010). This could be understood as mothers continuously realigning expectations of themselves and their child in response to real experiences of parenting. Foli et al.’s (2017a, 2017b) Mid-Range theory of

Post Adoption Depression helps to explain such changes, suggesting that mothers' levels of depression decrease as alignment between expectation and reality increases. However, our findings indicated that mothers continue to experience NegMH even when expectations of self and child are adjusted, suggesting factors associated with the daily function of adoptive parenting put mothers at risk of NegMH.

Of note was the value mothers placed on formal and informal support for their well-being. Previous research has noted that connections between adopters as valuable source of practical and emotional support (Adoption UK, 2019; Neil et al., 2019; Tasker & Wood, 2018); however, it was the experience of professional one-to-one adult focussed support, focussing on the psychological well-being of mothers, which proved more highly valued. The overarching message was a need to "off load" their own emotional baggage incurred by their parenting role. In contrast to recent parent perspective studies, mothers underscored the level of exhaustion and isolation they felt at meeting the demands of such parenting. In this sense, it was not the child's behaviour itself which was seen as the greatest challenge (c.f., Adoption UK, 2019; Neil et al., 2018), but rather the task of 'therapeutic parenting' and the "emotional energy" it took to internally process such behaviour in the absence of support from the wider family to deliver such parenting. Mothers made an important distinction between the impact of child behaviour and the demands of responding to child behaviour. This slight, but significant, distinction may be lost within survey style reporting, as survey response options relating to parenting stress or child behaviour may not allow for or encourage such detailed reflection.

An appropriate term in this context appears to be 'parental burnout', defined as a state of intense exhaustion related to one's parental role, in which one may become emotionally detached from one's children and doubtful of one's capacity to be a good parent (Roskam et al., 2017). This concept is different to depression or stress and emphasises the need to

consider physiological and psychological responses to parenting tasks. Roskam et al. (2017) suggested that parents are at greater risk of burnout in today's climate due to increased pressure to bring up healthy, secure and successful children whilst time spent parenting decreases in favour of returning to work. Adoptive parents may be at heightened risk due to the challenges associated with trauma-related child development, along with the social stigma often attached to adoption (Brodzinsky, 1987; &-Mitchell, 2003; Van Gulden & Bartels-Rabb, 2001).

Mothers' emphasis to prioritise their own mental health stood in contrast to much of the parent perspective literature, with adoptive parents often de-prioritising their own emotional needs and placing a higher value on child well-being (Adoption UK, 2019; Neil et al., 2019). However, within such studies parents also spoke of dealing with challenging child behaviour, and tension in personal relationships (Adoption UK, 2019; Neil et al., 2019).

A major barrier to accessing parent-focused therapeutic support is its exclusion from Adoption Support Fund criteria (DoE, 2018). Recent systematic reviews of post-adoption interventions indicate a primary focus on child-outcomes and the practicalities of the parenting task (Chobhthaigh & Duffy; 2019; Drozd et al., 2017). Formal support, in the form of parenting groups, parent-child therapy or training, is frequently provided for new adoptors (Chobhthaigh & Duffy; 2019; Drozd et al., 2017) however, it is clear such support is often not available at a time further on in the adoption, and perhaps more importantly, access to direct therapeutic support, independent of the child, appears to remain a lottery.

Consequently, many adoptive parents report feeling as if they have "fallen off a cliff" in terms of support after the first year of placement (Adoption UK, 2019). There is a clear parental need for counselling or psychological therapy after the period of early child placement (Atkinson & Gonet, 2007).

Finally, an interesting point of consideration is the impact of sibling relationships on adoptive mothers' well-being. Our findings indicate where sibling relationships remained strained, mothers' reported feeling guilt and uncertainty about their decision to adopt. Strikingly, there is little research on how the characteristics of a second adopted child may impact the adoptive family (Berge et al., 2006; Selwyn, 2019) or how strained sibling relationships may impact maternal well-being (Frost & Goldberg, 2019). Further research is needed to better understand the impact of such relationships and experiences.

Limitations

Before considering the wider implications of these findings it is important to consider the limitations associated with the data. First, all participants were members of an online support group, often used by parents who are having difficulties within their adoptive family. As such their experiences may have been less positive than those of other adoptive families.

Second, the sample consisted of nine heterosexual white mothers, despite recruitment targeting *all* adoptive parents. Although 86% of children are adopted by heterosexual adopters (CoramBAAF, 2019), the experiences of fathers, members of the LGBTQ+ community, or people with non-white ethnicities were not included. Although the sample size of nine was appropriate for a phenomenological study (Creswell, 1998; Morse, 1994), it does not allow generalisation to all adoptive parents.

Third, adoption practices may differ across geographical areas and time. There were many changes to social work policy and practice over the period that participants adopted their children (between 2004-2016). These might have influenced access of post-adoption parent-focussed interventions. It's beyond the scope of this paper to offer a full commentary of such changes (please see DfE, 2016).

Fourth, it is important to consider recall biases. The time since transition to parenthood ranged from three to 15 years. For some, the accuracy and volume of memories relating to

this time may be influenced by subsequent events and experiences, and emotional distress felt at the time (Hassan, 2006).

Finally, the interviewer's own status as an adoptive mother was made known to interviewees both within the information sheet and within interviews (when asked). This disclosure may have created a more open environment, facilitating fuller disclosure of negative emotional experiences than offered in other studies, but it may have also meant that some "taken for granted" information was not shared. Reflexive TA was used because it acknowledges and utilises the interviewer's own experience to increase the value and depth of analysis. The interviewer analysed findings with the close involvement of the co-authors to re-affirm the conclusions drawn. These factors are important as they acknowledge the possibility of bias within the sample and within the experiences being shared.

Future Research

For more in-depth analysis it's useful to consider other family characteristics which may influence mental health experiences, including quality and satisfaction with partner relationship, experiences of fathers, child characteristics, sibling characteristics and mothers' response, knowledge and understanding of child characteristics.

Exploration of the characteristics of established adoptive parents, with explicit attention on parental well-being, using clinical well-being measures (including the use of the Parental Burnout Inventory; Roskam et al., 2017) would provide stronger evidence of the experience of NegMH.

It would be advantageous to explore the benefits of extending the Adoption Support Fund to include funding for parent specific therapeutic interventions on adoptive parent well-being, child well-being and placement outcomes.

Future research is needed into the characteristics and impact of biological and non-biologically related siblings within adoptive families with attention given to the impact of

strained sibling attachment on adoptive parent well-being. Development of specific interventions for adoptive families focussing on strengthening sibling relationships and its impact on the wider family dynamics may provide a protective factor to overall family well-being.

Further prospective longitudinal research into the trajectories of adoptive parent mental health would enable better understanding of protective factors that challenge the stability of parental well-being and family outcomes.

Further research into the emotional experiences of adoptive parents throughout the breakdown of an adoptive placement is needed, along with identification of parental support needs during and post-breakdown.

Conclusion

For all mothers, the experience of parenting adoptive children brought joy to their lives. Time allowed many to develop strong and positive relationships with their children, often in the face of continued behavioural challenges and strains on maternal mental health. Mothers spoke of their commitment to their children, growth and adjustment within the family and the value of turning to other adopters for emotional support. However, mothers also identified the need for their own emotional and psychological well-being to be considered as important as that of their child. The demands of day-to-day therapeutic parenting led mothers to feel exhausted and isolated from those around them. In these circumstances the timely provision of therapeutic support and intervention is essential. Adoption researchers and professionals need to attend more to the emotional well-being of the parents who give so much to the children they adopt.

Chapter 4: Resilience in the Face of Turmoil: The impact of the COVID-19 pandemic on Adoptive Parent Wellbeing.

(Paper 3)

Abstract

This cross-sectional and longitudinal study explores the impact of COVID-19 on adopters' psychological wellbeing. Through a mixed-method online study, 170 adopters reported on their wellbeing 3 months post-pandemic lockdown, with a subset of 65 adopters providing longitudinal data; 6- and 9-months post-pandemic lockdown. Quantitative results indicated a robustness to adopter's resilience as wellbeing levels remained in the 'normal' range at all timepoints with quality of parenting experience a significant predictive factor. Thematic Analysis revealed themes concerning the challenges and protectors of wellbeing with the importance of connection (*'Along but not alone'* and *'Isolation'*), merging work-school-parenting-family life domains (*'Dysregulation of Family Functioning'* and *'Merging of Life Domains'*) and the value of resilience (*'Self-Care'*, *'Engaging in Self-Care'* and *'Personal Qualities of Resilience'*) highlighted. Discussion includes new insights, implications for future research and practice, along with the limitations of the study.

Keywords

Adoption, adoptive parent, COVID-19, wellbeing, psychological distress, parenting.

Introduction

The COVID-19 pandemic was a challenging time for many adults, children, and families. Due to the rapid spread of the disease, on the 26th March 2020, the people of the UK were unexpectedly urged to stay at home (“lockdown”) for significant periods of time as schools, workplaces, and non-essential businesses closed their doors and looked to utilise online platforms to function. Many parents found themselves responsible for the continuation of education within the home and experienced a forced amalgamation of life domains.

International research since the outbreak has shown the COVID-19 pandemic has significantly impacted the psychological and emotional wellbeing of parents with heightened level of anxiety, depression and stress (Banks & Xu., 2020; Cheng et al., 2021; Liu et al., 2020; Mazza et al., 2020; Moccia et al., 2020; Ozdin & Ozdin, 2020; Parola et al, 2020). The sub-group of adoptive parents, however, has received little research attention. Differences may be seen within this population due to the unique challenges associated with elevated risk of child mental health or behavioural issues (Child Welfare Information Gateway, 2020; Gunner & van Dulmen, 2007), enhanced reliance on school provided support for child learning (Harwood et al., 2013; Keyes et al., 2008) and the loss of external therapeutic support impacting adoptive parents’ ability to emotionally regulate themselves leading to the exacerbation of child behaviour problems and inter-family conflicts (Hornfeck et al., 2019).

Covid-19 & Mental Health: General Public

Evidence from previous outbreaks, such as SARS, suggests mental health deteriorates as a consequence of living within a pandemic, with elevated symptoms of psychological distress, and lower subjective wellbeing (Lam et al., 2009; Lau et al., 2010; Tsang et al., 2004). Numerous rapid cross-sectional studies have been conducted, demonstrating a similar mental health response to the recent COVID-19 pandemic. For example, the COVID-19 Social Study reported significantly high levels of depression and anxiety across participants

within the weeks immediately following the lockdown period (University College London, 2022). A decrease and stabilisation in levels was seen over time; however, rates remain ‘higher than usual’ especially for women, and for people: with long-term physical health conditions; lower educational qualifications; from a Black and Minority Ethnic background; or lower socio-economic position (University College London, 2022). Such trends in mental health trajectories have been replicated across various other COVID-based studies within the UK (Frank et al., 2020; Kwong et al., 2021; Office for National Statistics, 2020a; Office for National Statistics, 2020b; Office for National Statistics, 2021; Piece et al., 2020). The risk factors identified by UCL (2020) are also replicated across studies; however, Satici et al. (2020) also found having a low tolerance of uncertainty was a significant predictor of increased mental health distress. See Vindegaard and Benros (2020) for a systematic review of the international literature concerning COVID-19 and mental health consequences for the general adult population (parenting status not defined).

Covid-19 & Mental Health: Parents

Research suggests parents may experience a greater risk to their mental wellbeing compared to non-parents due to increased pressure and responsibility of home-schooling, amalgamation of work-life domains and/or increased childcare responsibility (Cameron et al., 2020; Goldberg et al., 2021; Russell et al., 2020; Russell et al., 2021; Thorell et al., 2021). Other studies point to work-family stress (Adams et al., 2021), the burden of caregiving of children (Aguiar et al., 2021; Russell et al., 2020; Russell et al., 2021), lack of social support (Choi et al., 2020; Lei et al., 2020; Gunther-Bel et al., 2021), financial stress due to changes in employment (Feinberg et al., 2021), and concerns about one’s health (Choi et al., 2020; Lei et al., 2020) as key sources of psychological distress for parents. The Understanding Society COVID-19 study, which surveyed 5,500 British parents, found similar findings and suggested that working parents, women, parents of school-aged children and younger adults were

particularly at risk of mental wellbeing deterioration (Cheng et al., 2021). Interestingly, parents also reported that the lockdown period provided an opportunity to spend more time with their children, strengthening their parent-child relationship; however, 97% who reported such benefits indicated they had a 'close' or 'very close' relationship with their child pre-pandemic (Cheng et al., 2021). Research findings from the UK on the impact of COVID on parental mental health have been replicated internationally (Adams et al., 2021; Aguiar et al., 2021; APA, 2020; Brooks et al., 2020; Gunther-Bel et al., 2021; Russell et al., 2021; Thorell et al., 2021). Findings from Gunther-Bal et al. (2021) supports the findings that for some parents their experience of COVID-19 has led to positive or improved outcomes for parental wellbeing and/or family function. Furthermore, the parent identity (Schrooyen et al., 2021), protective role of parental resilience and quality of the parent couple relationship (Russell et al., 2021) can serve as mediators of parental stress and mental health deterioration in uncertain periods such as during the pandemic.

Covid-19 & Mental Health: Adoptive Parents

Living through the stressors associated with a pandemic may result in adoptive families being at elevated risk of poor outcomes. Outside of a pandemic context, research suggests adoptive parents are at risk of elevated stress levels (Bird et al., 2002), partly due to adoptees' heightened vulnerability to emotional and behavioural problems (Child Welfare Information Gateway, 2020; Gunnar & van Dulmen, 2007). Adoptees, especially those placed for adoption after one years of age, are also at greater risk of experiencing developmental and learning problems compared to nonadopted children (Harwood et al., 2013). Such problems are related to poorer educational performance and outcomes (Keyes et al., 2008) with many children being subject to Educational Health and Care Plans (EHCP) within the school environment. The additional support a EHCP offers children to scaffold their learning may be sorely missed by parents who are attempting to home-school their children (Harwood et al.,

2013), presenting a unique challenge to many adoptive families. Additionally, difficulties which adoptees may be at risk of, such as heightened vulnerability to mental health issues, anxiety associated with change to usual routines (Behle & Pinquart, 2016), could be intensified by the changes in daily routine associated with the pandemic, resulting in increased parenting stress and difficult family interactions. Rueter and colleagues (2009) report adoptees tend to have a higher degree of conflict within their relationships than non-adopted children; and in the event of heightened stress parents can find it difficult to regulate their own emotion leading to an increase in child behaviour problems and consequently parent–child conflicts (Hornfeck et al., 2019).

Saying this, certain characteristics of many adopters may mitigate or reduce the risk of such family challenges. For example, adoptive parents often report a higher level of education and socio-economic status than the average biological parent (Kreider & Lofquist, 2014). Furthermore, due to the pre-adoption training concerning child development, they may be more primed to seek mental health or academic support for their children and act as an advocate for their educational needs (Goldberg & Smith, 2014).

Research into the psychological impact of COVID-19 on this sub-group of parents is sparse. We could only identify one study which examined adoptive parents' psychological response to the COVID-19 pandemic. Goldberg et al (2021) conducted a mixed-methods study with 89 American adoptive parents with school-aged children examining parental stress and found just under half (39) of parents reported worsening mental health since March 2020; however almost half (44.9%) reported no change to their mental health and eight parents (9%) reported improvements. Those who reported worsening mental health primarily attributed this to the demands of the “non-stop” cycle of working and home-schooling, uncertainly about the future, lack of time for themselves, and social isolation (Goldberg et al., 2021).

Much of the cited research, both within the UK and abroad, has tended to use quantitative cross-sectional designs and/or examine the psychological experiences of parents within the first one to three months of the pandemic. A limitation to a monomethod approach is that it fails to privilege the subjective experience of adopters or provide context surrounding the numerical representation of wellbeing. Therefore, applying a mixed-methods approach would allow for the research question to be understood more comprehensively and with a greater sense of richness of experience. That is, quantitative data can be useful in providing units for comparison between participants, and over time in longitudinal studies, whilst qualitative data can be useful for putting such numerical references into context, gaining an understanding of the subjective experience of individuals and provide opportunity for hear directly from those being investigated.

There is a gap in our knowledge and understanding of how COVID-19 has impacted adoptive parents' subjective wellbeing, how such experiences developed over the months following the initial shock of the pandemic and what challenges and benefits adoptive parents have experienced.

The Current Study

Our overarching aim was to explore adoptive parent psychological wellbeing during the COVID-19 pandemic, using both quantitative and qualitative methods.

Specifically, we aimed to:

1. Examine the psychological wellbeing of adoptive parents at three months post-pandemic 'lockdown' and at two further timepoints across a six-month period; June 2020 and December 2020.
2. Examine the extent to which Pre-Pandemic Factors (i.e., Employment status, Intolerance of Uncertainty, Child Additional Need, Child Age and Child Gender),

COVID-related Stressors (i.e., Changes to employment; Working from Home; Parent-delivered childcare) and Partner and Parenting Factors (i.e., Couple Satisfaction and Parenting Experience) were associated with compromised adoptive parent psychological wellbeing during the pandemic.

3. Explore parents' own perceptions of the impact of COVID on their emotional wellbeing, specifically what challenged or protected their wellbeing throughout the pandemic.

Methods

Participants and Recruitment

Purposive and snowballing sampling methods were used to recruit adoptive parents with at least one child aged 3– 18 years. A study invitation, with electronic link to study, was posted on UK-based social media sites. In addition, invitations were sent to participants who had participated in previous APEx studies conducted by the researcher and who had provided consent to be contacted for future research. Participants were also encouraged to extend the study invitation to other adoptive parents who might be willing to participate. In appreciation of their time, participants had the opportunity to enter a prize draw for either a £50, £30 or £20 Amazon voucher.

A total of 205 adoptive parents responded to the T1 survey, with 100 completing the T2 survey (49% response rate), 102 completing the T3 survey (50% response rate) and 67 completing all three surveys (T_All; 33% response rate). At baseline, the majority of participant were female (88%), between the ages of 35 – 54 years old (78%) and were either married, co-habiting or a civil partnership (81%). The mean age of participating parents was 46.64 years (SD = 8.09) and mean age of the adopted child was 8.34 years (SD = 4.19). Table 4.1 demonstrates total number of surveys within the sample and attrition rates across all timepoints.

Table 4.1*Survey completion and attrition rates across all timepoints*

Number of surveys	T1	T1+T2 only	T1+T3 only	T_ALL (completion of T1, T2 & T3)
Submitted	205	100	102	67
Removed	35	14	10	2
Completed	170	86	92	65
Attrition rate (%)	-	51	50	67

Participants responded to several sociodemographic and general queries regarding the following: *Age, Gender, Marital Status, Ethnicity, Education Level, Employment Status, Employment Type and Household Income* (see Table 4.2). Respondents were also to provide details concerning Housing condition and composition and Child Characteristics (see Table 4.3 and 4.4). Sociodemographic factors, such as *Employment, Child Age* and *Child Additional Need status*, were used within analysis for group comparisons.

Table 4.2

Sociodemographic characteristics of the COVID-19: Adoptive Parent Experience Study respondents (reported by total sample (T1), total longitudinal sample (T_All) and drop out sample (Drop Out))

Sociodemographic characteristics		T1 (N = 170)		T_ALL (N=65)		Drop Out (N=105)	
		N	%	N	%	N	%
Gender	Female	151	89	57	87	94	90
	Male	17	10	6	10	11	10
	Another Category	2	1	2	3	-	-
Age	24 – 34	13	8	1	1	12	11
	35 – 44	50	29	16	25	34	32
	45 – 54	83	49	36	55	47	45
	55 – 65	23	13	11	16	12	11
	65+	1	>1	1	1	-	-
	Another Category	2	1	2	3	-	-
Marital Status	Single	29	17	10	15	19	18
	Married/co-habiting/civil partnership	137	81	53	81	84	80
	Divorced/separated	4	2	2	3	2	2
Ethnicity	Asian/Asian British	2	1	1	1	1	1
	Black/Black British - African	1	>1	-	-	1	1
	Black/Black British – Caribbean	3	2	2	3	1	1
	White - British	134	79	51	79	83	79
	White - Irish	6	3	1	2	5	5
	Another White background	17	10	7	11	10	10
	Mixed/multiple ethnic background	5	3	2	3	3	3
	Prefer not to say	2	1	1	2	1	1
	Another Category	2	1	2	3	-	-
Employment Status	Not in paid employment	32	19	19	29	13	12
	In paid employment	138	81	46	71	92	88
Employment Type	Permanent Contract	94	54	32	47	63	60
	Fixed Term Contract	7	4	2	3	5	5
	Self Employed / Freelance	34	20	12	18	22	21
	Casual / Zero Hours Contract	4	2	1	2	3	3
	Student - Funded	2	1	-	-	2	2
	Student – Self Funded	2	1	1	2	1	1
	Home Parent	28	16	19	28	10	10
	Other	2	1	1	2	2	2
	Another Category	2	1	2	3	-	-
Household Income (UK National Average = £36,900)	Less than £15,000	6	3	3	5	3	3
	£15,000 - £25, 999	14	8	4	6	10	10
	£26,000 - £34,999	26	15	11	17	15	14
	£35,000 - £49,999	35	21	12	19	23	22
	£50,000 - £69,999	34	20	16	25	18	17
	More than £70,000	43	25	12	19	31	30
	Prefer not to say	12	7	7	11	5	5

Procedure

An online survey was launched on 29th June 2020 (T1), three months after the lockdown measures came into force within the UK on 23rd March 2020. All participants who completed T1 measures were invited to complete follow up measures after 6 months (T2) and 9 months (T3). The T1 survey allowed for tracking of parent mental wellbeing as schools were closed for most students, working from home guidance was enforced and all non-essential shops were closed. T2 data tracked the impact of majority of schools reopening to usual function, whilst many workplaces continued work from home measures and social restrictions continued to be applied. (i.e., such as ‘rule of six’ social bubbles and restricted hospitality opening hours). T3 data allowed tracking of mental wellbeing following a second lockdown (5th November to 2nd December 2020) before a further ‘Stay at Home’ initiative was put into place on 19th December 2020; however, schools continued to function as usual. The study was approved by the Sciences and Technology C-REC Ethics Committee.

Table 4.3

Housing condition and composition of the COVID-19:APEx Study respondents (reported by total sample (T1) and total longitudinal sample (T_All))

Housing condition and composition characteristics		T1 sample (N = 170)		T_ALL sample (N = 65)	
		N	%	N	%
Region of residence	Scotland	2	1	-	-
	Wales	3	2	1	2
	North East	2	1	2	3
	North West	26	15	16	25
	Yorkshire and the Humber	5	3	-	-
	West Midlands	8	5	2	3
	East Midlands	9	5	2	3
	South West	21	12	7	11
	South East	41	2	11	17
	East of England	8	5	2	3
	Greater London	44	26	22	34
Home Ownership Status	Own - outright	38	22	20	31
	Own - mortgage	118	69	42	65
	Private rental	9	5	2	3
	Local authority rental	2	1	-	-
	Other	3	2	1	2
Number of communal spaces	1	66	39	25	39
	2	76	45	28	43
	3	18	11	6	9
	4 or more	10	6	6	9
Number of adults (in addition to respondent) residing in household	0	30	18	13	20
	1	119	70	42	65
	2	17	10	8	12
	3	1	>1	1	2
	4	1	>1	1	2
Number of additional children residing in household	0	30	18	30	46
	1	119	70	28	43
	2	17	10	6	9
	3	1	>1	1	2

Table 4.4

Child Characteristics of the COVID-19: APEX Study respondents (reported by total sample (T1) and total longitudinal sample (T_All))

Child Characteristics		T1 sample (N = 170)		T_ALL sample (N = 65)	
		N	%	N	%
Child Age	0 - 4 years	36	21	9	14
	5 - 11 years	93	55	38	59
	12 - 18 years	40	24	18	28
Stage of Education	Early Years (nursery / pre-school)	41	24	10	15
	Primary School (YR - Y6)	86	51	36	55
	Secondary School (Y7 - Y11)	36	21	19	29
	A Levels or Tertiary	6	4	-	-
Child age at placement	0-29 days old	7	4	3	5
	1-6 months old	5	3	1	2
	7-12 months old	27	16	10	15
	13-18 months old	36	21	18	28
	19-24 months old	10	6	3	5
	2 – 2years 11 months old	28	17	9	14
	3 – 3 years 11 months old	20	12	8	12
	4 – 4 years 11 months old	16	9	6	9
	5+ years old	19	11	7	11
Length of time since placement	0 - 1 years	5	3	-	-
	1 - 3 years	37	22	13	20
	3 - 5 years	38	22	14	22
	5 - 10 years	59	35	26	40
	10+ years	30	18	12	19
Identification of child additional need	No identified Additional Need	62	37	21	32
	1 Condition	45	27	22	34
	2 Conditions	42	25	14	22
	3 Conditions	16	9	6	9
	4 Conditions	5	3	2	3
Type of child Additional Need	Sensory Processing	32	17	14	22
	Neurodevelopmental (ASC, ADHD, ID)	48	25	18	28
	Emotion Behavioural	67	35	27	42
	FASD	19	10	9	14
	Physical Disability	8	4	4	6
	Genetic Disorder	6		1	2
	Developmental Delay	9	5	1	2

NOTE: Acronyms for used are referring to Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Disability (ID), and Foetal Alcohol Spectrum Disorder (FASD).

Data Collection

Data were collected and managed using the Qualtrics online management system. On following the study link, participants were presented with a study Participant Information Sheet and asked to provide consent (full name and email address) before completing the survey. Participants were asked to provide responses based on their experiences over the past week in relation to their youngest adopted child (in the stance of multiple adoptees in the family). Quantitative data was captured using standardised measures (closed questions) with qualitative data captured by free text responses to open questions.

The same procedure was followed at T2 and T3. Data were matched using unique anonymous codes. To ensure that participant responses remained anonymous, IP tracking was disabled, and all identifiable data removed prior to data analysis. Analysis of the relationship between sociodemographic characteristics and completion of all three waves or drop revealed that on the whole, sample characteristics remained consistent across both groups; however, a significantly larger proportion of adopters identified as a 'Home Parent' ($X^2(1, N=65)=9.5, p=.002$) or 'Not in paid employment' ($X^2(1, N=65)=7.5, p=.006$) within the T_All sample. Table 4.2 presents the sociodemographic characteristics of those who completed all three time points compared to those completed T1 and those who dropped out.

Measures

Parental Wellbeing. Parental wellbeing was assessed with the Depression, Anxiety and Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995) and the Warwick-Edinburgh Mental Wellbeing Scale-7 (SWEMWBS; Stewart-Brown et al., 2009).

The DASS-21 consists of 21 items scored on a scale from 0 (*"Did not apply to me at all"*) to 3 (*"Applied to me very much"*). Sum scores were computed by adding up the scores on the items per (sub)scale and multiplying them by a factor 2. Sum scores for the total

DASS-21 total scale thus range between 0 and 126. Scores ≥ 60 (for DASS-21 total) are labelled as “high” or “severe”, indicating higher levels of distress (Lovibond & Lovibond, 1995). Cronbach’s alpha for the total scale was .90 indicating excellent internal reliability (George & Mallery, 2019).

The SWEMWBS consists of 7 items that measure psychological functioning and subjective wellbeing (Stewart-Brown et al., 2009). Responses are provided using a five-point Likert scale (“None of the time”, “Rarely”, “Some of the time”, “Often” and “All of the time”). All scores are then summed to give a SWEMWBS score (range 7 – 35). Score cut points were derived from Warwick Medical School (2021) being classified as: 7 – 17: ‘probable depression’; 18 – 20: ‘possible depression’; 21 – 27: ‘average mental wellbeing’; 28 – 35: ‘high mental wellbeing’. Cronbach’s alpha was .86 indicating good internal reliability (George and Mallery, 2019).

Intolerance of Uncertainty. The Intolerance of Uncertainty Scale-12 (IUS-12) is a self-report questionnaire consisting of 12 items designed to measure responses to uncertainty, ambiguous situations, and the future. Items are rated on a five-point Likert scale ranging from 1 (“Not at all like me”) to 5 (“Entirely characteristic of me”). The scale measures two factors, prospective anxiety (7 items; e.g., “I can’t stand being taken by surprise”) and inhibitory anxiety (5 items; e.g., “When it’s time to act, uncertainty paralyses me”). Item scores are summed to calculate a total scale score. Cronbach’s alpha was .88.

Couples Satisfaction. The Couples Satisfaction Index-4 (CSI-4) uses four items to measure satisfaction in a relationship. Item one (“Please indicate the degree of happiness, all things considered, of your relationship”) is rated on a seven-point Likert scale ranging from 0 (“Extremely Unhappy”) to 6 (“Perfect”). All remaining items are rated on a six-point Likert scale ranging from 0 – 5; response statements vary across items. Item scores are summed to

calculate a total scale score. Higher total scores indicate higher levels of relationship satisfaction (Funk & Rogge, 2007). Cronbach's alpha for the total scale items was excellent (.95).

Parenting Experience. Parenting Experience was measured by asking participants to indicate their level of agreement with four statements (*"I enjoy being a parent"*, *"I feel I am doing a good job as a parent"*, *"I feel overwhelmed by the responsibilities of being a parent"*, and *"I have had doubts about the permanency of my child's placement within the family"*). Item responses were rated on a five-point Likert scale ranging from 1 (*"strongly disagree"*) to 5 (*"strongly agree"*); the final two statement were reverse scored. Item scores were summed to calculate a total score. Cronbach's alpha for the total scale items was acceptable (.72).

Qualitative Questions. Within the T1 survey, participants responded to two open-ended questions about the impact on their psychological wellbeing.

Q1) Do you think your emotional wellbeing has been impacted by your experience during COVID-19? If yes, in what way?

Q2) What will support you, and your wellbeing, during the remaining period of the COVID-19 pandemic?

Within the T3 survey participants were asked to answer three open-ended questions with free text:

Q1) During the COVID-19 pandemic, what were the most challenging elements for you?

Q2) What, if anything, could have minimised these challenges for you?

Q3) What helped you to manage these challenges?

Preliminary Analysis. Participants were removed from the data set if surveys had $\leq 50\%$ missing data or incomplete wellbeing measures. For analysis across all three timepoints to be comparable, analyses were based on a fixed panel design of 65.

Initially, frequency distributions were examined to observe category response rates across all measures and timepoints. Next, measures of central tendency (i.e., means and medians) and dispersion (i.e., range, minimum and maximum responses, and standard deviation) were calculated and distribution patterns were checked. Checks were carried out for the assumptions of normality with assumptions being met. Finally, an analysis of variance was completed to compare the mean scores of wellbeing between participants who completed all three timepoints and those who dropped out, alongside all other key predictor variables. Table 4.5 indicates no significant variance between T1 scores were found between the two groups of participants.

Table 4.5

Comparison of mean scores at T1 between participants who did not complete all timepoints (Drop Out) and those who did complete all three timepoint measures (T_All)

Variable	Drop Out		T_All		F Statistic
	M	SD	M	SD	
Parenting Experience	15.41	3.01	14.52	3.04	$F(1,165) = 3.47, p = .064$
Couples Satisfaction Index	12.54	4.39	11.90	4.47	$F(1,128) = .64, p = .423$
Intolerance of uncertainty	31.10	7.65	32.46	8.09	$F(1,168) = 1.229, p = .269$
DASS	28.40	18.94	32.50	16.84	$F(1,169) = 2.02, p = .156$
WEMWBS	21.50	3.19	20.99	3.71	$F(1,169) = .86, p = .355$

Results

Cross-sectional Results

Aim 1: Psychological wellbeing of adoptive parents at T1

To examine the psychological wellbeing of adoptive parents at T1, we calculated the frequencies of psychological distress and subjective wellbeing score. As displayed in Table 4.6, a higher mean total rate of psychological distress was reported compared to the UK non-clinical adult population (Crawford et al., 2009). The current scores were, on average, eight points higher with a larger range of responses than seen previously in the general population. Despite the increase in average scores, the majority of adoptive parents presented in the 'Normal' or 'Low Risk' range for psychological distress (Levibond & Levibond, 1995).

Table 4.6

Frequencies of COVID: Adoptive Parent Experience participant psychological distress (DASS-21) and subjective wellbeing (SWEMWBS) scores with comparison to non-clinical adult norms

	<i>N</i>	<i>M</i>	<i>Median</i>	<i>SD</i>	<i>Range</i>
COVID:APEx scores					
DASS-21 scores	170	30.04	28	18.19	95
SWEMWBS scores	170	21.30	20.73	3.41	17.80
UK Norm scores					
DASS-21 Norms	2928	21.18*	14	10.61	63
SWEMWBS Norms	11,948 (men)	23.67	-	3.92	-
	15,221 (women)	23.59	-	3.99	-

Note: DASS-21 total mean score norm provided by Crawford et al (2009) presented a raw score norm, ranging from 0-63. To allow for analogy with study computed scores, raw scores multiplied by two, total score norm (10.59) has been multiplied by two (21.18) within presented table.

In comparison, parents indicated levels of subjective wellbeing comparable to UK national norms (Ng Fat et al., 2017). Current scores were marginally lower for both men and women and demonstrated less variability across scores than would be expected; however, staying in line with national norms, parents indicated a ‘medium’ level of subjective wellbeing.

Aim 2: Examine the extent to which pre-pandemic factors, COVID-related stressors and Partner and Parenting factors are associated with adoptive parent wellbeing at T1

First, we examined the degree of independence between each predictor variable by calculating correlation coefficients for each variable, as depicted in Table 4.7, with results indicating adequate independence (range of .01 – .35; less than .80).

Table 4.7

Correlation matrix representing Pearson's bivariate correlation among all predictor variables.

Variable	1	2	3	4	5	6	7	8	9
1. Employment Status	-								
2. Child Age	-.11	-							
3. Child Gender	.15*	-.02	-						
4. Child Additional Need	-.13	.35**	-.14	-					
5. Intolerance of Uncertainty	-.04	-.07	-.10	.04	-				
6. Employment Change	.24**	.01	.04	.12	.13	-			
7. Working from Home	-.11	.04	-.12	-.13	-.05	-.09	-		
8. Parent delivered childcare	.08	.02	-.11	-.01	.05	.04	.01	-	
9. Parenting Experience	.16*	-.02	.10	-	-	-.03	.06	-.05	-
10. Couple Satisfaction	.11	-.14	.02	.02	-.09	.08	.01	.03	.28**

*. p<.05

**. p<.01

Table 4.8 presents the correlations between each predictor variable to both wellbeing variables. The factors related to COVID-Related Stressors (changes to employment, parent-delivered childcare and working from home) and factors such as child's age, gender and presence of additional need (Pre-Pandemic factors) were not significantly correlated with either psychological distress or subjective wellbeing; therefore, they were excluded from further analysis.

Table 4.8

Correlation matrix representing variable descriptive and the relationship between predictor variable to psychological distress or subjective wellbeing scores.

Variable				DASS	SWEMWBS
	N	M	SD	α	α
Employment Status	168	.82	.38	-.17*	.13
Child Age	168	8.23	4.1	.03	-.08
Child Gender	168	1.57	.51	-.12	.13
Child Additional Need	170	.64	.48	.06	-.14
Intolerance of uncertainty	169	31.64	7.83	.45*	-.40*
Employment Change	168	.30	.46	.02	-.15
Working from home	162	1.88	.61	.22	.14
Parent delivered childcare	162	80.93	21.06	.10	-.11
Parenting Experience	166	15.05	3.05	-.50**	.55**
Couple satisfaction	129	12.29	4.42	-.26**	.36**

*, $p < .05$

**, $p < .001$

Hierarchical regression analysis was conducted to analyse the effect of Pre-Pandemic factors and Partner and Parenting factors on self-reported psychological distress and subjective wellbeing. A two-step hierarchical entry approach was utilised within two separate multiple regression analyses examining the effect of predictor variables on DASS and

SWEMWBS score. The first step of each regression included the Pre-Pandemic factors, and Partner and Parenting factors were added as the second step. This order was considered the most straightforward use of the model due to Pre-Pandemic factors logically determined priority as they antedate Partner and Parenting factors (i.e., sociodemographic factors were in place prior to relational experiences impacted by COVID). Regression model assumptions were checked and met for all models. Prior to analysis, a check for multicollinearity across independent variables was conducted.

Inclusion of both Pre-Pandemic (employment status and intolerance of uncertainty) and Partner and Parenting factors resulted in the overall model explaining approximately 39% of the variance in subjective wellbeing ($R^2 = .39$, $F(4,120) = 19.32$, $p < .001$). As can be seen in Table 4.9, intolerance of uncertainty and employment status accounted for approximately 14% of the variance in subjective wellbeing although only intolerance of uncertainty showed a significant association with higher intolerance of uncertainty being associated with lower subjective wellbeing. After controlling for intolerance of uncertainty and employment status, step two explained an additional 25% of the variance in subjective wellbeing. Both couple satisfaction and perceived parenting experience significantly predicted subjective wellbeing, with higher rates of couple satisfaction and higher scores on perceived parenting experience being associated with reports of greater subjective wellbeing.

Regarding effects on psychological distress scores, the overall regression model explained approximately 34% of the variance ($R^2 = .34$, $F(4,124) = 15.32$, $p < .001$). intolerance of uncertainty and employment status accounted for approximately 21% of the variance in reported psychological distress symptoms although only intolerance of uncertainty was significantly related with higher levels of intolerance associated with higher psychological distress symptoms. After controlling for intolerance of uncertainty and employment status step two explained an additional 13% of the variance in psychological

distress symptoms, although only perceived parenting experience was significantly predictive of psychological distress, with higher ratings of parenting experience being associated with lower reports of distress.

In summary, both analyses indicated that perceived parenting experience had a strong relationship to overall wellbeing. The more positively the parenting was experienced, the higher subjective wellbeing and lower psychological distress were reported. Furthermore, parents' intolerance of uncertainty was also associated with overall wellbeing, in that parents with a greater intolerance of uncertainty reported higher levels of psychological distress and lower subjective wellbeing. Couple satisfaction was associated with subjective wellbeing but not with psychological distress. Furthermore, employment status did not appear to have a significant relationship to overall parent wellbeing.

Table 4.9

Regression analysis showing association between Intolerance of Uncertainty, Employment Status, Perceived Parenting Experience and Couple Satisfaction and Wellbeing (Subjective Wellbeing and Psychological Distress).

Variable	Subjective Wellbeing					Psychological Distress				
	Cumulative		Simultaneous			Cumulative		Simultaneous		
	R ²	- F-change	β	p		R ²	- F-change	β	p	
Step 1										
Intolerance of uncertainty	.14	F _(2,122) = 9.96*	-.18	.017		.21	F _(2,122) = 16.53**	.32	<.001	
Employment Status			.03	.643				-.06	.406	
Step 2										
Perceived parenting experience	.25	F _(2,120) = 24.80**	.441	<.001		.13	F _(2,120) = 11.32**	-.35	<.001	
Couple satisfaction			.21	.006				-.09	.252	

*.p<.05

**. p<.001

Aim 3: Parents' views on the impact of COVID on their wellbeing and what support is needed to protect their wellbeing during the pandemic at T1

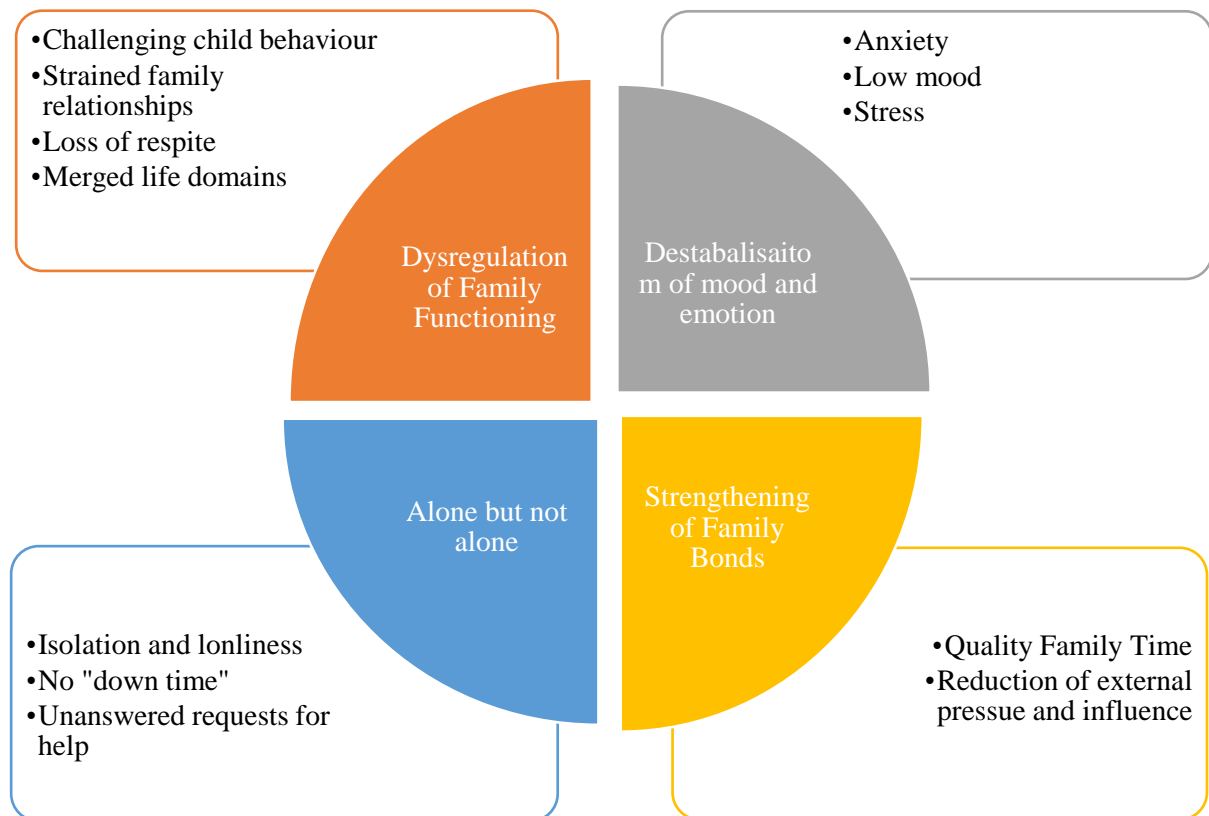
Reflexive Thematic Analysis (Reflexive TA; Braun & Clarke, 2019) was used to explore adopters' own views of the challenges and protective factors of their wellbeing throughout the pandemic. To ensure systematic and rigorous analysis, we followed the six phases outlined by Braun and Clarke (2006; 2019): (1) Repeated reading of transcripts until fully familiar with the data; (2) Generation of initial descriptive and meaning-based codes for each transcript; (3) Coding across the whole dataset, noting patterns of shared meaning, clustered to a central

concept or theme; (4) Reviewing each transcript and checking against the created themes to ensure accurate representation of narratives; (5) Refining theme names and definitions; and (6) Writing final results. Themes were developed based on level of impact not only *within* each individual narrative but also *across* the individual transition period, and across the wider group narratives. Transcripts, coding and theme generation were shared with co-authors throughout the analytic process with agreement concerning codes and themes identified. When providing a longer quote from a participant, of 20 words or more, a pseudonym has been used to uphold confidentiality.

Impact on emotional wellbeing. Thematic analysis of adoptive parents' responses to the question 'Do you think your emotional wellbeing has been impacted by your experience during COVID-19? If yes, in what way?' generated four key themes illustrated in Figure 4.1.

Figure 4.1

Adoptive parents' response at T1 to the impact of Covid-19 pandemic on their emotional wellbeing (N=82 responses)



Theme 1: Alone but not alone. When asked about the impact of the pandemic on emotional wellbeing, parents named multiple, areas of concern. The theme '*Alone but not alone*' addressed parents' feelings of isolation coupled with parental exhaustion. Parents spoke of the struggle to provide therapeutically informed parenting (including emotionally regulating their child, being child-focussed, responding to developmental trauma symptoms) on a "24/7" basis whilst finding time for themselves. One parent said, "I can't do anything for me, it's all about the children, all day every day". Others echoed this sentiment saying "I

have little or no space away from the children since COVID-19 and less contact with other adults”, “I [am] very much on my own” and “everything is relentless now, there are no breaks or escapism...It’s hard to find time to reset and hard to handle the challenges of adoptive parenting” (Julia, aged 41).

Theme 2: Destabilisation of mood and emotion. The theme ‘*Destabilisation of mood and emotion*’ describes the pressures of increased parenting responsibility and lack of “down time” experienced. As one parent put it, “I have felt more isolated than before and I am finding myself more stressed with having my daughter around me all the time” (Rebecca, aged 48). Adopters referred to experiencing anxiety, low mood and/or stress because of the pandemic. Some parents reported a generalised decline in emotional wellbeing, saying “lockdown almost broke me”, “my emotional wellbeing has become more fragile” or “more emotional”, whereas other spoke more directly of specific symptoms. Other parents reported feeling “higher” or “much greater” anxiety, with symptoms such as “constant worry”, being “nervous about going out and about”, “more irritable”. Others reported being “lower in mood”, “prone to negative thoughts”, “lost” or “hopeless”. At times parents judged themselves negatively, as one parent described feeling “lower in mood, generally more angry and frustrated. Feeling of not being a good enough mum.”

Theme 3: Dysregulation of Family Relationships and Functioning. The third theme, ‘*Dysregulation of Family Relationships and Functioning*’, is perhaps also unsurprisingly linked with parental mood destabilisation. Parents’ reported increases in challenging child behaviour, strains to family relationships and/or the challenges of merging work-home life domains. As one parent explained, “both daughters have struggled but our eldest has exhibited extremely difficult behaviour and violence. The impact of this over a sustained period has seriously affected the wellbeing of the whole family” (Ben, aged 51).

Other parents spoke of “more arguments and family tensions”, the family being “under far more strain than it was” or “on [its] knees”. Where challenging child behaviour had increased, parents reported “aggressive behaviour has continued to escalate...family is in crisis” and “my son’s anxieties have led to an increase in concerning behaviour. One, in particular, is a trigger for me, so I’m struggling to cope with my own reaction” (Claire, aged 44). The merging of work-home life domains were identified as another stressor for parents. As one parent described it’s “difficult to live and work in the same space with no other adult support” while others reported that it was “hard to handle the challenges of adoptive parenting and working from home” and the handing over of main caring responsibility to the other parent “made things difficult and took us time to adjust”.

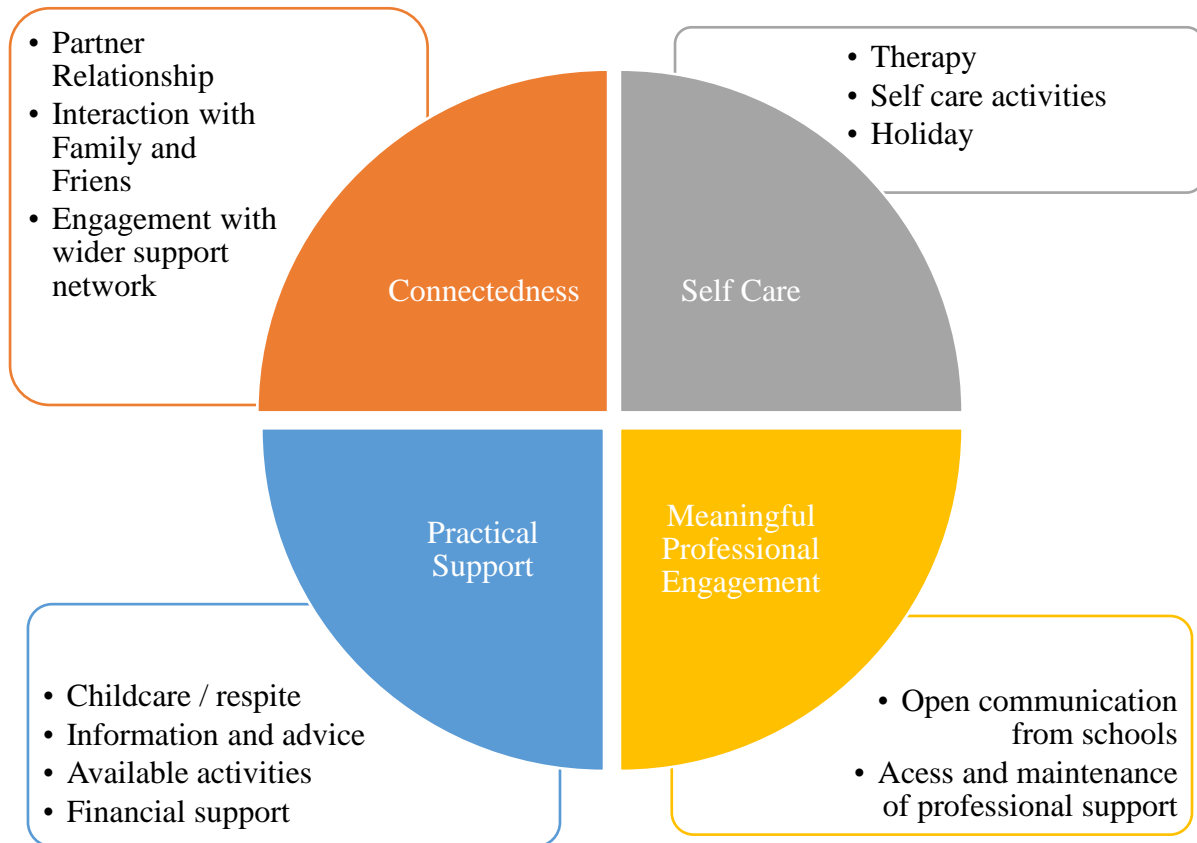
Theme 4: Strengthening of Family Bonds. The final theme of ‘*Strengthening Family Bonds*’ captures that for some parents the pandemic and lockdown measures had brought about positive experiences. For these parents the restrictions enforced presented the family with an opportunity to lessen the “outside influences” which cause stress or concern, creating a “calmer household”. It appears that both children and parents benefited from their experiences and as one parent describes “since we have had a lot less interaction and no school, no pressure from meetings, school. Expectations etc things have been much easier and more relaxed” (Rowan, aged 40). Parents described family relationships as “improved immensely ... we are all loving being home”, allowing for “more quality time as a family” and “not having to be constantly thinking about the next appointment or club has been beneficial to all of us”.

Support needed to protect adoptive parent wellbeing. Adopter’s responses to the question ‘What will support you, and your well-being, during the remaining period of the COVID-19 pandemic?’ generated four key themes, illustrated in Figure 4.2.

Figure 4.2

Adoptive parents' response at T1 to what will support their wellbeing during the pandemic

(N=130)



Theme 1: Connectedness. The theme of ‘Connectedness’ was fundamental to protecting their adopters’ wellbeing during COVID with many naming their wife, husband or partner as necessary for their continued wellbeing. Furthermore, relationship with friends, extended family and wider social support, such as “other adopters”, “online support groups” and “Facebook adoptive forum” were also identified as essential as they provide opportunities to “talk about my feelings”, engage once again with “support networks” and “return to some normality”. Adoption related organisations, such as the National Association of Therapeutic

Parents or “POTATO” (Parents of Adopted Teens) group, were also named as a “lifeline” and a source of “reassurance” and “great support”.

Theme 2: Prioritisation of Self-Care. The theme of ‘Prioritisation of Self-Care’ underlines adopters’ own sense of the need to take care of themselves. Adopters identified the importance of making time for themselves and looking after their emotional wellbeing through various forms of self-care including engaging with their therapist as important for emotional self-care, and activities such as “yoga”, “going up the allotment” and “exercise” as examples of physical and spiritual self-care.

Theme 3: Practical Support. The theme of ‘Practical Support’ speaks to adopters’ struggles with childcare, uncertainty of information, financial insecurity, or lack of available activities. The availability of childcare or respite support meant that some parents they could “have some time to rest/relax to then be more present for my child”, “get a good night’s sleep” or some needed “space to myself”. Others called for more information and clarity of regulations with suggestions of “online support groups giving advice and reassurance” or “information on outbreak hotspots to inform when and where to be more careful”. For others it was the concern regarding finances which were highlighted and the need of financial support for childcare and subsidising income losses due to COVID due to the pressure to “give up work and have time to parent full time”.

Theme 4: Meaningful Professional Engagement. Lastly, the theme of ‘*Meaningful Professional Engagement*’ encompasses the importance placed on the continued access to, and quality of, child-related professional services. Of particular importance was access to, and relationships with, Child and Adolescence Mental Health Services (CAMHS) requesting “ongoing CAMHS support”, “access to services like CAMHS” and identifying the “understanding and belie[f] in us” by CAMHS as a source of support. Continued engagement

with Social Services was also a contributing support along with open communication from schools with parents able to “talk to teachers”, for schools to be “attuned to emotional wellbeing” and provide “feedback” to parents.

Longitudinal Results

Aim 1: Psychological wellbeing of adoptive parents over all three time points (T_All) post-lockdown period

As Table 4.10 demonstrates, adopters’ average psychological distress and subjective wellbeing remained relatively stable over the post-pandemic period. Descriptive statistics show such a trend could be seen among parents who provided data at all time points as well as those who had missing data at one or more timepoints. A visual representation of average change over time trends for wellbeing is presented in Figure 4.3. From this graphic, it is evident that the average parent subjective wellbeing score remained stable over time whilst there was a marginal, but not significant, increase in psychological distress scores, especially at T3 compared to earlier timepoints and with substantial variance between parents across all timepoints.

Table 4.10

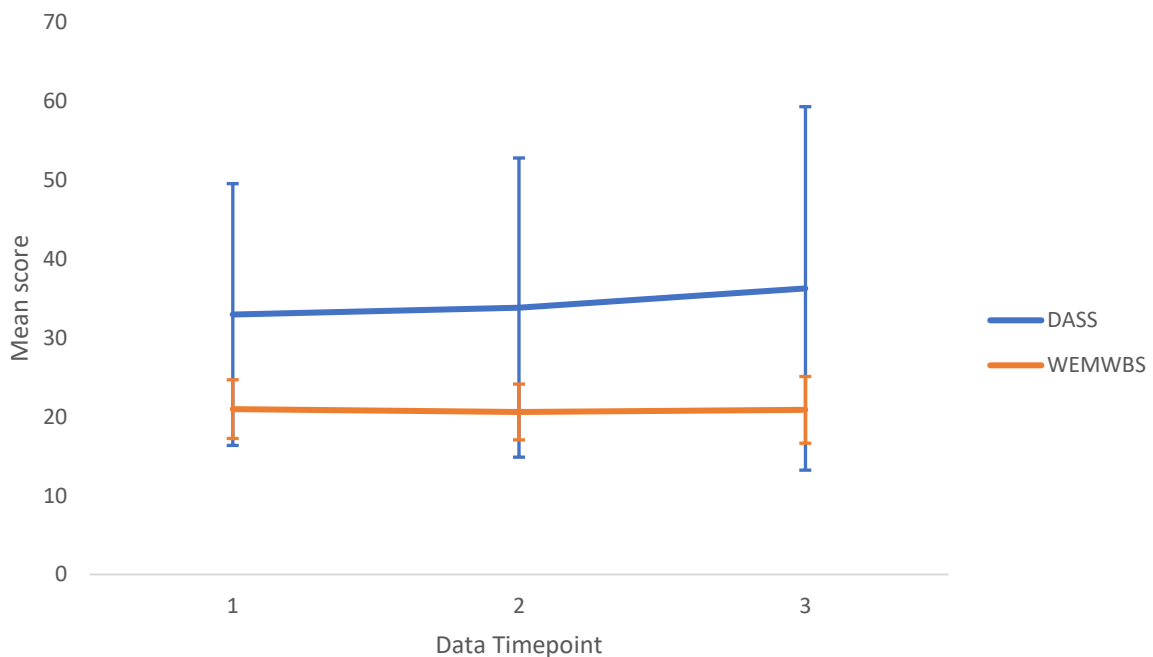
Descriptive Statistics for Wellbeing Data.

Timepoint	Psychological Distress			Subjective Wellbeing		
	N	Mean	SD	N	Mean	SD
Cases with incomplete data						
T1	110	30.71	17.66	110	21.34	3.58
T2	86	32.77	20.23	86	20.63	3.74
T3	92	34.28	22.40	92	21.26	4.16
Cases with complete data						
T1	65	32.94	16.59	65	20.95	3.72
T2	65	33.82	18.96	65	20.59	3.54
T3	65	36.25	23.03	65	20.86	4.23

To examine if parents average psychological distress and subjective wellbeing changed over the course of nine months following the national COVID lockdown latent growth models were computed. The model estimates are displayed in the Table 4.11.

Figure 4.3

Mean Wellbeing scores (Psychological Distress (DASS) and Subjective Wellbeing (WEMWBS)) across T1, T2 and T3 with Error Bars (cases with complete data; N=65).



Latent Growth Curve Modelling was used to explore the rates of change within and between adoptive parent wellbeing scores across time using R (lme4 package). Separate slopes were modelled for T1, T2 and T3 with models including random intercepts and random slopes. The use of random effects assumes individuals may not only vary in their starting

point (intercept) but also in their responses over time (slope). Model constraints were used to test for significant difference between slopes estimates between each timepoint.

Model fit was evaluated using X^2 with a scaling correction factor for Multilevel Regression (MLR), comparative fit index (CFI), Tucker-Lewis index (TLI), root mean-square error of approximation (RMSEA) and standardised root-mean residual (SRMR).

As Table 4.11 demonstrates, model 1 indicated significant variance in how parents rated their wellbeing at intercept; psychological distress ($X^2(6) = 19.64, p < .001$) and subjective wellbeing ($X^2(6) = 40.42, p < .001$). The intercept represents the participants average psychological distress or subjective wellbeing at T1. The slope represents the average rate of change. Model 2 indicates psychological distress ($X^2(3) = 9.30, p < .05$) is expected to increase by 1.65 with each time point, while subjective wellbeing ($X^2(3) = 8.05, p < .05$) is expected to decrease by 0.04 with each time point. However, the rates of change in both psychological distress and subjective wellbeing were not significant ($p = 0.15, p = .076$ respectively).

Whereas the intercept and slope represent the average starting point and rate of change, the variance in the intercept and slope represent the difference between each individual's score and the sample mean at the starting point (i.e., psychological distress or subjective wellbeing at T1) and their individual difference in rate of change compared to the average. That is, the more variance seen the more difference there is between individuals. Model 2 demonstrates significant variability in parents psychological distress scores at T1; however, there was not a significant variance found within rate of change over time. The opposite is seen for subjective wellbeing in that no significant variance was seen in T1 scores, however there was a significant variance in parents' rate of change. The covariance between slope and

intercept indicates that the higher the starting value of psychological distress, the stronger the increase in psychological distress or subjective wellbeing over time.

Table 4.11

Latent Growth Model estimates for individual differences at T1 (intercept) and changes over time (slope)

Parameter	Psychological Distress Estimate (DASS)	Subjective Wellbeing Estimate (WEMWBS)
Model 1		
Intercept	34.33 (2.09)***	20.80 (0.37)***
Intercept variance	149.49 (18.54)***	8.15 (1.01)***
Model 2		
Intercept	32.68 (2.05)***	20.84 (0.38)***
Slope	1.65 (1.14)	-0.04 (0.16)
Intercept variance	168.29 (51.25)***	-1.56 (2.53)
Slope variance	21.32 (21.32)	-4.97 (1.18)***
Model 2 Indices		
CFI	0.92	0.93
TLI	0.92	0.93
RMSEA (90%CI)	0.18(0.05-0.32)*	0.16 (0.02 – 0.30)*
SRMR	0.06	0.19
AIC	1644.72	1020.77
BIC (adjusted sample-size)	1657.76	1014.93
Covariance	26.60	5.64***
Model 3		
Intercept	31.07 (1.65)***	21.20 (0.31)***
Slope	1.74 (1.03)	-0.19 (0.16)
Intercept variance	103.71 (41.69)*	-3.60 (2.58)
Slope variance	9.64 (22.19)	-50.9 (1.67)**
Model 3 Indices		
CFI	0.97	0.88
TLI	0.95	0.79
RMSEA (90%CI)	0.10 (0.00 – 0.20)	0.18 (0.09 – 0.27)**
SRMR	0.10	0.14
AIC	1569.63	985.29
BIC (adjusted sample-size)	1558.92	974.58
Covariance	-10.61	4.84**
Regressions		
T1*Parenting Experience	-2.66 (0.16)***	0.61 (0.10)***
T2*Parenting Experience	-3.97 (0.47)***	0.31 (0.14)*
T3*Parenting Experience	-4.64 (0.58)***	0.60 (0.11)***

NOTE: Model 1 (Random Intercept– Variation in individual scores at Intercept only), Model 2 (Random Intercept and Random Slope– Variation in individual score at intercept and over time) and Model 3 (Random Intercept and Random Slope including Parenting Experience as predictor). Models are considered good fit if CFI > 0.95, TLI > 0.95, RMSEA < 0.05 and SRMR < 0.05, with a X2 P-value > 0.05. Numbers in parentheses are standard error of parameter estimates.

*. Significant at the .05 level. **. Significant at the .01 level. ***. Significant at the .001 level

Aim 2: Examine the extent Pre-pandemic factors, COVID-related stressors and Partner and Parenting factors are associated with adoptive parent wellbeing over all three time points

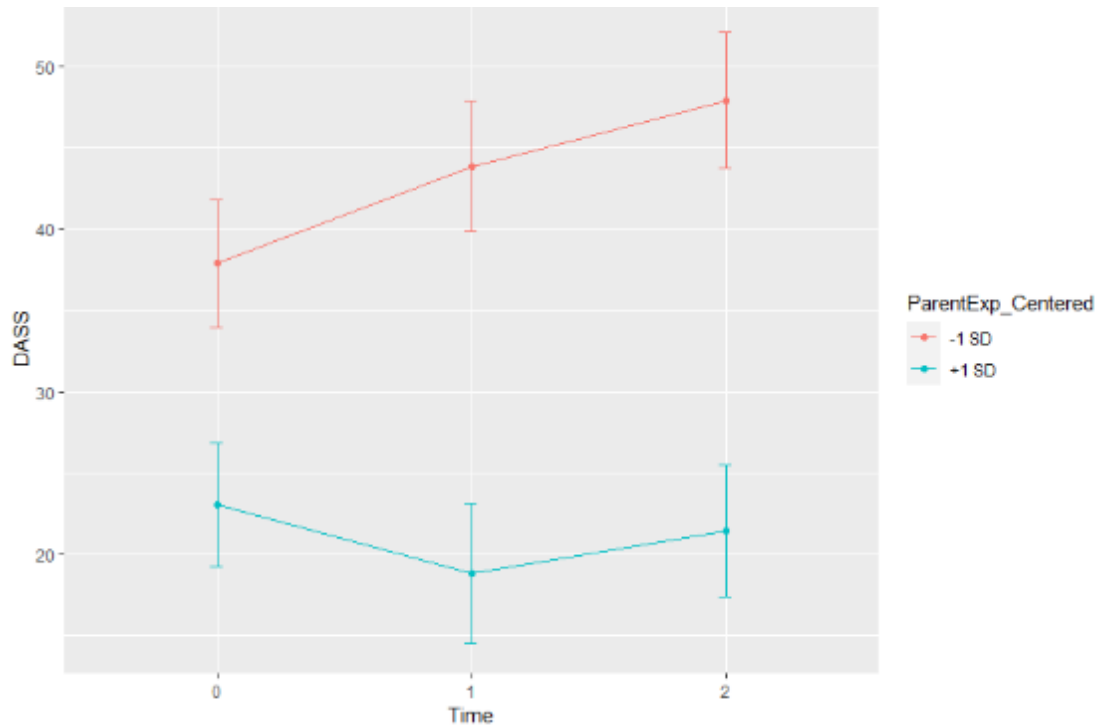
In controlling for parenting experience as a predictive factor (Model 3), analysis shows the continuation of the same direction of wellbeing score change across each timepoint. That is, when taking parenting experience into account, parents' psychological distress is expected to increase by 1.74 at each timepoint and subjective experience to decrease by 0.19; however, again, these rates of change were not significant ($p=0.09$ and $p=0.82$ respectively). Similarly, when examining the variance across parents we continue to see a significant variance in psychological distress at T1 and significant variability in parents' subjective wellbeing rate of change only.

Regression analysis (Model 3) identified parenting experience as a significant predictor of change over time for both measures of parent wellbeing. That is, as parenting experience increased there was a decrease in psychological distress. Interestingly, this relationship appeared to become strongest at T3 compared to earlier timepoints. A positive relationship was seen for subjective wellbeing whereby as parenting experience increased so would subjective wellbeing scores.

Figures 4.4 and 4.5 provide a visual representation of the relationship between time and wellbeing for individuals with high parent experience (i.e., one standard deviation above the mean) and low parenting experience (i.e., one standard deviation below the mean). The graphs illustrate parents with higher parenting experience rates higher on subjective wellbeing and lower on psychological distress over time, whereas parents with lower parenting experience rates higher on psychological distress and lower on subjective experience over time.

Figure 4.4

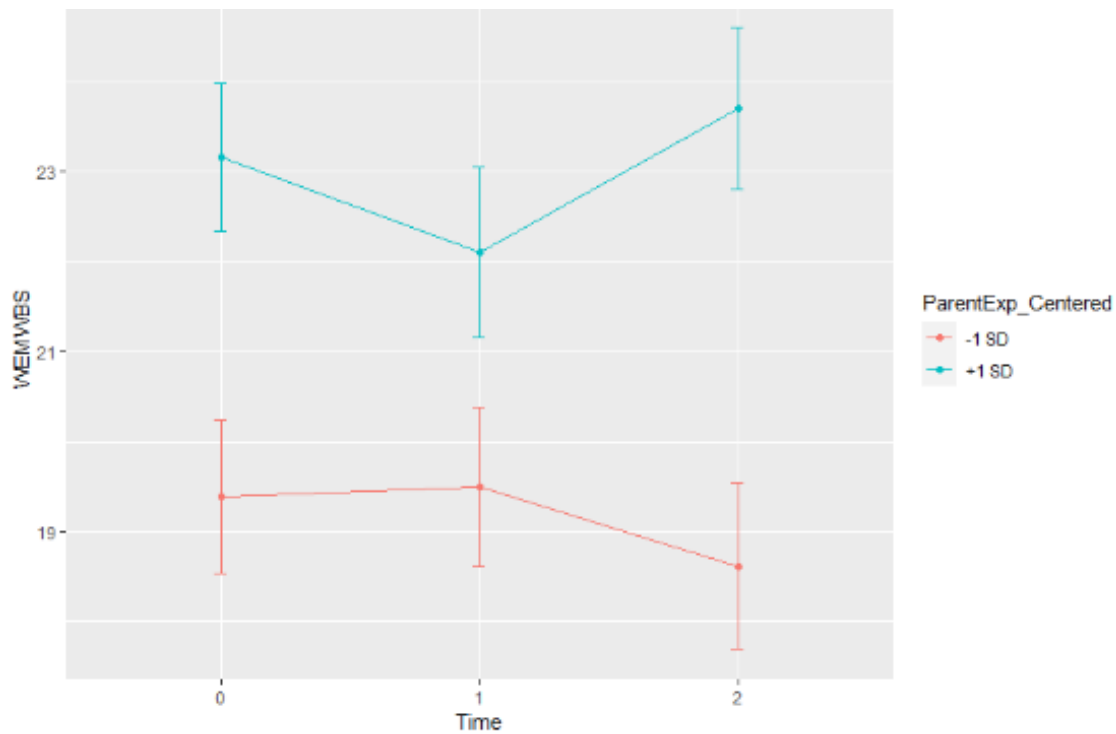
Relationship between parenting experience and psychological distress (DASS) over time



In a subsequent model additional predictive factors were controlled for including Employment, intolerance of uncertainty and presence of Child Additional Need. Further regression indicated IUS as the only factor able to significantly predict psychological distress (0.64 (0.21), $p=0.003$) or subjective wellbeing (-0.13 (0.04), $p=0.002$) at T1. This means that higher levels of intolerance of uncertainty predict higher levels of psychological distress and lower levels of subjective wellbeing. No variables included in the model were able to significantly predict rate of change in either wellbeing measure over time.

Figure 4.5

Relationship between parenting experience and subjective wellbeing (WEMWBS) over time



In summary, the findings indicate that there was significant variance in how adoptive parents rated their levels of psychological distress and subjective wellbeing at T1. A negative relationship between psychological distress and subjective wellbeing was evident whereby as scores on one increased, scores on the other decreased. Parenting experience and intolerance of uncertainty were able to offer prediction of parent wellbeing (across all timepoints or T1 only, respectively); however, there was not a significant change in parents' ratings of psychological distress or subjective wellbeing nine months.

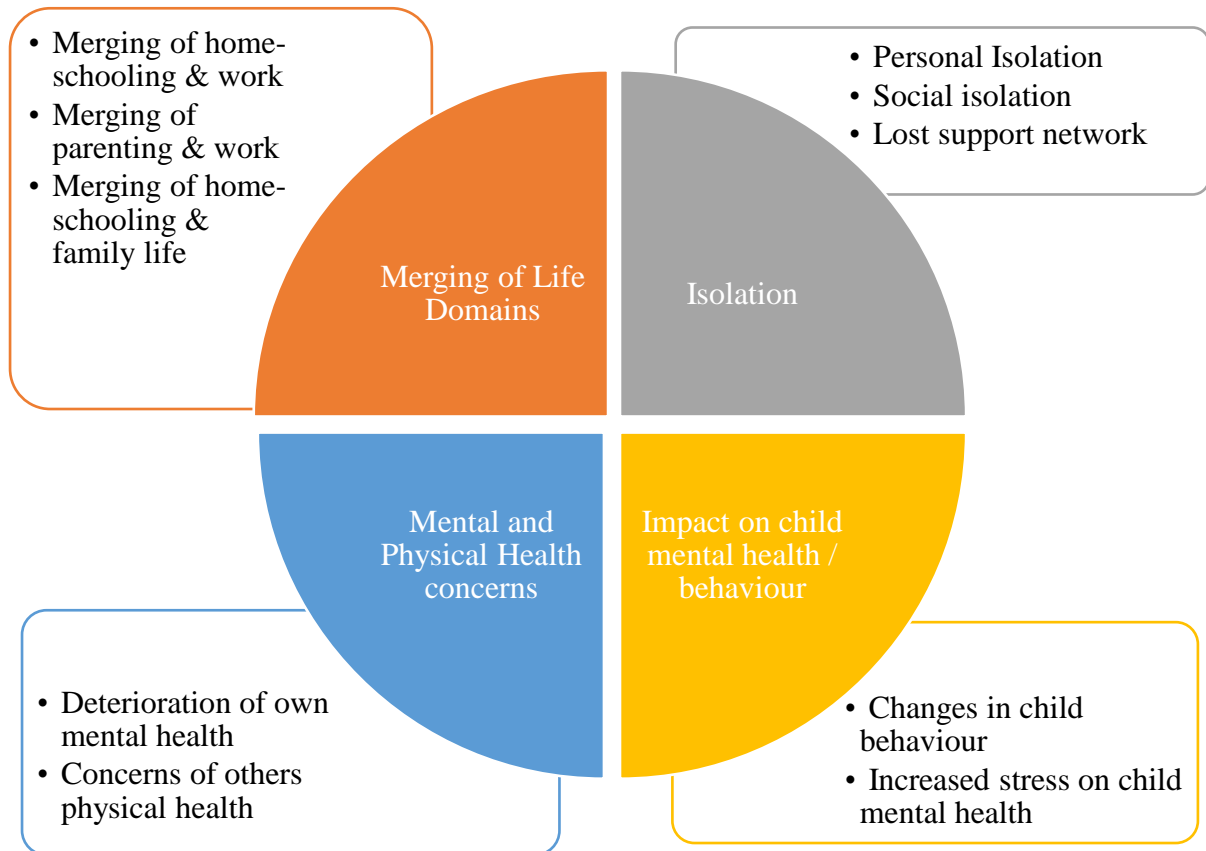
Aim 3: Parents' views on the factors which most challenged their wellbeing at T3 and factors which minimised these challenges and protected wellbeing over all three time points (T_All) post-lockdown period

Reflexive Thematic Analysis was utilised to analyse longitudinal qualitative data using the same process followed for T1.

Most challenging aspects of the COVID for adoptive parents. Parents' responses to the question "During the COVID-19 pandemic, what were the most challenging elements for you?" generated four key themes illustrated in Figure 4.6.

Figure 4.6.

Adoptive parents' response to "During the COVID-19 pandemic, what were the most challenging elements for you?" at T3 (N=65)



Theme 1: Merging of Life Domains. Many adopters reported having to work as well as home-school children or provide increased levels of parenting/childcare as the most challenging aspect of the pandemic to date. As one parent put it “working from home, managing my child’s home-schooling, do housekeeping and cooking and finding time to exercise” put a strain on parents’ resources. The pressure of “no childcare and working” or “juggling work and my son’s needs” underscored the challenge of working from home and parenting. Home-schooling as significant factor, with school closures resulting in parents being faced with “homework”, charged with “keeping [my] child engaged” and needing to provide “heavy supervision of home learning”. As one parent described, “home schooling was very

very hard with a 10-year-old with an EHCP, a 7-year-old with poor concentration and a toddler. Very hard for everyone” (Jennie, aged 39). For others, it was the “constant responsibility for children” which was hard, “never ending parenting children that struggle to be near each other alone as husband [is a] keyworker with no respite” (Sandra, aged 47).

Theme 2: Isolation. A common challenge was the personal isolation felt, along with social separation and loss of support networks. Whilst some parents gave “isolation” as a standalone response, others reported “not being able to see friends” or “being isolated without adult company” as a means of their isolation. Others recognised it was the loss of support networks, including “adoption support” which attributed to a sense of isolation.

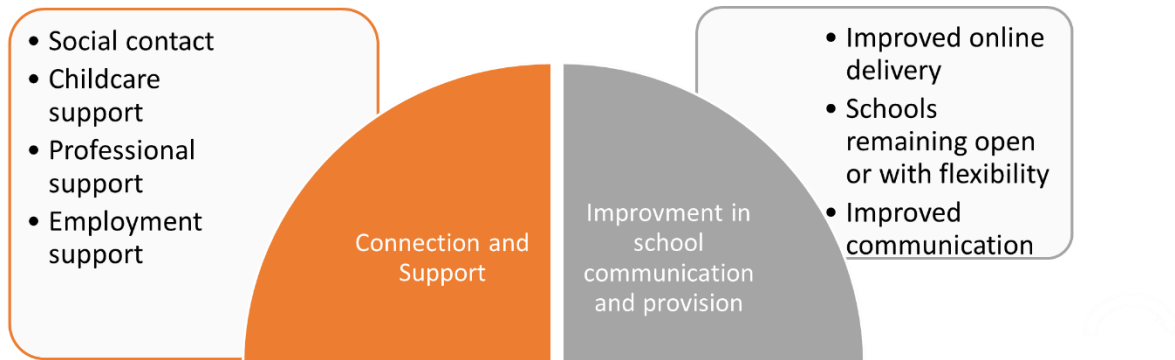
Theme 3: Mental and physical health concerns. Adopters reported the impact on, or concerns for, their own or others mental and physical health indicating mental health factors such as “anxiety”, “panic attacks”, “loneliness” and “grief” along with worry and fear for the physical health of others or the experience of their own “illness”.

Theme 4: Impact on child mental health and behaviour. The final theme centred around the impact on child mental health and/or behaviour. For many, the impact of COVID-19 restrictions, and changes to usual life routine, triggered an increase in challenging child behaviour which adopters found to be a significant challenge to themselves. Parents reported a triggering of “early years trauma” due to the pandemic or the “change in routine, son’s aggressive behaviour escalated, to the point of adoption breakdown”. Other parents simply responded with “child behaviour”, “daughter’s ongoing mental health”, or “child behaviour due to change and fear”.

Factors which could minimise the challenges faced. Analysis of parents’ responses to the question “What, if anything, could have minimised these challenges for you?” generated two key themes, as illustrated in Figure 4.7.

Figure 4.7

Adoptive parents' response to "What, if anything, could have minimised these challenges for you?" at T3 (N=65)



Theme 1: Connection and support. Connection, in the form of social contact, and support in the form of childcare and professional intervention were identified as key to reducing the impact of the challenges experienced. For these parents, forming “support bubbles earlier”, “being able to access time with grandparents” or “able to see close family for support” would have eased the burden. For others it was the joint benefit of social support for social interaction as well as childcare support which would have been beneficial; “being able to have physical contact with other people to look after the children” or “being able to use friends for childcare”. Many parents also spoke of being able to access professional intervention as a means of minimising the challenges. For some it was accessing “adoption support”, others identified “more support from social services” or being able to access mental health services for their child and family.

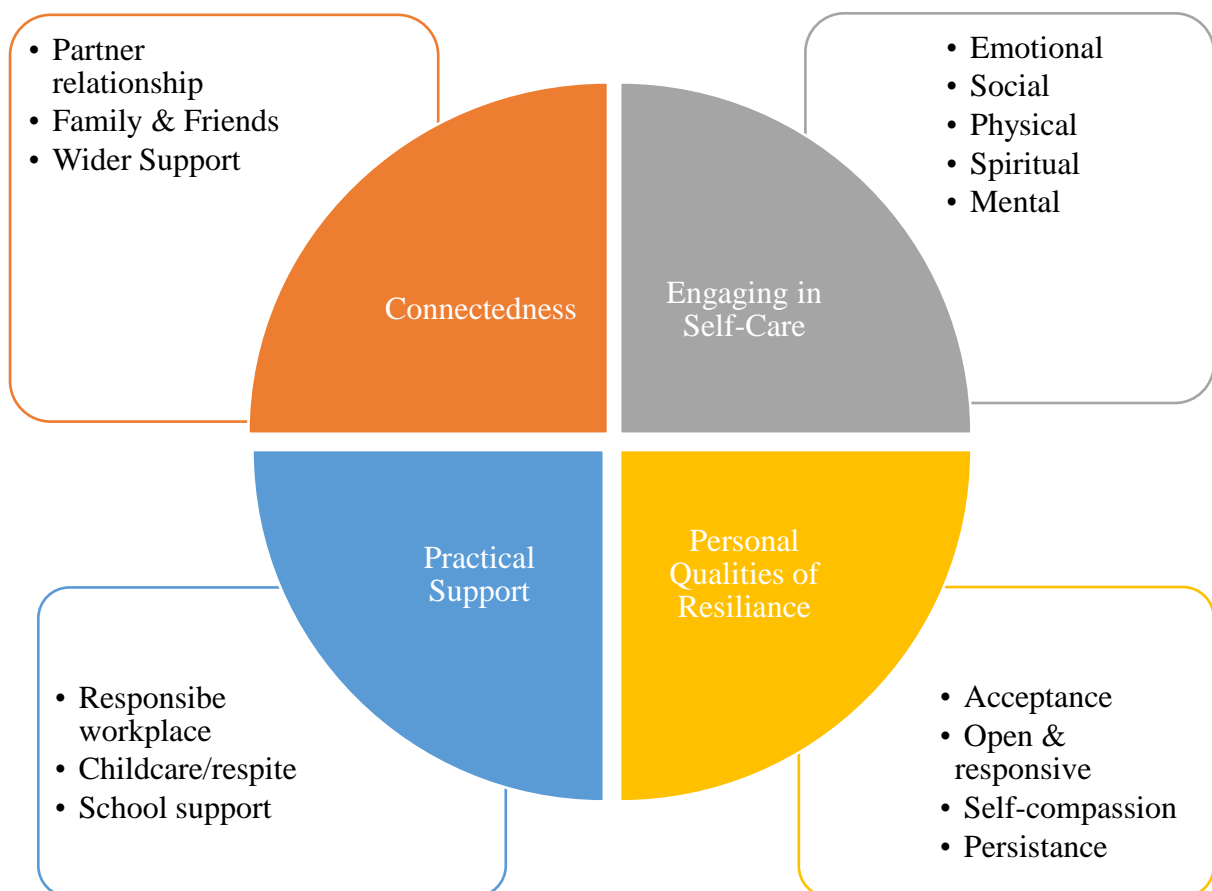
Theme 2: Improvement in school communication and provision. The second dominant theme describes parent’s desire for better school communication, provision and understanding of the needs of both parents and children. Parents called for “better home-schooling packages”, “more online learning” and “better online provision”; improved communication to and from schools, such as “more frequent check-ins “, “liaison from school

about expectations” of both parents and students with acknowledgement that some children may be “emotionally not able to concentrate” due to the situation. For parents, “schools being open” for student attendance, or increased flexibility in attendance, such as “being able to send at least one to school” or “having them both attend school together” could have helped.

Factors which protect parental wellbeing. Thematic analysis of adoptive parents’ responses to the question “What helped you to manage these challenges?” generated four key themes, as illustrated in Figure 4.8.

Figure 4.8

Adoptive parents’ response to “What helped you to manage these challenges?” at T3 (N=65)



Theme 1: Connectedness. As seen previously, many parents valued connection to others as a strong protective resource. Parents identified their partner relationship as significant, with one parent describing “friday night take away with my husband each week to celebrate getting through each week” as an example of the role of partner interactions as a source of regulating and “getting through” a difficult time. Other parents identified support bubbles with “friends and family”, connecting with others online or via telephone and engaging with wider support networks, such as adoption support services, social services, “support from church” and online therapeutic parenting organisations as beneficial forms of connection in aiding wellbeing.

Theme 2: Engaging in Self-Care. Some parents also highlighted self-care as a means of supporting their wellbeing. Many accessed therapy to provide emotional self-care, while others engaged in physical forms of care such as “cold water swimming”, “going for the occasional walk” or “exercising on my bike”. Interacting with others - “walks with friends” or “going out with others” - was a form of social self-care.

Theme 3: Practical Support. Practical support was helpful in overcoming challenges, with a responsive workplace and school support being highly valued. Parents reported workplaces helpful when they were “flexible”, able to respond to employees needs such as “reduced hours”, “working from home”, “additional time off” as well as having “understanding colleagues”. Likewise, parents found schools helpful when their child was able to attend, either full time or on reduced days, or “online learning was provided”. It is the responsiveness of workplaces and schools to the need of the parent which provided a protective resource for parental wellbeing. The slackening of social contact, and the increased provision of childcare / respite, was also identified by parents as helpful, providing opportunities for parents or friends to take over the childcare responsibility and “lessen the load” for parents.

Theme 4: Personal Qualities of Resilience. The final theme developed centred on parents' self-reported personal qualities of resilience. For some parents it was not what others did for them, or what they did for themselves which mattered but their own personal attributes which supported their wellbeing. Qualities such as "determination", "persistence", "reducing my expectations" (self-compassion), "trying to be positive", "dedication and commitment" and "being organised" are various attributes required for resilience and parents noted these as the cornerstone of what helped them to get through this period of pandemic. Other qualities identified included acceptance, proactiveness and being open and responsive.

Discussion

This exploratory study aimed to address a gap in our understanding of the impact of the COVID-19 pandemic, and associated social restrictions, on adoptive parents' psychological wellbeing through quantitative and qualitative methods; specifically exploring the period between three-to-nine months post-lockdown.

Quantitative Findings

This study identified that three months following the COVID:19-Lockdown in the UK, adoptive parents did present with elevated levels of low mood compared to pre-pandemic 'norms'; however, such levels remained at a sub-clinical level for most adopters. Adopters' subjective wellbeing remained consistent with pre-pandemic 'norms' indicating in contrast with reports of heightened levels of anxiety, depression and/or stress within the general population (Banks and Xu, 2020; Cheng et al., 2021; Kwong et al., 2021; Office for National Statistics, 2020a; 2020b; 2021; Piece et al., 2020) and perhaps most interestingly even within the adoptive parent community where mental health deteriorated for half the participants (Goldberg et al., 2021). Furthermore, despite seeing significant variance in how adopters rated their overall wellbeing in those early months post-pandemic lockdown, their wellbeing remained stable and consistent with no significant changes over time. These findings suggest

adopters were able to navigate the post-lockdown terrain, and subsequent obstacles to family life, with minimal fluctuation in their wellbeing. This finding supports previous pandemic research which suggests even if deterioration of wellbeing is present at the outbreak of a pandemic, psychological wellbeing levels are observed to remain consistent over time (Lam et al., 2009; Lau et al., 2010; Tsang et al., 2004); in this case the stabilisation of slightly elevated low mood and ‘average’ subjective wellbeing.

A valuable finding of the study is the strong predictive power of ‘Parent Experience’ in predicting adopters’ levels of low mood and subjective wellbeing on both a cross-sectional and longitudinal level. This was the sole significant predictive factor, indicating how important the parent-child relationship is to adopters’ wellbeing, not just to the child, and in a time when family relationships were put under strain as family life continued to be disrupted. This finding supports the recent work by Russell et al. (2021) which demonstrated links between the perceived parent-child relationship quality, parent depression and parent resilience: parents who demonstrated higher levels of parental resilience and perceived parent-child relationship quality scored lower on depressive symptomology in the months following the pandemic outbreak. Furthermore, our findings, along with others’ findings, suggest that parenting satisfaction could be a moderator of parental mental health during times of uncertainty (Schrooyen et al., 2021) as for some parents the pandemic provided a unique opportunity to develop and strengthen the parent-child bond offering a mediating buffer against parental stress and wellbeing deterioration (Cheng et al., 2021; Thorell et al., 2021). An observation which has not been highlighted within the COVID literature to date.

Another important finding was the significant impact of adopter’s ‘Intolerance of Uncertainty’, with emphasis on the significant correlation between high levels of intolerance being associated with lower mood and lower subjective wellbeing at T1. Although such association was not seen over time, it does indicate that intolerance of uncertainty, which can

be especially pertinent during a pandemic, is an important influential factor for wellbeing within the months following the outbreak. Our findings support claims made by Satıcı et al. (2020) whose study reported a lower tolerance of uncertainty is negatively associated with wellbeing. This was seen within our own positive correlation between uncertainty intolerance and low mood at the first timepoint; however, such a relationship was not observed over time. As parents became more aware of the nature and context of the pandemic, alongside made functional adjustments to daily routine and reengaged with social support mechanism, their levels of uncertainty may have reduced, and the strong predictive nature weakened. Alternatively, there may have been a lack of statistical power within the data due to attrition to observe a stronger predictive value. This does, however, highlight the need for clear and open information to be provided, both on a medical and social guidance level, in order to educate, inform and prepare those within the community in the face of widespread uncertainty.

Interestingly, our findings did not support other commonly-identified risk factors noted in previous literature such as parent age (Cheng et al., 2021; Office for National Statistics, 2020a; 2020b; 2021), working from home (Cheng et al., 2021), home-schooling children (Cheng et al., 2021; Thorell et al., 2021) amount of time caring for children (Aguiar et al., 2021; Cheng et al., 2021; Russell et al., 2020; Russell et al., 2021), child disability (Willner et al., 2020) or child age (Cheng et al., 2021). Despite these factors not being significant predictors of wellbeing, they did play an instrumental role in the subjective experience of adopters as seen within the qualitative accounts discussed later in the discussion.

To understand these findings in a suitable context, it must be noted this sample of adopters have substantial personal resources which may assist to protect against wellbeing deterioration. In this study, as seen in previous adoptive parent samples (Goldberg et al., 2021), adopters had a higher-than-average family income (see Table 4.2), maintained

employment throughout the pandemic and were highly educated which are associated with financial stability, greater understanding of the responses to a pandemic and a more optimistic view towards COVID-19 (Cheng et al., 2021). Despite these resources, our adoptive families were also characterised by stressors unique to adoptive families, such as higher than average rate of child disability and higher provision of special education provision within school which could not be provided within the home-schooling environment; suggesting that parents were able to assimilate the additional burdens placed on them at a highly turbulent time whilst maintaining and regulating their own wellbeing.

Qualitative Findings

In addition to the quantitative analysis, the qualitative themes gained from adopter's sharing their own views enrich our understanding of the challenges and protective factors contributing to adopter's mental wellbeing over the pandemic.

Interestingly, adopters highlighted the importance of connection throughout all timepoints, either through the challenge of lost connection (e.g., "*Alone but not alone*" at T1 or "*Isolation*" at time T3) or the protective value of having connection (e.g., "*Connectedness*" at T1, "*Connection and Support*" and "*Connectedness*" at T3). Such feeling of social isolation and lack of social support has been reported by others (Brooks et al., 2020; Cheng et al., 2020; Choi et al., 2020; Lei et al., 2020; Gunther-Bel et al., 2021; Zhang-Wang et al., 2020); however for our adopters the loss of connection with friends and family not only meant a loss of emotional support but also a loss of a practical childcare resource; often leaving parents in a position of providing therapeutic parenting on a 24/7 basis draining their emotional reserves. Despite the stability seen within the quantitative analysis, the qualitative analysis revealed adopters were struggling with feelings of anxiety, low mood and/or stress with parents dealing with challenging child behaviour or their child's emotional stability being shaken by factors associated with the pandemic. The adoption literature provides a

wealth of evidence suggesting that parenting an adopted child can be highly demanding of parental emotional, physical and financial resources (Chobhthaigh & Duffy; 2018; Foli; 2010; Harris-Waller et al., 2016), and the loss of regular contact with others meant some parents described symptoms of parental “burn out” consisting of emotional and physical exhaustion due to the demands of their parenting role (Mikolajczak et al., 2018).

On the flip side, it was the connection with significant others which proved to be the most powerful protective factor against wellbeing deterioration for most parents. The spousal relationship was identified as most common form of protective factor in the months following the pandemic with relationships broadening to include connection with wider family, friends and virtual communities as the pandemic progressed and government initiatives such as the ‘social bubble’ were brought into force. Adopters own views echo the literature which suggests meaningful social connections is vital to maintaining healthy emotional and psychological wellbeing, with social disconnectedness (e.g., limited social network leading to intermittent social interaction) being a predictor of heightened anxiety and depression (Newman & Zainal, 2020). What is more, it is the self-perception of isolation, rather than a literal isolation, which mediates wellbeing (Santini et al., 2020) which may go some way to help understand why some parents felt a great sense of isolation even within the company of others as their own sense of meaningful connection may have been constrained by imposed social restrictions.

A second overarching theme faced by adopters was the challenge of disrupted family routine as work-school-parenting-family life merged (e.g. “*Dysregulation of Family Functioning*” at T1, “*Merging of Life Domains*” at T3). This theme echoed the challenges reported by many parents with increased pressure and responsibility associated with home-schooling children (Thorell et al., 2021), additional childcare demands (Aguiar et al., 2021; Russell et al., 2020; Russell et al., 2021) and an amalgamation of work-life domains (Adams

et al., 2021; Cheng et al., 2021; Goldberg et al., 2021). As one parent put it “working from home, managing my child’s home-schooling, doing housekeeping and cooking and finding the time to exercise” put an enormous strain on adopters’ resources, often leaving little time or space for self-regulation and self-care. However, considering the stability of adopter’s wellbeing during this time, it may be understood that despite the challenge associated with the collision between life domains, the ability to work flexibly and remotely from home may in fact represent a personal resource that buffers some of the stress associated with the pandemic. That is, such external resource (such as financial security and job flexibility) may assist parents somewhat in stress management as research has found distraction has been an essential stress management strategy alongside keeping busy and being able to seek emotional support (Hall et al., 2020) through various avenues.

A third theme threaded throughout adopter’s subjective narratives is the value of engagement, and access to, meaningful emotional support and self-care as roots to resilience (e.g. “*Self-Care*” in T1, “*Engaging in Self-Care*” and “*Personal Qualities of Resilience*” at T3). Parents not only spoke of the importance of connectedness with intimate partners and friends, but also with therapists and online supportive communities as methods of emotional self-care; alongside engaging in walks, exercise and gardening to attend to physical and spiritual self-care. What is perhaps most interesting was adopter’s identification of their individual traits as key protective factors, such as “determination”, “persistence” and positivity which have been shown to be effective in demonstrating resilience (i.e. immunity, stability and undisturbed mental health) in the face of a prolonged period of adversity (Ayed et al., 2019; Verdolini et al., 2021). Being in possession of personal resources, alongside the wealth of external resources acknowledged to this sample, may go some way to explain the apparent resilience demonstrated by adoptive parents as they were able to use these to adapt to the challenging life circumstance offering a protection against mental health deterioration.

Practical Implications

Our findings are promising not only due to the resilience and emotional stability demonstrated by adopters across the pandemic, but also from a practical viewpoint. As parental experience and intolerance of uncertainty are both dynamic in nature, they can be focussed upon within prevention and intervention programmes to better support and educate parents on their role in mitigating stressors to their mental wellbeing. Many parent intervention programmes have a primary focus of targeting parenting skills and behaviours (Leijten et al., 2019), however by also focussing on the parental experience, and the factors associated with positive parental psychological wellbeing, such interventions can assist to strengthen parental resilience. More recent interventions which do offer a duality of focus have demonstrated improved parent psychological wellbeing is associated with increased parent satisfaction and parent-child relational outcomes (Adams et al., 2021; Brianda et al, 2020; Chan and Chun Fung, 2022). Parenting interventions could be enhanced by including strategies to strengthen parental self-care strategies when at risk of ‘parental burn out’ from the demands of therapeutic parenting (Aguiar et al., 2021), methods for overcoming intolerance of uncertainty (e.g. through guided Cognitive Behaviour Therapy principles; Boswell et al., 2013) and teaching of everyday mindfulness based practices which have been evidenced to help parents manage emotional exhaustion, burnout, stress, anxiety, depression and other more critical mental health conditions (Petcharat, 2017).

Limitations

To our knowledge this is the only study in the UK which has explored the impact of COVID-19 on adoptive parents’ wellbeing over a nine-month post-lockdown period. Although it does provide valuable insights, there are several limitations which need to be acknowledged.

One limitation of the current study is the level of homogeneity within the sample. As observed in much of the adoptive parent literature this sample consisted of predominantly white mothers, well educated, married in a heterosexual relationship with a household income over the national average. As a result, parents and their children may not have been exposed to some of the stressors associated with risks to mental health deterioration as seen in other research with more heterogeneous samples. For example, it was not plausible to conduct data analysis for factors which have been evidenced to predict risk to wellbeing, such as being female, adult disability, being from a lower socioeconomic status or BAME background (Cheng et al., 2021; Frank et al., 2020). Although it is unclear the official sociodemographic figures for adoptive parents in the UK; the sample in the current study is reflective of adoptive parent samples in other research (Cabello et al., 2004; Chobhthaigh et al., 2018; Foli, 2010; Foli et al., 2017a; Goldberg et al., 2021; Harris-Waller et al., 2016).

Second, although the aim of the study was to explore wellbeing post-pandemic, we did not have a record of adopter's wellbeing prior to the pandemic or within the first three-month post-outbreak. As a result, we were unable to make comparisons between current wellbeing and that of life pre-pandemic. However, as this study was interested in exploring wellbeing throughout the lockdown period and what adopters found helpful or challenging about their experience the current methodology and study design was deemed suitable.

Thirdly, substantial attrition was observed when collecting data across the three timepoints, thereby resulting in a smaller longitudinal sample compared with the cross-sectional sample. Although we used statistical tests suitable for smaller samples and found few baseline differences between those who did and did not complete all ways of data collection, the major methodological concern is that the experiences of those who remained in the study may differ from those who did not complete.

As a result, the findings of this study should be interpreted with caution given the homogeneity of the sample and small sample size.

Conclusion

The adopters in this study demonstrate the value of internal and external resources in the face of turmoil and uncertainty. The use of connectedness, self-care and personal resilience qualities may help to understand their ability to remain steady, adaptable and buoyant when meeting the challenges of the COVID-19 pandemic. These parents' ability to adapt to the stresses that unfolded over the months of an enduring global crisis relied on the ability to activate and utilise individual and contextual resources to maintain wellbeing for themselves, whilst at the same time juggling the competing demands of home-work-family life. Further research into the qualities and dynamics of such families may provide further insight into what is needed to bolster and maintain parent and family resilience across the board, helping more families to be able to adjust and absorb the challenges life brings whilst maintain personal wellbeing.

Chapter 5: General Discussion

This thesis has presented findings on a research programme focussed on exploring the experiences and wellbeing of adoptive parents. Firstly, Chapter 1 provided context surrounding the landscape of adoption today and a review of the literature surrounding adoptive parenthood. Furthermore, the methodological stance, methods employed and ethical considerations within the research were discussed. Secondly, Chapter 2 reported on the turbulent experience of transition to adoptive motherhood. In some cases, the experiences of participants mirrored that of biological parents, or of experiences captured within previous adoption research, however, the clarity in which our adoptive mothers spoke of their emotional fatigue as a result of the adoption process, parenting an unfamiliar child, managing challenging child behaviour and meeting the demands of such a life adjustment, provided new insights into the transitional experience. This finding, coupled with reports of heightened levels of anxiety, depression and/or trauma symptomology persistent over the first-year post-placement, extended the existing literature suggesting such pressures on parental emotional wellbeing persists long after the settling-in period. Thirdly, Chapter 3 responded to the need for a better understanding of adopters' experiences and wellbeing, once the family was established. This chapter reported on the continued strains on mothers' mental health due to their parenting task, with their child entering middle childhood and adolescence identified as a trigger for new challenges centring around identity formation and relational conflict. Findings brought concepts such as 'parental burnout' and 'therapeutic parenting' to the foreground; highlighting the value adopters place on adult focussed therapeutic intervention and informal support through family, friends and other adopters as protective factors for wellbeing. Lastly, Chapter 4 used mixed methods to examine the impact of living through a pandemic on adopters' mental wellbeing. Despite the well reported strains to

wellbeing that the national lockdown, and restrictions brought (Adams et al., 2021; Cameron et al., 2020; Goldberg et al., 2021; Gunther-Bel et al., 2021; Russell et al., 2020; Russell et al., 2021; Thorell et al., 2021), adopters in our study maintained a stable sense of wellbeing over a nine-month period with the quality of parenting experience being a strong predictor of wellbeing. Adopters shared their own views of the challenges associated with factors such as isolation, merging of life domains and loss of support networks. Once again, participants highlighted the need for self-care through therapeutic intervention, and leaning on partners and/or friends for support to get them through the very difficult time.

As detailed results were discussed in Chapter 2, Chapter 3 and Chapter 4, Chapter 5 aims to integrate findings from chapters and present three main themes of the thesis: *Look after me too*, *A Different type of Parenting* and the *Value of Relational Resilience*. Finally, I highlight the strengths and weaknesses of the APEX and COVID-19: APEX study and suggest recommendations for future research.

Main themes of my thesis

Look After Me Too

One striking theme was the cry from adopters to have their experience heard, understood, validated, and responded to independently from that of their child(ren)'s. Adoption literature, and post-placement intervention, is predominantly child-centred; however, findings from this research gave indication of the psychological and emotional strains placed on adopters throughout their parenting journey which they felt were unheard, unrecognised, or largely unaddressed by professionals, and at times also family and friends. Unbeknownst to me at the time, the title given to Paper 1 encapsulates this theme which was threaded throughout the wider research programme.

As seen in Paper 1, the adoption process itself is intensive, and at times intrusive, leaving adopters in a state of exhaustion before the real work of parenting even begins. The lack of control, emotional roller-coaster of the approval process and then the task of creating a safe, stable, and loving home for a child with whom you are unfamiliar can create a disconnect with the ‘normal’ or expected route to parenthood. Even as time goes by and the family moves from being newly formed to one of established relationships, adopters’ emotional resources are put to the test by either a continuation of challenging behaviour, difficulties with parent-child attachment or responding to new challenges triggered by developmental milestones (as seen in Paper 2). The findings within this thesis shine a light on the internal state of the adopter whilst facing these challenges and their frustration at the lack of adult-focussed therapeutic support not only at the time of transition but throughout their parenting journey (Paper 1 and 2). It is understandable that resources are centred on meeting the needs of the child. It is evident, however, that adopters play a vital role in child development and are committed to understanding and responding to their needs, and that this parenting takes a toll on emotional resources which needs to be replenished through formal or informal means (Brabender & Fallon; 2013; Harris-Waller et al; 2018). As seen in Paper 2, and again in Paper 3, when adopters are able to engage in support which validates their emotional experience, albeit formal or informal, they have the opportunity to off load, restore and reset their emotional energy protecting their overall wellbeing.

Past studies have highlighted heightened levels of depression and anxiety among adopters throughout transition (Adoption UK; 2019; Foli et al, 2017a, 2017; Lewis, 2018; Tasker & Wood; 2016) and at later stages as their children develop into adolescence (Anthony et al., 2019; Berge et al., 2006; Brabender & Fallon, 2013). However, adoption-based interventions largely remain centred on targeting parent-child relationships or the behaviour and wellbeing of the child (Harris-Walker et al., 2018). What our findings suggest

is that adopters need space to focus on themselves, providing an opportunity to regulate their own emotions and experiences so they are able to provide high-quality adoptive parenting.

A Different type of Parenting

Another emerging theme was the notion that adoptive parenting is parenting with a difference. Due to the emotional and behavioural challenges presented by many adopted children, the task of adoptive parents is to forge a therapeutically informed parenting style; one which “extends beyond ‘common sense’” (Petersen, 2012, p. 1). That is, parenting strategies, and indeed an understanding of the role of a parent, shifts away from the type of parenting most adults experienced in their own childhood, to one which is trauma-informed and focussed on addressing the developmental wounds experienced by the child prior to entering the adoptive family (Petersen, 2012). In Paper 1, we saw the challenge of misaligned expectations as new parents needed to re-evaluate not only their child’s presenting behaviour but also their responses and understanding of such behaviour. New parents needed to look beyond ‘usual’ parenting strategies as these were unsuccessful, and at times exacerbated challenging behaviour. Such experiences were associated with emotional distress for the parent, feelings of incompetence and hindered parent-child attachment. In Paper 2, mothers spoke more directly of the need to consider their role as a parent from a therapeutic point of view, being trauma-informed in their approach to day-to-day parenting and the need to move away from more traditional methods of behaviour management to meet their child’s needs. In Paper 3, adopters commented on the impact the pandemic -- and changes to routine family functioning -- had on their children with reference to behaviour and emotional stability due to the children’s past experiences.

Our findings suggest that adoptive parents, from placement and beyond, appear to enter a process of not only developing a general sense of parental identity, but rather refining this

into becoming a ‘therapeutic parent’. Due to the early life experiences of many adoptees impacting their sense of trust, attachment style, shame / guilt responses, etc, adoptive parents need to embrace a psychologically-driven and practical approach to parenting (Cameron & Maginn, 2008; Pughe & Philpot; 2007). As such, adoptive parents may become more educated on the principles underpinning trauma recovery, the psychodynamic principles of child development and attachment theory than a parent of a non-adopted child (Pughe & Philpot; 2007). Interestingly, there is a sense for some adoptive parents that therapeutic parenting is not just something you *do* but is something you *are*, becoming part of the parenting identity (Paper 2). At times, taking such a different approach to parenting alienated adopters from other parents, within the family and wider community, due to disagreement concerning parenting approaches, misunderstanding of child behaviour and ignorance to the emotional experiences of the adopter themselves (Paper 1 and Paper 2). When the necessity to undertake therapeutic parenting is misunderstood, due to misaligned societal values and attitudes (stigma), this can have a direct impact on how adopters perceive themselves and evaluate their parenting competence. In turn, this has been linked with deterioration in mental wellbeing (Miall, 1996; Weistra & Luke, 2017) such as lower self-esteem, poor quality of life and depression (Link et al., 2002).

The Value of Relational Resilience

The final theme to be discussed is the necessity and value of relational resilience. When examining the different temporal stages of adoptive parenting, and indeed throughout the COVID-19 lockdown period, adopters demonstrated a strong sense of resilience against the challenges facing them. Walsh (2021) describes resilience as the capacity to withstand and rebound from disruptive life adversities, and despite much of the adoption literature focusing on the resilience of *adoptees*, our findings speak to the resilience of *adopters*. When reflecting on their transition experiences, mothers often spoke of the tensions and distress

they felt during this period, difficulties in attaching and learning to love their new child and finding the emotional energy to provide the regulation and nurture their child needed (Paper 1). Whilst some spoke of heading down a parenting path for which there was little guidance, they were able to find a way to manage and adjust to the changes in their lives and parenting expectations. Although resilience was not named directly by adopters in the APEx study, a review of the broader research findings demonstrated mothers' ability to go beyond coping on a day-to-day level, with reflections of their experience as an established adoptive mother showcasing a sense of strength and growth since the time of transition. In Paper 2, mothers continued to describe challenges to their emotional wellbeing associated with their parenting task, however, also spoke of the learning, skills development, and connections they had made over the years to overcome challenging experiences and increase their emotional support networks. It is this learning, and adaptability, which is the hallmark of resilience, both on a relational and family level. The relational view of resilience assumes the centrality of supportive relationships in positive adaption to adversity (Walsh, 2021). The encouragement to distance oneself from such relationships within the early part of the transition period (Paper 1), alongside the social restrictions enforced during the early period of the pandemic (Paper 3), resulted in adopters feeling isolated and alone with their struggles. However, it was the presence of these supportive relationships which adopters attributed to their increase, or protection, of their wellbeing (Paper 2 and 3). This was particularly evident within the COVID-19:APEx study where the majority of adopters named their partner, friends and family as the resource required to maintain their wellbeing throughout the pandemic. In addition, the finding that parenting experience was a significant predictor of parental wellbeing suggests the role family resilience plays in adapting to adversity (Paper 3). Family resilience refers to the capacity of the family to respond, adapt and withstand life challenges, and in turn, key family processes mediate adaptation (McCubbin & McCubbin; 2013; Walsh,

2016). Despite much of the COVID-19 literature suggesting parent's mental health deteriorated due to the sudden and substantial changes to family life (Cameron et al., 2020; Goldberg et al., 2021; Russell et al., 2020; Russell et al., 2021; Thorell et al., 2021), our findings indicated that (at least our volunteer sample of) adopters were able to navigate the nine-month lockdown period with relative wellbeing stability. This may be due in part to the family resilience accumulated as a result of overcoming previous adoption-based challenges.

Implications

The findings presented within this thesis offer several implications, both theoretical and practical. Firstly from a theoretical perspective, the findings offer support for the utility of Bronfenbrenner's (1992) Ecological Systems Theory as a means of understanding the influence of multiple system not only on child development but also on adopter wellbeing. Of note is the impact, and interaction, of their microsystem (E.g., relationship with partner and/or child), mesosystem (i.e., the relationship with wider family and/or friends), exosystem (i.e., engagement with Social Services and post-adoption support communities) and macrosystem (wider social values concerning parenting and adoption statutory processes) to better understand the sources of stress and protective factors to wellbeing. Furthermore, the theme of 'A different type of parenting' provides support for Kirk's (1964) Shared Fate Theory. It was through parents' acknowledgement of difference, not only for their child but for themselves as parents, which facilitated the identity of 'therapeutic parent', suggesting this recognition allowed parents and children to jointly own their difference from others and forge idiosyncratic strategies for parent-child relations. On this basis, the experiences and wellbeing of all members of the family need to be understood and valued in order to facilitate high-quality adoptive parenting and family functioning (Livingstone-Smith; 2015).

Overarching both theoretical implications is the need to acknowledge the influence of wider

societal attitudes and values concerning adoption as they are significant to adopters' self-perceptions which can influence how and when adoption, and adoptive experiences, are discussed inside and outside the family. The attitude that adoption is somehow 'lesser' or 'second best' to biological parenting has led adopters to be reluctant to be open about their experiences "for fear of being judged as 'failures' together with the concern their child will be negatively viewed as 'different'" (Weistra & Luke, 2017, p. 231). Furthermore, the matching of children based on physical appearance has an undertone of replicating a biological link, increasing the likelihood of the adopter being seen as the 'real parent', whilst covertly sending the message that biological ties are more desirable and the aim is to reduce the 'difference' seen within family bonds (Herman, 2002; Wegar, 2000). It would be fair to say that a shift is taking place in societal values and attitudes, as more recently adoptive parents are encouraged to speak openly about their adoptive status, promote healthy adoptee identities in their children alongside a shift for more 'open contact' between adoptee, adoptive family, and birth family (Child Welfare Information Gateway, n.d.). However, adoptive parents in the UK still feel "people in society do not understand adoptive families" (Weistra & Luke, 2017, p. 238). Considering the increasing challenges facing adoptive parents, and our theoretical understanding of the vital role family, friends and societal attitudes have on adopter wellbeing, further awareness-raising efforts may help to continue such attitude shifts and encourage a platform for more adoptive parents to acknowledge and celebrate their difference rather than fearing stigmatisation.

Alongside theoretical implications, the findings have practical and clinical application as well. The value adopters place on individual adult-based therapeutic intervention was seen throughout the findings. As mentioned previously, post-adoption support is often focussed on child-outcomes (Howe, 2006) with access and provision to such support being inconsistent depending on your residential location (Harris-Waller et al., 2018), leading some adopters to

seek private therapy with cost implication. Our findings suggest adopters would benefit from post-adoption services including adult-focussed therapeutic interventions and improving the provision consistency to ensure accessible help when it is needed. Such intervention would provide adopters with the opportunity to reflect on their own mental health and attachment security, which has been associated with increased likelihood of adoptive children developing secure attachments and improved post-adoption outcomes (Hodges et al., 2005; Harris-Waller et al., 2018). Furthermore, one-to-one therapy can offer parents support in regulating their own emotional distress which can reduce their capacity to offer ‘high-quality’ parenting, attune to their child’s needs, and is associated with parental burnout (Brabender & Fallon; 2013; Gilkes & Capstick, 2008).

In recognition of the difference in parenting styles for adoptive parents, our findings suggest increased awareness of therapeutic parenting, what it is and how to utilise it, is warranted within the boarder field of adoption. The Attachment Trauma Network (n.d.) define Therapeutic Parenting as a “type of high structure/high nurture intentional parenting that fosters the feelings of safety and connectedness so that a traumatized child can begin to heal and attach” (para. 1). As this approach has been specifically developed for those parenting, or providing care to, a child who has experienced trauma, it is uniquely placed to offer new and existing adopters useful tools for not only understanding their parenting experience but also understanding their child and interpreting their behaviour (National Association of Therapeutic Parents, n.d.). Engagement with a therapeutic parenting programme aims to raise awareness and understanding of developmental trauma and subsequent behaviour, normalise parenting experiences, develop parents’ self-reflection abilities and build upon parents’ skills and therapeutic attributes (Peterson, 2012). Underlining this approach is creating a new “way of thinking” about connection between parent and child, utilising four key concepts; Playfulness, Acceptance, Curiosity and

Empathy (PACE; Dyadic Developmental Psychotherapy Network, n.d.). Research into the different types of attachment-based therapeutic groups has yielded mixed results (Axford et al., 2020; Golding, 2006; Webster-Stratton et al., 1989); however, a recent mixed methods study specifically examining a PACE-base therapeutic parenting programme demonstrates effectiveness in supporting adoptive parents with parenting confidence, competence, and parent-child relationships (Selwyn et al., 2016).

In addition to the embedding of therapeutic parenting strategies within post-adoption support provision, a more generic parenting intervention which is strength-based and values the parent as well as the child is Video Interaction Guidance (VIG). VIG is a video-feedback based therapeutic intervention aiming to strengthen relationships and develop positive communicative behaviours between people (Rooney, 2016). The ethos underpinning the intervention is relationships, any relationship between two or more people, can be confronted with challenges, e.g., problematic child behaviour or parental stress etc, and through the production of short films of observed interactions parents and clinicians can highlight positive moments, successful parent-child interactions, and use this to work towards improved relationships (Association for Video Interaction Guidance UK, n.d.). Research using alternative attachment-based video feedback interventions is promising with improved parent-child outcomes (Colonnesi et al., 2013; Jeffer et al., 2005; Rooney, 2016) alongside reports of increased sense of competence, recognising the idiosyncratic nature of all parent-child relationships, and equally values the experiences of both parent and child (Association for Video Interaction Guidance UK, n.d.).

Strengths of my Thesis

One of the key strengths of this thesis was the qualitative examination of adopters' experiences throughout different phases of their parenting journey. Using an inductive stance, I tried to approach each interview from an unbiased, or blank slate, position, observing

patterns as they arose and developing explanations from those patterns (Bernard, 2011). The flexibility of qualitative methods allowed me to adapt my approach when engaging in interviews with participants, adapting questions or prompts to gain a rich understanding of their experience. This was often useful when collecting data for Papers 1 and 2, as parents would often shift the focus from themselves onto their child, requiring prompts from me to return the focus on themselves and their own emotional experience. On reflection, this process often mirrored the very complaint adopters expressed, that of adoption discussions being dominated by child-focus, and perhaps reinforces the complexity concerning the separation of adoptee-adopter research.

Another important strength was examining adopters' wellbeing over a nine-month period during COVID-19 lockdown restrictions. The benefit of a longitudinal approach is that it allows for detection of development or changes in the phenomena being examined over time at both an individual and group level (Plano Clark et al., 2015). The use of this design allowed me insight into the trajectory of wellbeing seen amongst adopters over a time of societal-level changes, as well as associated variables. Specifically, in Paper 3 longitudinal links between adopter wellbeing and Pre-Pandemic, COVID-Related and Parents and Partner Related factors were explored. The analysis showed adopters' wellbeing levels remained stable across time, in contrast to much of the literature, despite changes to school-restrictions, social restrictions and many individuals returning to work.

Following on, the use of a mixed method approach was also a strength. By using multiple data collection techniques, it allows for the utilisation of the strengths each method brings and assists with the development of a more in-depth understanding of the research phenomena (Bryman, 2007). As such, a mixed-method approach has been praised as a feature of good quality research (ibid). Such a method contributed to the value of Paper 3 where quantitative measures were utilised throughout the online study as well as qualitative open-

ended questions. The qualitative data provided insights into what the challenges and protective factors were, despite a lack of quantitative change in the wellbeing scores.

Finally, being a researcher with lived experience of adoption was an asset in designing the research programme, data collection and analysis. It helped me to construct the questions I was seeking answers for, wording phrases to elicit the desired focus of response and build rapport and empathy with participants. This was particularly evident throughout the process of designing and data collection for Paper 1 and 2. It was also useful when considering question construction and analysing responses in Paper 3. Although my own experience was hugely valuable, I did remain aware of the differences between our experiences, interpretations, sense of self and world view as this was vital in making sense of *their* lived experience (Sayers, 2018).

Limitations

One of the key limitations across the research programme was a lack of diversity within the sample. I did attempt to address this issue within Paper 3 by recruiting from across the UK, using a range of social media platforms to reach a wider group of adopters, however the sample continued to be largely homogenous in terms of being mostly white and middle-class. As mentioned in each individual paper, the homogeneity of the sample group does by and large reflect the population of adoptive parents who are overwhelmingly white, married (or in a relationship), older in age, well-educated and have an average or higher than average household income (Kreider & Lofquist, 2014). Future research would benefit from the inclusion of adoptive fathers, single adopters, those from a variety of ethnic backgrounds and from the LGBTQ+ community. This is particularly pertinent considering recent statistics indicated in 2021, one in six children placed for adoption joined families with same-sex couples, nearly three times higher than recorded within the previous decade (DfE, 2021).

A second limitation is the use of retrospective recall. Throughout Papers 1 and 2, participants were asked to recall their emotional experiences at various stages of their parenting history. For some parents, the length of time since these events occurred extend over many years and as a result could be influenced by attenuated recall (Larson, 2014). Researchers wishing to explore adopters' experience of transition, and established parenthood, could use an experience sampling method (ESM) whereby adopters could record or report on their emotional experiences at different points over a period of time (Larson, 2014). Such recordings could utilise handwritten records or digital methods such as blogs or vlogs which could be analysed at a later date. Furthermore, future longitudinal research which has additional financial and time resources could capture parents' experiences as they occur, further reducing the risk of recall bias or effects.

A final limitation to consider is that of attrition. Attrition is a major issue for longitudinal studies and as such can cause a concern for generalisability of findings (Gustavson et al., 2012). As seen in table 4.5 in Paper 3, there was a significant dropout rate from T1 to T3 of approximately 62%. Although such a percentage is alarming, it is in line with commonly reported dropout rates which span between 30 and 70% (Gustavson et al., 2012). Analysis of the difference between those who completed all timepoints and those who dropped out indicated no significant difference in socio-demographic characteristics, wellbeing scores or predictor variables at T1; it did however mean I was not able to examine the trajectory of change in wellbeing scores for most baseline respondents. Although email reminders were used through the study, along with a prize incentive, future longitudinal research could benefit from employing a range of retention strategies to reduce the risk of attrition. Possible strategies could include sending a reminder using an alternative method, such as text or instant messaging, as this has been found useful within other online studies

(Brooker et al., 2011) or telephone contact with participants which has been shown to increase retention (Aguirre et al., 2018)

Conclusion and Future Directions of my Thesis

The findings presented within this thesis enrich our understanding of what it is like to be an adoptive parent with a focus on their emotional and psychological wellbeing. The research programme had a temporal shift in focus starting with time of transition, being an established parent and then unexpectedly, parenting through a pandemic. The key themes drawn from the findings highlight adoptive parents do perceive themselves as parenting differently and are often in need of strong support networks offering opportunities for them to emotionally regulate themselves with others who understand and validate their experience. With time, adopters learn and adjust to their new parenting identity as a ‘therapeutic parent’ and the trials and tribulations can foster a resilience which may be used to rebound from further life adversities with their wellbeing intact.

Findings indicate future UK research into the prevalence and severity of emotional distress and Post Adoption Depression could help to not only shine a light on the emotional distress adopters may face but could offer steps in treatment or intervention to help scaffold the pathway into adoptive parenthood. Researchers could look to the work of Foli and colleagues (2010; 2017) who are paving the way for such research within the US. Furthermore, the current programme did not explore the impact of having both biological and adoptive children on adopters’ parenting experience or sense of parent identity. Initial research into the impact of within-family variation in parent-child relationships indicates small differences in parent-child outcomes (Glover et al., 2010); however qualitative studies may allow for a richer account of parents’ emotional experiences. Finally, research exploring alternatives, or adjustments to, the transitional processes, could help to reduce the level of emotional distress experienced by both adoptive parent and child. Focus could be placed on

building familiar relationships between adoptive parent-child-foster carer prior to, and throughout, the transition allowing foster carers to offer support and guidance to new adopters, continuity of care, time for relationship building for the child, and offer a period of adjustment for the foster carer as the child placement comes to an end. Researchers are recommended to review the work of Neil et al. (2020) who suggested “transitions may be easier if there is greater temporal and relationship overlap between the foster and adoptive family systems” (p. 64); allowing for foster carers to provide early support to both adopter and child following the move.

Appendices

Appendix 1. Study poster for the APEx study

YOU'RE AN
ADOPTIVE PARENT...
BUT HOW ARE YOU?



APEx

The University of Sussex is looking for adoptive parents to take part in a research project exploring what it's like to be an adoptive parent and the types of support available.

For more information or to share your experience (joys and challenges), please contact:

Charmaine Kohn (Doctoral Researcher)

Call or text: 07464 203 012

Email: c.kohn@sussex.ac.uk

*Help give adoptive parents a **voice** and share
your story.*

Study name: The impact of building a forever family: An exploration of the **A**doptive **P**arent **E**xperience

Appendix 2. Participant Information Sheet for APEx study

**PARTICIPANT INFORMATION SHEET
ADOPTIVE PARENTS**



Study name: The impact of building a forever family: An exploration of the Adoptive Parent experience

You are invited to participate in a study exploring what it is like to be an adoptive parent and the types of support available to meet your unique needs. This study is being conducted by an adoptive parent and PhD researcher, Charmaine Kohn (c.kohn@sussex.ac.uk), supervised by Professor Alison Pike (alisonp@sussex.ac.uk) from the School of Psychology, University of Sussex.

Please read this information carefully and let us know if you have any questions or if anything is unclear.

Background

The process of adopting a child and becoming a ‘forever family’ is, for many, a rewarding and gratifying experience. However, the parenting of an adoptive child can also be a source of stress and anxiety.

Adoption based research, although rich in many areas, lacks detailed exploration into the experience and needs of adoptive parents, especially after the Adoption Order has been granted.

Why have I been invited to participate and what will I do?

We are looking for parents who have formally adopted at least one child and who are engaged in a support group for adoptive parents. Parents will be asked to engage in either a group discussion or 1:1 interview, led by Charmaine. This discussion will last about 90 minutes.

You need to have a good understanding of English and feel comfortable sharing both positive and challenging experiences. We are looking for a mix of perspectives, so you can have lots, or very little, experience of being an adoptive parent.

The group or interview will be a safe and non-judgemental space for discussion with parents who all share the experience of adopting children. Groups will run alongside your usual support group time and location with 1:1 interview conducted at a mutually agreed location.

Study Name: The impact of building a forever family: An exploration of the Adoptive Parent Experience
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Version: 1.0

At the beginning of the group or interview each parent will be asked to complete a consent form. You will then be asked to complete a brief questionnaire about yourself, your child/ren and household. During the main discussion Charmaine will ask you to talk about your experience of parenting (for example, what you enjoy and find difficult) and what would help you, as individuals (not just as parents) to meet any challenges you face. As this is a chance to better our understanding of the adoptive parent perspective, there are no right or wrong answers.

Are there any risks or benefits to taking part?

Prior experience leads us to expect you will find discussing an important part of your life useful and enjoyable. We do not expect the discussion to involve any more risk than would usually be expected during an open discussion with a support group or other parents. You will not be encouraged to talk about anything you do not wish to.

Charmaine will be available before and after the group or interview for anyone who may need one-to-one support. Charmaine is a qualified Psychodynamic Therapist and experienced mental health group facilitator, who is able to talk with you and signpost to any relevant support services available.

What will happen to the results and my personal information?

The results from this research will form part of Charmaine's PhD thesis and may be published as an academic journal article and/or used within a scientific presentation. All participants will be provided with a written summary of the findings (June 2019).

What if there is a problem?

If you feel worried or upset during the discussion group, please let Charmaine know and she can provide appropriate support. If you have questions about the research or how to be involved please contact Charmaine (07464 203 012 or c.kohn@sussex.ac.uk). If you have any concerns regarding the research or how it was conducted please contact the project supervisor, Professor Alison Pike (01273 677 288 or alisonp@sussex.ac.uk) or the approving ethics committee SciTech C-REC (c-reciem@sussex.ac.uk) who will do their best to answer your queries.

Will my taking part be confidential?

Yes. The discussion will be audio-recorded and later transcribed by the research team. All interviews will be anonymised with names replaced with aliases and identifiable locations removed. Any data we collect will be stored securely at the University of Sussex and kept for 10 years before being securely destroyed.

All information and experiences discussed in the group will be kept confidential. However, if you tell us anything that suggests that you or someone else is at risk of harm, we may have to pass that information on to someone else. If we do this, we will try to contact you to tell you about it first.

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Version: 1.0

What if I want to withdraw from the study?

You can leave a group session at any time without having to give a reason, but if you've already contributed to the discussion then we won't be able to delete those parts of the recording. Because of the nature of focus groups, it is not possible for us to withdraw your data once it has been given -there are usually lots of people talking, and it can be hard to pick out who is saying what, and what one person says may have an effect on what another participant says. Therefore, if you do choose to withdraw from this study then the researchers will retain any data that you have provided up to that point and will include this data in any subsequent analyses.

If taking part in a 1:1 interview you are able to withdraw your consent, and data, from the study up to one month after the interview date.

Who is organising and funding the study

The person leading the project is Charmaine Kohn, who is carrying out this research as part of her PhD at the University of Sussex. The project has funding from the University of Sussex.

Who has reviewed the study?

This study has gained ethical approval by SciTech C-REC (c-reciem@sussex.ac.uk)

Who do I contact for more information?

Charmaine Kohn (Doctoral Researcher at the University of Sussex) is happy to answer any questions you may have. Please do not hesitate to contact her on or 07464 203 012 or c.kohn@sussex.ac.uk.

Appendix 3. Consent form for APEx study**Study Name:** The impact of building a forever family: An exploration of the Adoptive Parent Experience**Date:** 19/11/2018**Version:** 1.0**APEx****CONSENT FORM**

Participant ID: _____

I understand that by initialling the boxes and providing my name below I am agreeing to take part in the University of Sussex research project ' The impact of building a forever family: An exploration of the Adoptive Parent Experience ' and that I have read and understood the provided information sheet (PIS v1.0 19/11/2018).	
I understand that my participation is entirely voluntary, that I can choose not to participate in part or all of the study, and that I can withdraw at any stage without having to give a reason and without being penalised in any way.	
I understand that due to the nature of the focus group it may not be possible to withdraw my data after taking part.	
I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential (subject to legal limitations) and handled in accordance with the Data Protection Act 2018 and the GDPR.	
I understand that my discussion group data will be stored in a de-identified way (e.g. using ID numbers not names) and kept separate from other details about me (e.g. from the consent form, contact details).	
Electronic data (not discussion recordings) will be stored on a password protected computer, and hard-copies will be stored behind a locked door for 10 years. De-identified data may be publicly available through online data repositories, or at the request of other researchers.	
I understand that my identity will remain confidential in any written reports of this research, and that no information I disclose will lead to the identification in those reports of any individual either by the researchers or by any other party, without first obtaining my written permission.	

Participant _____

Researcher _____

Signature _____

Signature _____

Date _____

Date _____

Thank you for your participation.

For further information about this research please contact Charmaine Kohn (c.kohn@sussex.ac.uk). This research has been approved (ER/CK377/1) by the SciTech C-REC. If you have any ethical concerns, please contact the project supervisor Professor Alison Pike (alisonp@sussex.ac.uk) or SciTech C-REC (c-reciem@sussex.ac.uk) directly. The University of Sussex has insurance in place to cover its legal liabilities in respect of this study.

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Date: 19/11/2018
Version: 1.0



CONSENT FORM

Participant ID: _____

You may also **volunteer** to continue your involvement in further research studies:

The study team will be conducting further research following the findings of these discussion groups. Please initial this box if you are happy for us to contact you regarding further involvement.

Yes	No

If you would like to volunteer, please provide your preferred contact details below. **This does not affect your participation in any way.**

Name: _____

Signature: _____

Tel: _____

Email: _____

For further information about this research please contact Charmaine Kohn (c.kohn@sussex.ac.uk). This research has been approved (ER/CK377/1) by the SciTech C-REC. If you have any ethical concerns, please contact the project supervisor Professor Alison Pike (alisonp@sussex.ac.uk) or SciTech C-REC (c-reciem@sussex.ac.uk) directly. The University of Sussex has insurance in place to cover its legal liabilities in respect of this study.

Appendix 4. Interview schedule used within in-depth interviews for APEx study

Study Name: The impact of building a forever family: An exploration of the Adoptive Parent Experience
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Version: 1.0



APEx PARENT INTERVIEW SCHEDULE

INTRO: To start us off, please tell me a little about your family and when you adopted?

Pre-Adoption:

MOTIVATION: What motivated you to adopt? For you or for the child (help them)

CHILD: What kind of expectations or thoughts did you have about what your child would be like?

FANTASIES: Did you have any specific ideas or daydreams of doing specific things with your child? How would you feel doing it?

PARENTAL FEEL: How did you envisage feeling as an adoptive parent? What key thoughts or feelings were strong for you?

CONCERNS: Did you have any worries or concerns at the time?

CHALLENGES: Did you expect certain elements of caring / parenting to be hard?

OTHERS: How did you expect others would respond to your decision / news of adopting?

SUPPORT: What support or help did you expect to have when raising your family?
 Did you set support prior to your child (ren) arriving?
 Who did you expect to be involved in raising your child?

Post Adoption:

OTHERS: How *did people* respond to your decision to adopt? What impact did this have on your significant relationships?

EXPECTATION Did your expectation of being a parent match your experience?

MET? Are there things you expected or wished for that didn't happen?

PARENTAL FEEL: Do you think of *yourself* as a parent, like any other, or in some way different from other parents?

PARENTAL EXP: Do you feel your *parenting experience* is like any other, or in some way different from other types of parents?

CHALLENGES: What are some of the most challenging aspects of your parenting experience?

MH: Some adoptive parents have shared their struggle to manage feelings of isolation, helplessness, high levels of anxiety or ‘not feeling good enough’. Have you experienced such feelings linked with the adoption of your child?

PROTECT FACTORS: How are you dealing with these feelings or challenges in your parenting?

AS INTERVENTION: Some people view adoption as an ‘intervention’ aimed at addressing the issue of child abandonment or child removal due to Adverse Childhood Events (ACE). In other words, it is a treatment option to allow a child to heal from past traumatic events and relationship breakdown; the adoptive parent is identified as a key player in the treatment provision. Do you see yourself as providing a ‘treatment’ or ‘intervention’?

SUPPORT: Who has been involved in the care / support of your child since you received your formal Adoption Order? Support for you? What do you need?

Closing:

ADVICE: If you could speak to your pre-adoption self, what advice or information would you give to help prepare you for the journey ahead?

REWARDSDS: What do you feel are the most rewarding aspects of adoption?

Appendix 5. Participant biographies: APEx study

Introduction to Family 1: Alexia



Alexia is 55 year old, white and lives with her husband, Gordon, and two adopted daughters Anne (13) and Rebecca (10). Both girls share a birth parent and are half-siblings. Adopted through the Local Authority, Anne joined the family in 2007 when she was 13 months old with her half-sister following in 2010 aged 22 months.

Like many, Alexia and Gordon “always wanted children” but decided to enjoy “married life without children for a while” unaware of their future fertility challenges. After nine months of trying to conceive the couple sought guidance from fertility specialists. During the initial routine assessment it was discovered Alexia was pregnant however she experienced an unexpected early miscarriage later that evening. The couple underwent two courses of IVF treatment, funding by themselves due to Alexia’s age, but were unable to fall pregnant again and consequently considered adoption as an alternative method of starting their family.

Alexia had minimal exposure to adoption before starting her own journey. She “just kind of went with it and was kind of horrified or heartened along the way”. The couple only informed those close to them about the adoption as “part of the painful process” with IVF was having to inform others of the unsuccessful outcome. Alexia was concerned she would not be approved because “you just don’t know, do you” and later was directed by Social Services to undertake couples counselling prior to approval. The reasons for this were unclear to the couple. It felt like a “waiting game” and Alexia started to feel “isolated” and “different” to those in her social circle because “they didn’t really know what is involved”. However, attending the preparation course gave her a chance to connect with other adoptive parents which she found “really helpful”.

Although initially wishing for a son, Alexia soon realised that the gender of the child was not as important as their age or absence of additional needs. After being approved as adoptive parents, the couple received information about a three year old boy however declined him due

to his age and the likelihood of a disability being present. Alexia later reflected the irony of these thoughts as both of her daughters “have their needs”.

The couple were later presented with information about Anne and their fate was sealed. Alexia described her adoption journey to this point as “very exciting” but also a “baptism by fire”. Despite feeling prepared for some aspects of adoptive parenting, Alexia described several unexpected “bomb shells” which left her feeling “emotionally tired”, “angry and very sad”. Such bombs include the birth father’s challenge of the formal adoption and the reliance on a court appointed judge to decide the fate of their family. Moreover, once Anne was placed, Alexia experienced unexpected feelings of “paranoia” as she adjusted to parenting a walking toddler whilst hosting regular professional review meetings aimed to monitor the progress of the placement.

Regardless of such challenges, Alexia couldn’t wait to “get this little bundle into the house” and described a type of “tunnel vision” or maternal preoccupation with Anne and her welfare. Although not as intense as the first time, Alexia described Rebecca’s introduction as full of excitement, “a good feeling” and keenly anticipated by all the family. Like with Anne, Alexia believed Rebecca would “be fine once she settled in” but that was not to be the case. Where Anne settled in well, Rebecca displayed defiant, aggressive behaviour which did not ease with time. With the maternal grandparents living around the corner, they were able to help when the girls were younger, offering much needed support to Alexia. However as the siblings have aged, their behaviour towards one another, and in particular Rebecca’s to others, has escalated and become very challenging. Alexia understands her daughters’ behaviours are a result of earlier life experiences and they need to be “treated [and parented] differently” to other children; however this understanding is not shared with those around her leading to a breakdown in relationship with grandparents and isolation from previously held support networks. Added to this is the challenge of not knowing their genetic or experiential histories, not being able to say “oh yes, that is why they are doing that”.

Alexia reflected that although her children are “very much loved”, parenting them is “tiring, challenging, [and] very frustrating”. There are times when she “feels a failure” due to her adoption experience and her continuous struggle to connect and maintain a positive relationship with Rebecca. Alexia wishes she could have heard adoptive parents speak during the pre-adoption courses, to give a more realistic picture of what life may be like and help prepare. For now, access to six sessions of one-to-one therapy has provided a lifeline and a space to express herself freely and openly. She hopes support like this will be made available to her longer term.

Introduction to Family 2: Christine



Christine is 43 years old, white and lives with her husband, Dan, and two adopted children, Dylan and Jane. The family lives in South East England in a property which includes an annex where her parents live and they have four dogs. Dylan and Jane, now aged 11 and 9 respectively, are full siblings and were adopted seven years ago through the Local Authority arriving “as a little package”.

Having children was always part of the plan for Christine and after initial attempts to fall pregnant ‘naturally’ the couple turned to IVF treatment. After completing various unsuccessful cycles of IVF Christine decided to stop the treatment as the impact on her health and wellbeing was too great to continue. Christine thought “I couldn’t put myself through that again” and considered adoption as a way of becoming a family.

Christine looked forward to becoming a mum and imagined a “perfect little happy family”. She attended a pre-adoption course and knew adopted children may have “some sort of additional needs”, may not call her mummy or accept hugs straight away but none of this worried her as she just desired children of her own. Keen to adopt full siblings, despite dissuading by Social Services, Christine felt strongly about keeping siblings together and confident in her ability to parent two children. She had family and friends who would support her throughout and given time the children would settle into the familiar functioning of a family with young children. Christine’s only concern was how long she would have to wait before the children “arrived”.

After close to a two year assessment process, where it felt like “my god they needed to know everything”, the couple were approved. Christine and Dan turned to each other for emotional support in order to get through the process with feelings of exhaustion and relief when they were approved by the adoption panel as suitable parents.

Two months after being approved the couple received information on their soon-to-be children, Dylan (4^{3/4}) and Jane (3). It didn’t take long for Christine to fall in love with the children she was reading about and a decision was made to select these children “on face value”, prior to

meeting them, based on the information provided and reports from the Foster Carer. After a short delay in process due to Christmas the children were approved to be “matched” with Christine and Dan, being placed with them at the end of January 2012.

Christine reflected she was very “rose-tinted” when reading about the children. In contrast to her pre-adoption fantasy, the transition into adoptive parenthood was tremendously challenging, draining and unfamiliar. Both children presented and behaved very differently, struggled with the transition and time and attention was controlled by Jane who demonstrated the more overtly challenging behaviour. Christine found herself caught between trying to get to know, build relationships and develop love with each child whilst “surviving” the often dysregulated, aggressive, and frequently violent, behaviour of one or the other child. Christine felt completely unprepared for the intensity of her children’s behaviour or the persistence of such behaviour over the years to come. Her parenting experience has taught her the uniqueness of adoptive parenting, the need to “think toddler” despite their chronological age, the demands of advocacy and always being part of the intervention to heal from earlier life events. Despite the loving and dedicated relationship Christine has developed with her children the cost of becoming a “Therapeutic Parent” has left her suffering from anxiety and depression, isolated from family and friends, in loss of a sense of self and constantly mindful of hitting “the wall” of exhaustion.

The connections she had made with other adoptive parents has been invaluable, showing her she is not alone and provides a space for non-judgemental understanding. Likewise, accessing support specifically for her own mental health allows her to keep “the wall” at bay and be the parent her children need; however a lack of available funding and access to support services specifically for adoptive parents leaves her seeking charitable or non-cost options which have limited availability and restrictive access.

Christine remains a strong advocate for her children and hopes for a bright future for them both. She also wishes to use her experience to help other adoptive parents and “spread [her] knowledge”.

Introduction to Family 3: Angie



Angie is 43 years old, white and lives with her husband, Matt. Angie and Matt have been married for 24 years and live in South East England. The couple have a birth son, Lachlan, who is 12 years old and an adoptive son, Chris, who is 9 years old. Chris was adopted via the Local Authority in 2012 at age 20 months.

Angie and Matt wished for children for a long time. After 11 years of unsuccessful attempts to conceive, including multiple courses of IVF and loss through miscarriage, the couple fell pregnant and gave birth to their eldest son, Lachlan. After a further unsuccessful course of IVF Angie felt she “couldn’t do it again physically, emotionally, financially” and with “no other way of having children [they] went down the adoption route” as their family “wasn’t finished”.

Angie believed adopting would be “rainbows and dreams and it was going to be lovely”. Initially she held the belief that “love would be enough” but later reflected she had no idea of the impact it would have, “no real appreciation of adoption” and was “quite dreamy about it”. At the time she felt her experience parenting Lachlan had prepared her for tricky behaviour and her drive to provide him with a positive sibling relationship, mirroring that of her own, was a strong motivator.

Entering into the adoption process felt “open-ended” and full of “variables” which made it difficult to “plan, manage and get excited”. Angie found it difficult to not know the timescale of the process and at periods felt totally “drained and exhausted”. Her approach to adoption was to look for a child as young as possible and, once identified, continue the process until something told her to “say no”. Chris was the first child presented and with no cause to “say no” he was placed with the family at the age of 20 months.

From the moment Angie saw a video of Chris she had “given him her heart” and later when meeting him for the first time “felt there was a connection”. Whilst waiting to be approved as adoptive parents for Chris, the professionals involved hesitated and verbalised concern regarding Chris’s health and the financial and religious status of the couple. Angie feared the worst however the couple were able to address all concerns presented and were granted approval on the day.

Within the 10 day introduction period Angie struggled with “wanting to be with him more but not allowed” due to the formal transitional procedure imposed by Social Services. Despite such a warm and positive start, once Chris moved into the family home things became more challenging. Angie felt there was a major communication breakdown between mother and son as what she had been told regarding his likes/dislikes seemed redundant. In the face of a screaming child who could not communicate his needs and clung to her relentlessly, Angie “went on anxiety medication within six weeks” feeling claustrophobic, unable to breath and unsafe in her parenting. Such an unexpected circumstance left Angie feeling “just a failure...not the perfect mother he should have”. At the same time Angie attempted to keep calm and smiling in front of her older son who was also struggling with the transition. Angie described she went into “going into survival mode” to manage the daily challenges. Bonding with Chris was “gradual” but with time, and therapy, attachment developed and Angie felt the pull towards her youngest son, “not wanting him to *not* be with her” and feeling truly wanted by him.

The wider family were supportive of the adoption all-be-it naive to the differences in parenting adopted children and the challenges adoptive families can face. As a result Angie “shut down”, not sharing the “nitty gritty” with her family because “it is too emotionally difficult to try and explain it to somebody and then still not receive the support you need from them”.

Angie reflected that she just didn’t know “how much support [she] would need”. She stated “I assumed I would be ok. The reality was that I wasn’t”. It was through play therapy, and later one-to-one therapy, which “absolutely saved this unit”. Through normalising what she was going through, it made Angie feel less of a failure and recognise she “had been through trauma” of her own as a result of the adoption. Such acknowledgement gave her “permission for self-care” which includes connecting with other adoptive parents reducing the isolation which is “the biggest killer” and becoming “the expert of [her] own family, which is quite nice actually”.

Introduction to Family 4: Helen



Helen is 49 years old, white and lives with her adoptive son, Howard, in South East England. Helen and Howard have a close extended family with maternal grandparents who live locally and are active in daily family life. Howard “very much feels connected” to his biologicals siblings and foster carers whom he has contact with several times a year. Helen adopted Howard with her husband, Russell, however since this time the marital relationship has broken down with Helen undertaking the main parenting responsibilities and Russell spending time with Howard on sporadic weekends.

In early adulthood Helen discovered she had a medical condition which jeopardised her ability to conceive children and she consequently started considering adoption as a possible route to parenthood. Before committing to this choice, Helen and Russell engaged with fertility treatment but when this did not result in pregnancy the couple initiated the adoption process. For them, adoption felt like “a continuation of the plan” rather than a second choice.

Helen found the adoption process “difficult...and stressful”. She “worried about everything” and commented “everything that could have gone wrong, went wrong”. Helen struggled with “not knowing” her fate as Social Workers remained aloof towards the pairing with Howard, often leaving Helen unsure if they would eventually support the match. Once a commitment had been made, Helen and Russell prepared themselves to receive formal approval; however a call the evening before informed of a delay of a further two months due to administrative errors. Helen recalled this time as “the worst two months” as she was left watching the video of Howard daily as a way of keeping connected with him. Over the same period Howard’s birth father lodged a challenge of the adoption order which heightening Helen’s feelings of uncertainty.

At times Helen wondered how she would feel towards Howard and what if he didn’t love her. However, her own feelings were secured when looking at images of Howard, she thought I “just wanted him to be my baby... he felt like he should be mine”. Such certainly was not shared throughout Helen’s family as her dad expressing concern regarding Howard’s cultural background and no-biological connection. A viewpoint Helen challenged providing an

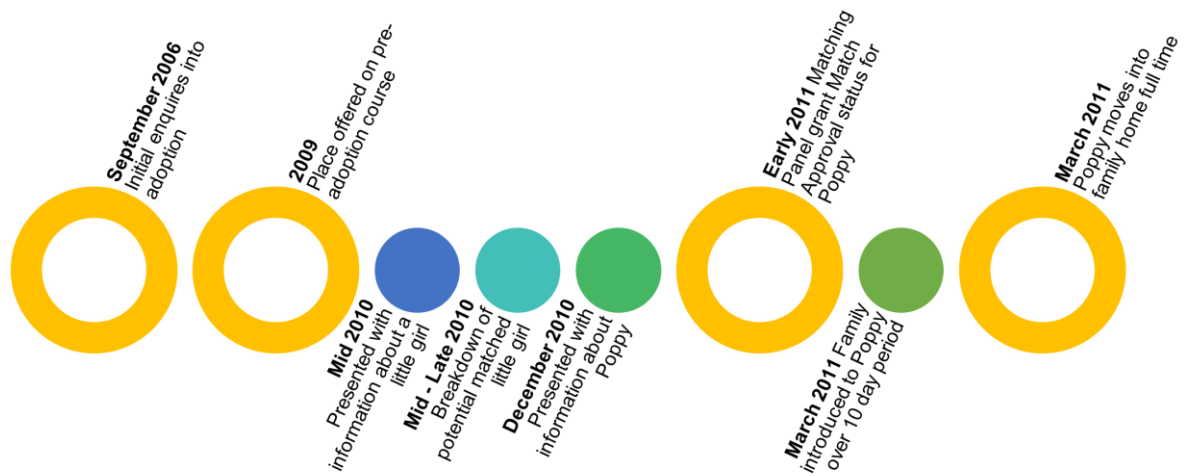
ultimatum of equal treatment of no contact. Since then, Howard and his grandfather have developed a strong relationship which Helen attributes to Howard's efforts.

Helen dreamt of, being a "wonderful parent...very patient" and able to balance work and being a mum. She felt confident in her mothering ability as she had cared for her nieces and knew she had a lot of love to give. In reality Helen felt like she "didn't know what she was doing to start with", taken back by the challenges of parenting a child with additional needs, developmental delay and attachment difficulties. Howard's behaviour did not resemble that of Helen's nieces or of the other children at the toddler groups. Helen found herself "really overwhelmed", exhausted, struggling to parent a toddler she did not know and inundated with professional appointments aimed at monitoring and reviewing the placement. Howard's inability to tolerate any separateness from Helen meant he was unable to attend nursery and Helen was forced to give up work to meet his emotional and medical needs.

Her position as a "stay at home mum" threw Helen as she found herself "really disempowered" at the loss of financial independence and professional self-identity. Her days became focussed on developing new interventions addressing Howard's developmental delay and additional needs. The Local Authority provided a series of support to both Helen and Howard, which Helen was thankful for. Such support helped in many aspects; however Helen was also trying to manage the mental health needs of her partner, which they had not declared to Social Services in fear of Howard being removed. Despite such challenges, Helen never felt she "could not do it...or this is all much" but rather focussed on being the best mother she could be.

On reflecting on her journey, Helen could see how her idea of parenting had changed over the years. For Helen, her parenting is required to be in complete response to Howard's needs which often contrasted with her own expectation. They have "learnt from each other", "making it up as [they] go along" and have developed a positive and secure relationship. Helen no longer has "a vision of what [her] life is going to end up like" but views the adoption of Howard as "literally the best thing [she] has ever done, he is lovely, he is [her] son".

Introduction to Family 5: Kate



Kate is 45 years old, white and lives with her husband, Mark, in South East England. The couple have a biological daughter, Emma, who is currently 15 years of age and an adopted daughter, Poppy, who is 13 years old. Within her extended family Kate has two cousins who were adopted and two brothers-in-law who have disabilities related to a genetic condition.

Kate's husband has a genetic condition within his family which he wanted to avoid passing onto his children. Consequently, the couple explored adoption as an adoption; however genetic counselling revealed their chances of passing on the genetic condition was no higher than the general population therefore the couple decided to try for a "natural pregnancy". This proved difficult before undertaking fertility treatment where Kate successful fell pregnancy to a healthy daughter, Emma. Kate fell in love with her daughter instantly, "loving everything about her". Before trying for a second child Mark's nephew was born with traits of the genetic condition and the couple felt the risk was too high therefore, they decided to return to their original plan of adoption.

After initiating the adoption process in 2006, it was not until 2009 that the couple received a place on a pre-adoption course and began the process. Kate describes feeling motivated by wanting a sibling who could play with Emma so was looking for a child within the same age range. As time went by the age range shifted from around two years or four years old.

Kate found the whole process "exhausting". She was worried if she would love the next child the same as Emma. Although concerned, Kate fantasised about her two children playing together and sharing the same positive experiences she had with Emma. She dreamt of being the "perfect mum and dad and two girls strolling down the seafront on a Sunday morning".

Before being introduced to Poppy, Kate was one of three parents selected to be matched for another little girl. Kate recalled feeling a real connection to the girl, despite not knowing much information about her, and had "moved her in psychologically". When Kate eventually found out the girl would not be coming to them "it was quite devastating...like bereavement". Kate still finds herself thinking about this little girl even now, thinking that she was identified as her

potential daughter but in the end wasn't. A few months later Poppy was identified, moving in with the family in March 2011.

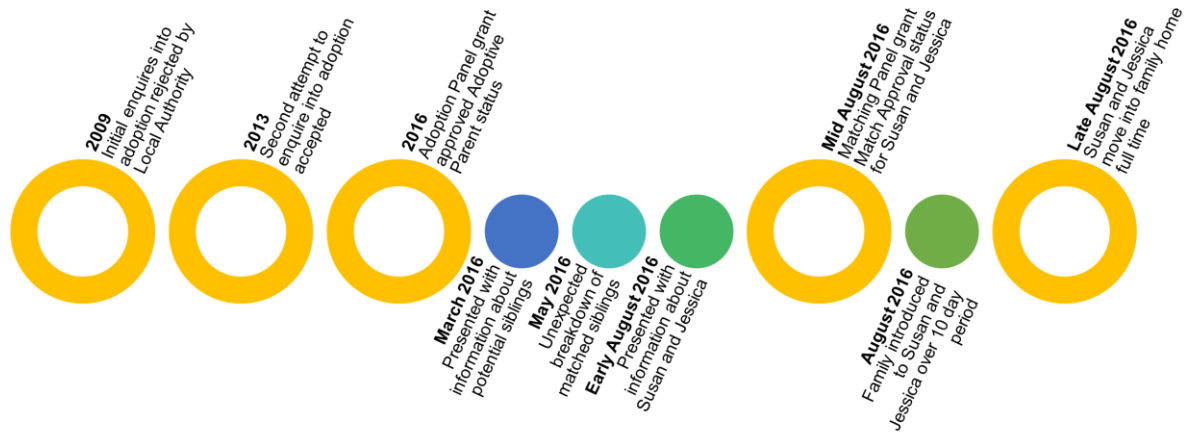
Kate felt "blissfully unaware" of the challenges relating to parenting Poppy, confident that her previous parenting experiences would put her in good stead. Kate described the day Poppy joined the family as "joyous but completely bemusing". Although she had heard the words "attachment" mentioned in the pre-adoption course it "didn't mean anything" to her and therefore Poppy's extremely dysregulated behaviour resulted in a "very very difficult time" for Kate. Poppy did not resemble Emma at the same age and Kate felt unprepared for the developmental delay Poppy presented, along with the demands this would place on her as the main carer. Kate felt isolated and exhausted, in need of practical family support but had been advised to keep family members away in order to encourage attachment and bonding. She felt pressure to put on a front, to be "OK" because that is what everyone expected.

Kate struggled with not feeling like Poppy was her daughter but rather feeling like "she [was] someone else's child". Kate often felt she was going through the motions without really enjoying spending time with Poppy. Reflecting on their journey, Kate commented Poppy has "morphed into our family really well...now I adore her, but it took me ages to even like her. I didn't like her at all. She was a nightmare. It was really hard". It took "two years to actually get to a point of feeling true and absolute love for her". Since then, Kate and Poppy have developed "a positive...and confident relationship"

Looking back Kate realised how little she knew about "vulnerable children". She treated Poppy the same as Emma, including discipline, and "that was the wrong thing to do...we should have been more aware of how to look after her". Kate wished she understood attachment more in the beginning and the lifelong implications for Poppy and her relationships. For herself, Kate wished she was told "it is ok not to be ok" and your child won't be taken away because "ultimately that was [her] fear". Even eight years on, Kate still struggles with how much she wanted Poppy, wanted to love her but didn't and how difficult she found caring for her.

Kate's experience has been hard, continues to be a work in progress but has also inspired Kate and Mark to open their home and heart to another vulnerable child, Lucia, through fostering. For Kate, adopting Poppy has been "very rewarding, really hard work, such a challenge...and I adore her".

Introduction to Family 6: Mary



Mary is 37 years old, white and lives with her husband, Gary. The couple have two adopted daughters, Susan and Jessica, aged five and three quarters and four and a half respectively. Mary and Gary have been married for 19 years and considered adoption as their “first choice”. The children are full siblings and adopted at the same time in 2016. Mary’s parents previously were foster carers and their experiences left an impression on her as to the value of caring for children in need of a secure home.

At the age of 27, Mary initially enquired into adopting; however, was informed that she was too young and inexperienced to enter the adoption process with advice to have a birth child. Such information, Mary now knows, is incorrect however the couple attempted to conceive themselves. After many unsuccessful attempts the couple discovered Gary had a genetic condition which resulted in “losing six babies” before losing another three as part of IVF treatment. Consequently, the couple returned to adoption as a means of forming their family and approached another Local Authority who accepted their application.

Mary was keen to adopt an older child or sibling group after watching a television programme which highlighted how difficult it is for these children to find permanent homes. Mary didn’t want these children to “experience another loss” or “be the one who is left behind”. Despite feeling prepared for adoptive parenthood, Mary reflected she may have initially been “a bit naïve” believing “it might be a bit more difficult from normal parenting...[but] everything would be ok...there would be no problems”.

Immediately after being approved as adoptive parents Mary and Gary were presented with two siblings in need of a permanent family. The couple were overjoyed, and all professionals involved appeared to support the match. After three months, and following advice to start preparing for the children, the Local Authority stated “they had just changed their minds” and the match was no longer being pursued. After “falling in love with these children and making plans” the couple were “absolutely devastated”. Despite reasons for the breakdown being unfounded a decision was made that Mary and Gary would no longer be suitable parents for these children.

Such an experience left Mary “disenchanted” with the Local Authority and she started exploring different methods for identifying children. Feeling the competition between adoptive parents, Mary started applying for “about three a week” and getting to various stages of selection before being matched with Susan and Jessica due to their ability to accommodate a very quick placement date of two weeks and four days later.

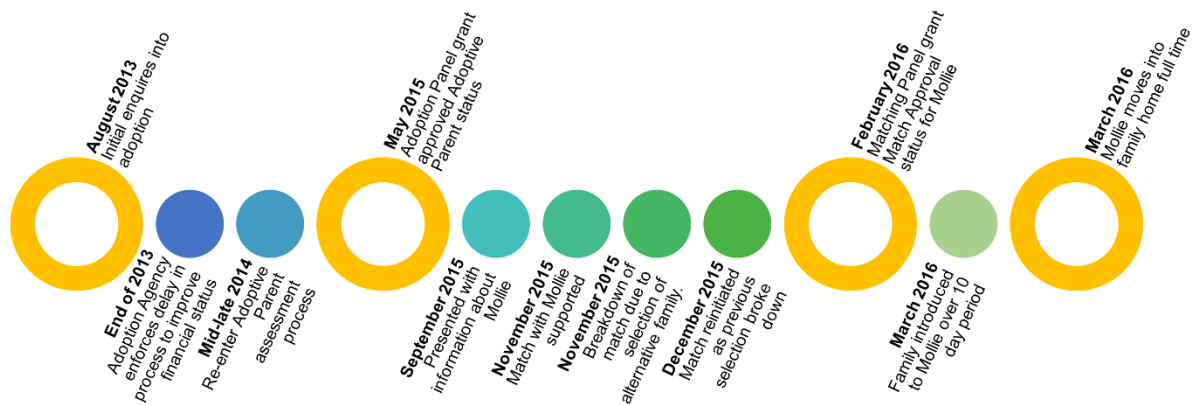
Despite worrying if this match may breakdown too, the girls moved in as planned but the experience was not what was expected. For Mary there was “no honeymoon period” but rather from the offset both girls displayed aggressive and violent behaviour towards each other and others, including the dog. The girls were developmentally delayed, emotionally dysregulated and in need of one to one supervision at all time for the first six months. Going to a local Children Centre was the only respite the couple received as the children could play for a small amount of time independently whilst, they had a cup of tea. Mary felt completely unprepared for such behaviour as there was no indication of any developmental or behaviour issues within reports or foster carer comments.

The family received support from Social Services as play therapy was put in place quickly. Mary felt overwhelmed and exhausted and despite engaging in therapy Susan’s violence and threats of violence to Mary escalated to such a level it was deemed unsafe to continue with the intervention.

For Mary her parenting experience was “relentless”. Her three-year-old daughter “felt like an abusive partner, but you can leave an abusive partner”. Mary was “living on egg shells”, in a high state of anxiety, having panic attacks and unable to sleep. Mary described this time as “miserable” and she was put on anti-depressant before being diagnosed with Secondary Trauma as a direct result of parenting a child who has been exposed to her own trauma.

Parenting the two girls is still a challenge, albeit improved, but for Mary “it is still not within the realms of normal parenting. We still need extreme parenting”. Both children continue to prefer Gary, which Mary finds hard, but she can see that both girls have formed an attachment of a kind and will share a cuddle at times. Mary has found the experience isolating as family and friends have distanced themselves and she has struggled to receive support for herself. After a long pursuit Mary has been able to receive individual trauma therapy which is providing her with space to “put the load down”, be understood and listened to without judgement. This support, alongside being buddied up with another adoptive parent, is “the most helpful thing” which she wishes could be accessible throughout the whole adoption journey.

Introduction to Family 7: Molly



Molly is 45 years old, white and lives in Sussex England. Molly adopted her daughter, also named Mollie, at age five and three quarters. The family are surrounded by a supportive and close network of family and friends; however many live some distance away.

Molly knew in her heart for a long time she was not able to conceive children. After many attempts with a previous partner, resulting in a relationship breakdown, she started fertility treatment as a single person with the full support of her family. Molly's attempts were unsuccessful with two pregnancies resulting in miscarriages. It was at this time Molly was diagnosed with a medical condition which prevented her from being able to carry a foetus to full term. Molly had already started considering adoption as her next steps and within months she attended her first information event.

Molly felt "born to be a mother" and "could love and provide a secure home" for any child. She was confident her years of working in education with children from difficult backgrounds had provided her with the skills and resources needed to be an adoptive mother. Despite "sailing through" the initial stages of the process, the Adoption Agency declared Molly was not financially secure enough to continue and a delay was enforced. Over a nine month period Molly worked four jobs and improved her financial position allowing her to continue with her application and subsequently be approved.

Molly attended an adoption event, describing the experience a "horrible...it was a fair with people trying to sell children...[in a] room full of wannabe parents"; however it was also where she was introduced to her future daughter. Molly felt she could be a mother to this little girl and was keen to know more. Despite being proactively introduced to the child profile she was informed there was another family already being considered and she was not "top of the list" for this child. An experience she became familiar with as she encountered two further incidences where other families were considered over her before Mollie (child) was formally matched with Molly in 2016.

Molly grew to love her daughter quickly and described her as "loveable...difficult but amazing". The transition into parenthood was made challenging by her daughter's strong sense of loss after separating from the foster carer. It felt hard to develop a mother-child relationship when her newly adopted daughter continued to identify "mummy" with her previous foster carer and birth mother. She found it hard to carve out a space for herself within Mollie's already

established family identity, often concerned with how she would compete. On reflection, Molly wishes someone would have talked to her about the possibility of these transitional issues as they “hadn’t even crossed [her] mind”.

Despite being an intelligent, kind, cuddly little girl who is “resilient...chatty...[and] endears herself to people”, Mollie “was angry, she still is angry, she spends a lot of her time being angry”. Molly had not expected the level of destructive behaviour her daughter displayed, in particular the child to parent violence that started a short time after initial placement, and which she still finds “upsetting”.

Feelings of “not [being] enough” and managing the unexpected behaviour of her daughter lead Molly to “sink into a depression” which she now identifies as “Post Adoption Depression”. She felt “not able to deal with the anger” she was getting, along with the daily “screaming, shouting, kicking, punching, biting, smacking”. Molly felt “alone” and unable to share her feelings with friends and family. She “didn’t want to tell them the baddest [sic] parts” of her daughter because she “needed them, wanted them to love her”.

Molly reached out to her Adoption Agency for post-adoption support and has received various therapeutic inputs both for herself and her daughter. Her support network has maintained and she has been able to connect with other adoptive parents. Although her daughter’s behaviour continues to be challenging, the pair have developed a close and loving bond. Molly continues to support her daughter through the use of ‘Therapeutic Parenting’ and utilises her family and friends in behaviour management techniques when needed.

Being a single parent has posed its own challenges. Due to her daughter’s high level of need and parenting on her own, Molly feels she has lost parts of her own identity and struggles to find time for herself. She believes single parenting is hard even without adoption but didn’t know it was going to be as hard as it is. Overall though, “the good times outweigh the bad” and to Molly adopting her daughter has fulfilled “everything that I imagined...she’s fulfilled all my fantasies on being a mother”.

Introduction to Family 8: Sarah



Sarah is a 49 year old white mother who lives with her husband, Tom; the couple have three children. Sarah and Tom adopted full siblings Brandon and Sian, aged 18 months and 4 months old at time of adoption, and gave birth to their youngest son, Dan, two years later. The couple live in Sussex England and have a strong network of family and friends with both adopted and birth children.

After being together for five years, Sarah and Tom wished to have children and felt the “right thing” was to get married before starting a family. After trying for years to conceive the couple accessed fertility treatment; however after two rounds stopped because they believed they just “couldn’t have children naturally”. This was a very difficult time for Sarah as “life felt just fair”. The couple took time to accept and “put to bed” their desire for a birth child and turned their attention to adoption.

The adoption process progressed without complications and Sarah found herself looking to adopt two children, full or half siblings, as “it would be nice for them to be related...then at least they would have somebody, you know, going in the future”. Despite her desire for children she was concerned how she would feel towards them; would she love them? Even after meeting the children she thought they were “really nice kids” and “could care for them” but wasn’t sure about loving.

After their experience of unsuccessful IVF treatments, Sarah and Tom decided to keep their adoption process private, only telling close family and friends. At the time this felt protective however in hindsight Sarah felt it hindered her preparation for motherhood, being “suddenly there with two kids” and feeling like she was positioned from a “different starting point” than other mothers.

Initially the family seemed to blend together faultlessly, “better than [she] had hoped”. Sarah described her children as “absolutely delightful when they were young”. The early years were full of fun outings, spending time with friends and the family “banked a lot of positive

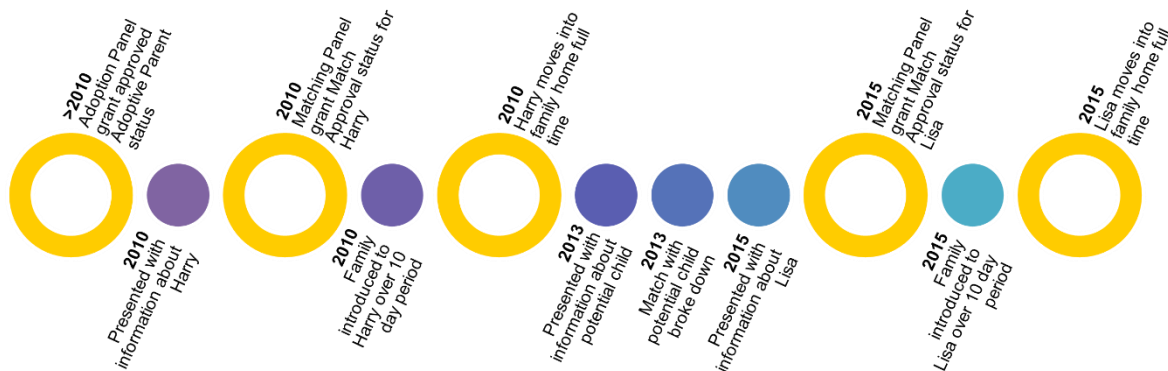
memories". Love for the children "developed over a long time" but they were "good fun", especially Brandon. Sarah felt "lucky".

The first six years "went well"; however when Brandon was eight the family started to face challenges which Sarah felt unprepared for. Over the following six years Brandon progressively struggled with school, relationships and his behaviour changed substantially. Not understanding the cause of such changes, Sarah initially believed the changes were a result of Brandon not trying hard at school or his Dyslexia. As Brandon's relationships began to break down further within the family, and behaviour increase in severity inside and outside the home, Sarah moved Brandon to a school specialising in Dyslexia in hopes this would help. It was at this time the school identified "it is not his dyslexia, it's his adoption", linking Brandon's behaviour with attachment difficulties and his adoption experience. Consequently, a referral to therapeutic support was made and he, along with the family, received a number of therapeutic interventions aimed at restabilising the family unit. Despite such interventions, the relationship between Brandon and Sarah remained strained with Brandon wishing to leave the family home. In early 2018, at the age of 15, Brandon left home with Sarah and Tom agreeing for him to return to care under the proviso he receives further therapeutic support.

For Sarah, life had become dominated by Brandon and she often feeling she was "walking on egg shells...trying to cope with living". She isolated herself, withdrawing from friends and friends and focused on "surviving". She used to worry Brandon would either "kill himself or kill [her]" but now her concern centre about the risk he poses to himself if he is not able to get the right support. Sarah struggled with there being "nothing for parents" in way of therapeutic support without child participation; therefore did not access any help of her own when life was particularly challenging.

Sarah remained ambivalent towards her commitment to providing a stable and permanent family and home for Brandon. For Sarah, it was Brandon's strong desire to leave which resulted in the placement breakdown however she feels blamed by others and her role as adoptive mum viewed less valuable than that of a biological parent. Looking back, Sarah "had no idea anything else was going on...we didn't realise until afterwards that this was obvious attachment". Sarah has tried hard to "build a relationship" with Brandon but he is not the boy she recognises. She feels "we have survived this long, you know, so we still have a relationship... we are still a family". But for Sarah, Brandon's departure means she has "got her life back" and the remaining two children are able to enjoy a family life not previously possible.

Introduction to Family 9: Tracey



Tracey is 47 years old, white and lives with her husband, Tom, and children. Tracey and Tom adopted their son, Harry, in 2010 at age one and went through the adoption process again in 2015 to adopt their daughter, Lisa, who was also aged one at the time. Harry and Lisa are not biologically related.

During late adolescence Tracey became aware she was at high risk of infertility. During her 20s she travelled and enjoyed life without the “biological clock” ticking. Whilst travelling, she volunteered at a Russian orphanage; opening her eyes to the amount of children who are being Looked After because their biological parents were not able to care for them. Returning home, and entering her 30s, Tracey decided she was not interested in IVF, believing there were “enough children in the work who don’t have families” and felt adoption was the way to enter parenthood for her. Tracey and Tom shared this view and together started the adoption process.

Tracey gained valuable exposure to the realities of adoption through a friend who had recently had her children placed. Although for her friend it was “quite a horrendous experience”, Tracey felt this exposure allowed her to go into it with “opened eyes” and prepared in a way the pre-adoption course could not provide. From this experience Tracey also took time to prepare her family that things “weren’t going to be the same as if we had birth children”.

Tracey dreamt of adopting two children, under the age of five, and felt able to “take on” mild to moderate disabilities. Tracey recalled when adopting the first time, there was many children to choose from; however the second time was much more challenging as the number of children available decreased dramatically, her suitability criteria became less flexible and she felt pressure to act quickly “as another adopter would get there first”.

When Tracey adopted her son, Harry, she fell in love with him instantly. She recalled thinking “I can’t believe he is going to be mine”. Despite being prepared for the possibility of not bonding with him, the connection was “instant” and “powerful”. But for husband it felt like he had “someone lese children” living in his house, taking some months before Harry started to feel like his son.

The bond with Harry was also shared with his foster carers who loved him very much. Looking back, Tracey feels in those early days she might have misread Harry’s cries, naïve to the

possibility he may be grieving the loss of that relationship. Tracey was thankful for such a positive bonding experience for Harry however it did feel as though they were having to “remove him from them and that was hard”.

The journey to find Lisa was more challenging with the family being preliminarily ‘matched’ with one little girl before this broke down just before approval. It was long wait until Lisa was identified and joined the family. Although not as “booming as for Harry”, Tracey felt a connection to Lisa too, she was “a fit for the family” and they were “lucky”.

For Tracey, she feels she faces many of the same parenting challenges as those of birth parents, however as they grow she finds it difficult to have gaps in their histories. She finds it “hard to manage” to not truly know if current behaviour is influenced by current parenting, or the environment, ore linked with their experiential or biological past. Harry can display quite challenging or oppositional behaviour which Tracey finds hard to respond to as she cannot see herself or her parenting in the behaviour but understands it may be related his adoption and or previous life experiences.

Tracey also struggles with the tension of how much information to share with others about the adoption. Tracey has experiences of being stopped in the street so others could comment on her children, ask if she is their mum, or enquire as to the pre-adoption background of her children. With time she has found a level of revelation which feels comfortable; however the curiosity or strangers into the lives and histories of her children is something which continues to be an irritant if not insult on occasion.

When needed Tracey has found turning to other adoptive parents for support useful; however remains cautious of the tendency of support groups to focus on the negatives and challenges rather than celebrating the positive. For Tracey, the whole adoption experience has been better than she expected. She was prepared “for the worst...for it to be really tough” but all the challenges are outweighed by the love she has for her children. Tracey feels “privileged” to be their parent and “could not love them” any more than she does.

Appendix 6. Sample selection of Thematic Analysis process for APEx study: Look After Me
Too: A Qualitative Exploration of the transition into Adoptive Motherhood

APEX Thematic Analysis - Christine

Stage Three		Stage Two	Stage One	
Theme Development	Sub-Theme development	Initial Theme Development	Codes	Line Ref
Desire to be a 'perfect happy settled family' parental naivety / unequipped "rose tinted"	IVF failure		Adopt full siblings (2)	5
	Desire to be a 'perfect, happy settled family'.			
	Confidence in parenting ability			
	Always wanted kid, doesn't have to be biological (but IVF)	IMPACT OF IVF	Pre-Adoption context - IVF- acceptance of unfulfilled desire for biological child.	22 - 23
	Be active, outdoorsy family	unfulfilled desire for birth child.	Pre-Adoption context - IVF- Feeling of failure as unsuccessful to conceive child.	26
	Replicate own positive childhood experience, relationships and parenting style.	expectation of acceptance of this by SS	Impact of that on her sense of herself as a mother / woman?	27 - 28
			Pre-Adoption context - IVF- felt right to stop trying for biological child and commit to another way.	
		Felt right time to stop	Pre-Adoption context - IVF- highly emotional and dysregulated with IVF. Impact on others too great as well as on self.	33 - 34
	Unprepared for relationships with foster carers - importance of life story work including previous life relationships & experiences	MOTIVATION TO ADOPT	Motivation - a biological link not needed	16 - 17
	Unprepared / unaware of behaviour presentations linked to attachment / additional needs = compliance / withdrawal / C2P violence			
	Competing needs of two children	Practical consideration of children in need.	Motivation - IVF first choice, hormonal impact too great to continue- adoption as second option.	10 - 12
	Higher and more complex needs	Ambivalence when adoption was considered - 'always' or after failed IVF.	Motivation - Kids are part of the couple journey - always wanted kids.	12
		Desire for children however they come	Motivation - practical - supply and demand	15 - 16

Appendix 7. Sample selection of Thematic Analysis process for APEx study: Parenting in the ‘extreme’: An exploration into the psychological wellbeing of long-term Adoptive Mothers

Themes	Sub-Themes	Codes
2. Continuation of NegMH throughout adoptive parenting		Depressive symptoms, low mood Anxiety, walking on eggshells, PTSD like symptoms Love, growth and learning Emotional exhaustion Isolation, lack of role-models/parental validation
3. Risk factors to Mothers’ Emotional Wellbeing	a. Demands of “extreme parenting”	Continued challenging child behaviour: (emotional difficulties, developmental delay, child to parent violence and aggression) Exhaustion: delivering of “extreme parenting” needed Loss of identity: work
	b. Strains within and across relationships	Challenges within partner relationship Challenges within parent-child relationship Challenges intergenerationally (parenting values) Challenges within siblings and impact on mother
	c. De-prioritisation of parent self-care	Limited access to psychological intervention for mothers Mothers’ de-valuing of own self-care Mothers’ lack of entitlement to ASF for own purposes
4. Protective factors to Mothers’ Emotional Wellbeing	a. Development of love, attachment, and sense of family identity	Development of love and bond with child Mothers’ sense of maternal identity Increase in understanding and knowledge of child behaviour
	b. Learning, competence and ‘therapeutic parenting’	Learning from children; increasing knowledge of trauma-effected behaviour Increase in parenting competence – becoming “expert” in own family Identifying as ‘more than a parent’ – a ‘Therapeutic Parent’
	c. The ability to “off-load”: sources of formal and informal support	Vitality of sharing experiences to own emotional wellbeing. ‘Lifeline’ of professional psychological interventions; one-way relationship Peer-support is essential, decreasing isolation

Calling all
ADOPTIVE PARENTS...
How has COVID-19 affected **YOU?**



APEx

The University of Sussex is conducting a national online survey to explore how COVID-19 restrictions and school closures have affected adoptive parents and their families.

To find out more information or take part please follow the link below:

(insert link when survey goes live)

Or contact Charmaine Kohn-Willbridge (Doctoral Researcher)

Email: c.kohn@sussex.ac.uk

*Help give adoptive parents a **voice** and share
your experience.*

Study name: COVID-19: The **A**doptive **P**arent **E**xperience

Appendix 9. Participant Information Sheet for COVID-19: APEx study

Study Name: The impact of building a forever family: An exploration of the Adoptive Parent Experience
Date: 19/11/2018
Version: 1.0



PARTICIPANT INFORMATION SHEET

Invitation to take part:

As the UK continues to be in a varying state of 'lockdown' following the preventative measures against COVID-19, family life has changed radically for millions of parents. We know adoptive families often face additional challenges and we are interested in the impact the COVID-19 restrictions have had on adoptive family life, adoptive parent emotional well-being, and inter-family relationships. We hope to improve our understanding of the experience and needs of adoptive families during times of change and crisis.

The study is being conducted by researcher Charmaine Kohn-Willbridge (C.Kohn@sussex.ac.uk) and Professor Alison Pike from the School of Psychology, University of Sussex. The research is being funded by the School of Psychology, University of Sussex.

Why have I been invited to participate?

We would like as many adoptive parents as possible to take part so we can get a good picture of the range of experiences and challenges faced by adoptive families. To take part you need to live in the UK and have at least one adopted child living at home who is between the ages of 3-16 years. You will also need access to email and a secure internet connection to return the questionnaires electronically.

What will I do?

If you decide to take part, we will ask you to complete an online questionnaire now and at 3-weekly intervals until COVID-19 restrictions are no longer in place. You will be asked about your family and household, your emotional well-being, the quality of your relationship with your partner (if appropriate), and your feelings about uncertain events. We will also ask about your child's behaviour and about your social relationships. If you have more than one adopted child currently between the ages of 3 – 16 years, please answer with reference to the adopted child you are most concerned or worried about. This baseline questionnaire should take approx.30 minutes to complete.

We will then send you an email with a link to a follow up questionnaire every 3 weeks during the period of COVID-19 restrictions and for a short period afterwards. This questionnaire will include questions about your emotional well-being, your family relationships, and will ask about the impact of COVID 19 on you. These questionnaires should take approx. 15 minutes to complete each time.

This research has been approved [ER/CK377/4] by the Sciences & Technology Cross-Schools Research Ethics Committee (C-REC). If you have any ethical concerns, please contact the ethics chair (crecscitec@sussex.ac.uk) or project supervisor Professor Alison Pike (alisonp@sussex.ac.uk). University of Sussex has insurance in place to cover its legal liabilities in respect of this study.

Will I need to prepare in any way?

No. We want to know about your experiences. There is no perfect way to respond to change and there are no right or wrong responses to the questions we ask you. Please answer as honestly as you can.

Are there any risks or benefits to taking part?

We do not think there are any risks to taking part. We hope you find the opportunity to take part in a nationwide study about the effects of COVID-19 to be interesting and worthwhile. We will provide information about relevant support services you can access if these questions cause you any worries or concern.

All participants who return completed questionnaires will be eligible for a prize draw with the chance to win £50, £30, and £20 vouchers. Winners will be selected at random at the end of the study and winning parents will be notified by email.

What will happen to the results and my personal information?

The results of this research may be written into a scientific report for an undergraduate or postgraduate degree in Psychology and/or scientific presentation or publication. We anticipate being able to provide a summary of our findings on request once available.

You will be asked to sign the following consent form to take part in this study which includes details about how we will ensure your anonymity and protect your data. Your IP address will not be collected as part of completing the survey.

What happens next?

To consent to participate in this study please read the consent form below and type your name below to indicate your agreement with each statement within the consent form. Please also provide the additional details indicated. Please note that this information will be stored separately from your anonymised data.

Once you have completed the consent form, please continue to complete the questionnaire.

You may print/copy this information sheet for your own records if you wish. If you have any questions about the study, please contact: C.Kohn@sussex.ac.uk

Appendix 10. Consent form for COVID-19: APEx study

Study Name: Coronavirus (COVID-19): The Adoptive Parent Experience
(APEx) Date: June 2020
Version: 2.0

**CONSENT FORM**

I understand that by typing my name below I am agreeing to take part in the University of Sussex research described here, and that I have read and understood this Information Sheet.

Please read this information carefully and then, if you wish to take part, please type your name to show that you have fully understood this information sheet, and that you wish to take part in the study as it has been described here.

- I understand that my participation is entirely voluntary, that I can choose not to participate in part or all of the study, and that I can withdraw at any stage of testing without having to give a reason and without being penalised in any way
 - I understand I can request without penalty that my data can be disregarded even after testing is complete, any time up until results are analysed [approx. January 2021].
 - I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential (subject to legal limitations) and handled in accordance with the Data Protection Act 2018 and the GDPR. I understand that in exceptional circumstances e.g. where the health, welfare, and safety of myself and others is compromised by information I might disclose, the researcher is legally required to pass this information onto an appropriate person or agency.
 - I understand that my/my child's data will be stored in a de-identified way (e.g. using ID numbers and aliases, and not names) and kept separate from other details about me (e.g. name, contact details).
 - I understand that my IP address won't be collected during this survey.
 - De-identified electronic data will be stored on a password protected computer, and hard copies will be stored behind a locked door for 10 years.
- De-identified data may be publicly available through online data repositories, or at the request of other researchers
- I understand that all personal information I provide for purpose of this study (e.g. name, contact details) will be deleted at the end of the study [approx. December 2021].
 - I understand that my identity will remain confidential in any written reports of this research, and that no information I disclose will lead to the identification in those

reports of any individual either by the researchers or by any other party, without first obtaining my written permission

- I understand that my name and personal information will not be shared with any third party outside the research group, unless I later provide written permission

Full Name:

Email:

This research has been approved [ER/CK377/4] by the Sciences & Technology Cross-Schools Research Ethics Committee (C-REC). If you have any ethical concerns, please contact the ethics chair (crecscitec@sussex.ac.uk) or project supervisor Professor Alison Pike (alisonp@sussex.ac.uk). University of Sussex has insurance in place to cover its legal liabilities in respect of this study.

Appendix 11. COVID-19: APEx study: Baseline questionnaire (T1)**CORONAVIRUS (COVID-19): ADOPTIVE PARENT EXPERIENCE
(APEx)**

Thank you for taking part in the COVID-19: APEx study. This questionnaire will take you approx. 20 minutes to complete and will ask you again about your family relationships and well-being. We will use this data to continue to track the impact of COVID-19 on family life, emotional well-being, and social relationships.

All participants who return completed questionnaires will be eligible for a prize draw with the chance to win £50, £30, and £20 vouchers. Winners will be selected at random at the end of the study and winning participants will be notified by email.

We thank you for your continued participation in this project. If you have any questions or wish to withdraw from the study please contact: C.Kohn@sussex.ac.uk

Your Email Address:

We will only use your email address to send you a link to follow-up questionnaires every 3 weeks and to enter you into a prize draw to win £50, £30 or £20 of Amazon vouchers. Your email address will be deleted at the end of the study.

Covid-19: APEx Questionnaire – Baseline**ABOUT YOU****Gender:**

- ☐ Female
- ☐ Male
- ☐ Another gender category (specify if you wish)

☐ Prefer not to say

Your Age:

What is your current marital or relationship status?

- ☐ Single
- ☐ Married/co-habiting/in a civil partnership
- ☐ Divorced/separated/legally dissolved legal civil partnership
- ☐ Widowed/surviving partner
- ☐ Prefer not to say

What is your ethnic group?

- ☐ Arab
- ☐ Asian/Asian British - Chinese
- ☐ Asian/Asian British - Indian/Pakistani/Bangladeshi
- ☐ Another Asian or Asian British background
- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Another Black or Black British background
- ☐ Gypsy/Roma/Traveller
- ☐ White - British
- ☐ White - Irish
- ☐ Another White background
- ☐ Mixed/multiple ethnic background
- ☐ Prefer not to say

What was your employment status at the time of the COVID-19 outbreak? (select all that apply)

- ☐ Employed - Permanent contract
- ☐ Employed - Fixed term contract
- ☐ Self-employed/Freelance
- ☐ Apprentice/trainee
- ☐ Casual worker/Zero hours contract
- ☐ Student - funded
- ☐ Student - self-funded
- ☐ Stay at Home Parent
- ☐ Unemployed
- ☐ Other (please describe) _____

Has your employment changed as a consequence of COVID-19? (select all that apply)

- ☐ No
 - ☐ Yes, my employment has ended
 - ☐ Yes, my hours have been reduced
 - ☐ Yes, I have been asked to take unpaid leave
 - ☐ Yes, I have been furloughed
 - ☐ Yes, I have left my job due to childcare commitment
 - ☐ Other (please describe if you wish)
-

Are you or your spouse/partner key workers (select all that apply)?

- ☐ I/we are not key workers
 - ☐ I am a key worker (please indicate job role)
-
- ☐ My partner/spouse is a key worker (please indicate job role)
-

Which of the following best describes your highest educational qualification?

- ☐ No qualifications
- ☐ GCSE or equivalent
- ☐ A level or equivalent
- ☐ Undergraduate degree or equivalent
- ☐ Postgraduate degree or equivalent
- ☐ Prefer not to say

What is your approximate household income per year before deductions (including income from employment, benefits and investments)?

- ☐ Less than £15,000
- ☐ £15,000 - £25, 999
- ☐ £26,000 - £34,999
- ☐ £35,000 - £49,999
- ☐ £50,000 - £69,999
- ☐ More than £70,000
- ☐ Prefer not to say

Do you consider yourself to have any additional needs (educational, physical, sensory, emotional/behavioural)?

- ☐ Yes
- ☐ No

Display This Question:

If Do you consider yourself to have any additional needs (educational, physical, sensory, emotional/... = Yes

Please briefly describe your additional needs if you are happy to do so

YOUR HOME AND HOUSEHOLD

What kind of home do you live in?

- ☐ Detached house
- ☐ Semi-detached house
- ☐ Terraced house
- ☐ Maisonette
- ☐ Flat/Apartment
- ☐ Other (please describe) _____

What is your home ownership status?

- ☐ Own - outright
- ☐ Own - mortgage
- ☐ Private rental
- ☐ Local authority rental
- ☐ Lodger/shared accommodation
- ☐ Other (please describe) _____

What outside space do you have access to at home? (select all that apply)

- ☐ Private/enclosed garden
- ☐ Private/enclosed patio
- ☐ Balcony
- ☐ Communal outside space
- ☐ No outside space

Please indicate how many rooms you have of the following types

	1	2	3	4 or more
Bedrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communal rooms (excluding kitchen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many other adults currently live in your household?

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3 or more (please specify)
-

*Display This Question:**If How many other adults currently live in your household = 1**Or How many other adults currently live in your household = 2**Or How many other adults currently live in your household = 3 or more (please specify)***Who are the other adults currently also living in your household? Please select all that apply.**

- ☐ Partner/Spouse
 - ☐ Family relative e.g. a parent, sibling
 - ☐ Flatmate/Lodger
 - ☐ Adult who helps with childcare e.g. au-pair, live in nanny
 - ☐ Other (please specify if you wish)
-

How many children currently live in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more children

Thinking about your youngest adopted child, please answer the following questions:**Age in years:**

Gender

- ☐ Male
- ☐ Female
- ☐ Another gender category
- ☐ Prefer not to say

What is your relationship to this child?

- ☐ Adoptive Mother (including parenting a child pre-adoption order)
 - ☐ Adoptive Father (including parenting a child pre-adoption order)
 - ☐ Step-parent
 - ☐ Guardian
 - ☐ Grandparent
 - ☐ Other (please specify if you wish)
-

Does this child live in your household full time?

- ☐ Yes
- ☐ No

Display This Question:

If Does this child live in your household full time? = No

Typically how many days per week does this child live in your household ?

- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ 5 - 6 days per week
- ☐ Other (please describe) _____

Display This Question:

If How many children currently live in your household? = 2

Or How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

Now thinking about your second child, please answer the following questions:

Age in years:

Display This Question:

If How many children currently live in your household? = 2

Or How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

Gender

- ☐ Male
- ☐ Female
- ☐ Another gender category
- ☐ Prefer not to say

Display This Question:

If How many children currently live in your household? = 2

Or How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

What is your relationship to this child?

- ☐ Adoptive Mother (including parenting a child pre-adoption order)
- ☐ Adoptive Father (including parenting a child pre-adoption order)
- ☐ Biological Mother
- ☐ Biological Father
- ☐ Step-parent
- ☐ Foster Carer/Guardian
- ☐ Grandparent
- ☐ Other (please specify if you wish) _____

Display This Question:

If How many children currently live in your household? = 2

Or How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

Does this child live in your household full time?

- ☐ Yes
- ☐ No

Display This Question:

If Does this child live in your household full time? = No

Typically how many days per week does this child live in your household ?

- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ 5 - 6 days per week
- ☐ Other (please describe) _____

Display This Question:

If How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

Now thinking about your third child, please answer the following questions:

Age in years:

Display This Question:

If How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

Gender

- ☐ Male
- ☐ Female
- ☐ Another gender category
- ☐ Prefer not to say

Display This Question:

If How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

What is your relationship to this child?

- ☐ Adoptive Mother (including parenting a child pre-adoption order)
 - ☐ Adoptive Father (including parenting a child pre-adoption order)
 - ☐ Biological Mother
 - ☐ Biological Father
 - ☐ Step-parent
 - ☐ Foster Carer/Guardian
 - ☐ Grandparent
 - ☐ Other (please specify if you wish)
-

Display This Question:

If How many children currently live in your household? = 3

Or How many children currently live in your household? = 4 or more children

Does this child live in your household full time?

- ☐ Yes
- ☐ No

Display This Question:

If Does this child live in your household full time? = No

Typically how many days per week does this child live in your household?

- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ 5 - 6 days per week
- ☐ Other (please describe) _____

Display This Question:

If How many children currently live in your household? = 4 or more children

Now thinking about your fourth child, please answer the following questions:**Age in years:**

Display This Question:

If How many children currently live in your household? = 4 or more children

Gender

- ☐ Male
- ☐ Female
- ☐ Another gender category
- ☐ Prefer not to say

Display This Question:

If How many children currently live in your household? = 4 or more children

What is your relationship to this child?

- ☐ Adoptive Mother (including parenting a child pre-adoption order)
- ☐ Adoptive Father (including parenting a child pre-adoption order)
- ☐ Biological Mother
- ☐ Biological Father
- ☐ Step-parent
- ☐ Foster Carer/Guardian
- ☐ Grandparent
- ☐ Other (please specify if you wish)

Display This Question:

If How many children currently live in your household? = 4 or more children

Does this child live in your household full time?

- ☐ Yes
- ☐ No

Display This Question:

If Does this child live in your household full time? = No

Typically how many days per week does this child live in your household ?

- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ 5 - 6 days per week
- ☐ Other (please describe) _____

Please rate the quality of your home internet connection over the past week

- ☐ I don't currently have internet at home
- ☐ Very poor
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

How many computers/laptops/tablets do you and your family members have at home?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

How many smart phones do you and your family have at home?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

How many media streaming services do you have access to at home? (e.g. Netflix, Audible, Disney+)

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

What region of the UK do you live in?

- ☐ Scotland
- ☐ Northern Ireland
- ☐ Wales
- ☐ North East
- ☐ North West
- ☐ Yorkshire and the Humber
- ☐ West Midlands
- ☐ East Midlands
- ☐ South West
- ☐ South East
- ☐ East of England
- ☐ Greater London

ABOUT YOUR CHILD

In this section please focus on your adopted child (3-16 years old). If you have more than one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

Your child's date of birth

Your child's gender

- ☐ Male
- ☐ Female
- ☐ Another gender category
- ☐ Prefer not to say

How old was your child when they came to live with you?

What is the length of time (in years) since your child came to live with you?

- ☐ 0 - 1 years
- ☐ 1 - 3 years
- ☐ 3 - 5 years
- ☐ 5 - 10 years
- ☐ 10+ years

Does your child have any additional needs (educational, physical, sensory, emotional/behavioural, developmental)?

- ☐ Yes
- ☐ No

Display This Question:

If Does your child have any additional needs (educational, physical, sensory, emotional/behavioural,... = Yes

Please briefly describe your child's additional needs if you are happy to do so

What stage of education is your child currently at?

- ☐ Early Years (nursery / pre-school)
- ☐ Primary School (Year 1 - 6)
- ☐ Secondary School (7 - 11)
- ☐ A Levels or Tertiary _____

Please answer the following questions thinking about your typical childcare arrangements *BEFORE* the COVID-19 restrictions

In a typical week how many hours of formal childcare did you use for this child? (e.g. after school club; childminder; respite carer)

In a typical week how many hours of informal childcare did you use for this child? (e.g. grandparents; friends)

BEFORE the COVID-19 restrictions please indicate the extent of your typical care-giving responsibilities for this child. Please think about times when your child is engaged in adult-led activities or in need of adult supervision.

A score of 100 would mean you had responsibility for all childcare and rearing related tasks, a score of 50 would mean you had responsibility for approximately half of all childcare and rearing related tasks.

0% _____ 100%

YOUR FEELINGS ABOUT UNCERTAINTY - Tolerance of Uncertainty Scale

Please read each statement and select the response that best corresponds to how much you agree with each item. There are no right or wrong answers. Do not spend too much time on any statement.

	1 -Not at all characteristic of me	2	3	4	5 -Entirely characteristi c of me
Unforeseen events upset me greatly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It frustrates me not having all the information I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty keeps me from living a full life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One should always look ahead to avoid surprises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A small unforeseen event can spoil everything, even with the best of planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When it's time to act, uncertainty paralyses me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am uncertain, I can't function very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always want to know what the future has in store for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't stand being taken by surprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The smallest doubt can stop me from acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should be able to organise everything in advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I must get away from all uncertain situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think your feelings about uncertainty have been impacted by your experience during COVID-19? E.g. Do you believe your responses may have been different before COVID-19.

- ☐ No, not at all
 - ☐ Maybe, I'm not sure
 - ☐ Yes, please describe how in your own words
-

In this next section of the questionnaire we would like you to think about the past week unless instructed otherwise.

YOUR HEALTH

Are you, or anyone living in your household categorised as high risk/in a vulnerable category for COVID-19 e.g. underlying serious health condition, immunocompromised, age 70+, pregnant?

- ☐ No
- ☐ Yes

Have you tested positive for COVID-19 virus, or experienced symptoms you believe to be COVID-19 (e.g. fever, dry cough) in the past week?

- ☐ No
- ☐ Yes

Display This Question:

If Have you tested positive for COVID-19 virus, or experienced symptoms you believe to be COVID-19 (... = Yes

How severe have your symptoms been?

- ☐ Mild
- ☐ Moderate
- ☐ Severe

Please indicate if any other family members in your household have been ill with COVID-19/suspected COVID-19, and the severity of their symptoms in the past week

	Not ill with COVID-19	Mild	Moderate	Severe	Not applicable
Partner/Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adult in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus child (i.e. the adopted child you are most concerned about)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other child(ren) in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

ABOUT YOUR CURRENT RELATIONSHIPS

In this section please focus on your adopted child (3-16 years old). If you have more than one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

Thinking about before COVID-19, please indicate the degree of happiness, all things considered, you felt towards your relationship with your child.

- ☐ Extremely unhappy
- ☐ Fairly unhappy
- ☐ A little unhappy
- ☐ Happy
- ☐ Very happy
- ☐ Extremely happy
- ☐ Perfect

Thinking about **the past week**, please indicate the degree of happiness, all things considered, you felt towards your relationship with your child.

- ☐ Extremely unhappy
- ☐ Fairly unhappy
- ☐ A little unhappy
- ☐ Happy
- ☐ Very happy
- ☐ Extremely happy
- ☐ Perfect

Please indicate the extent to which you agree with the following statements thinking about the past week

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy being a parent/carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am doing a good job as a parent/carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed by the responsibilities of being a parent/carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had doubts about the permanency of my child's place within the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER

If you do not have a spouse/partner please tick this box to move to the next section.

- ☐ Please take me to the next section

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

The following questions focus on your spouse/partner

Thinking **before COVID-19**, please indicate the degree of happiness, all things considered, you felt towards your relationship with your spouse/partner.

- ☐ Extremely unhappy
- ☐ Fairly unhappy
- ☐ A little unhappy
- ☐ Happy
- ☐ Very happy
- ☐ Extremely happy
- ☐ Perfect

Thinking about **the past week**, please indicate the degree of happiness, all things considered, you felt towards your relationship with your spouse/partner.

- ☐ Extremely Unhappy
- ☐ Fairly Unhappy
- ☐ A little unhappy
- ☐ Happy
- ☐ Very Happy
- ☐ Extremely Happy
- ☐ Perfect

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

How true is the following statement: I have a warm and comfortable relationship with my partner/spouse

- ☐ Not at all true
- ☐ A little true
- ☐ Somewhat true
- ☐ Mostly true
- ☐ Almost completely true
- ☐ Completely true

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

Please select the response that most accurately reflects your current feelings about your relationship

	Not at all	A little	Somewhat	Mostly	Almost completely	Completely
How rewarding is your relationship with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

Is your spouse/partner:

- ☐ Female
 - ☐ Male
 - ☐ Another gender category (specify if you wish)
-
- ☐ Prefer not to say

Thinking about before COVID-19, please indicate how well, with all things considered, your family was managing day-to-day.

- ☐ Functioning very well, no problems at all
- ☐ Facing a few challenges but overall doing well
- ☐ Facing significant challenges but managing
- ☐ Facing extreme challenges with concerns around family placement breakdown
- ☐ Adoptive placement breakdown is imminent or has occurred

Thinking about the past week, please indicate how well, with all things considered, your family was managing day-to-day.

- ☐ Functioning very well, no problems at all
- ☐ Facing a few challenges but overall doing well
- ☐ Facing significant challenges but managing
- ☐ Facing extreme challenges with concerns around family placement breakdown
- ☐ Adoptive placement breakdown is imminent or has occurred

Please click the next arrow to continue

YOUR CURRENT EMOTIONAL WELL-BEING - DASS21

Please read each statement and select the response which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Does not apply to me at all	Applies to some degree, or some of the time	Applies to a considerable degree, or a good part of the time	Applies very much, or most of the time
I find it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of dryness in my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I use a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am intolerant of anything that keeps me from getting on with what I am doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am not worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increasing, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that life is meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR GENERAL WELL-BEING – WEMWBS

Below are some statements about feelings and thoughts. Please select the box that best describes your experience of each over the past week

	None of the time	Rarely	Some of the time	Often	Always
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think your emotional wellbeing has been impacted by your experience during COVID-19? E.g. Do you believe your responses may have been different before COVID-19.

- ☐ No, not at all
- ☐ Maybe, I'm not sure
- ☐ Yes, please describe

Please click the next arrow to continue

YOUR CHILD'S CURRENT EMOTIONAL WELL-BEING AND BEHAVIOUR

In this section please focus on your adopted child (3-16 years old). If you have more than

one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

How would you rate the following areas of your child's life over the past week?

	Very poor	Poor	Fair	Good	Excellent
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise/Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to study/do school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure time (e.g. times when not engaged in school work, or chores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think your child's emotional well-being and behaviour have been impacted by their experience during COVID-19? E.g. Do you believe your responses may have been different before COVID-19.

- ☐ No, not at all
- ☐ Maybe, I'm not sure
- ☐ Yes, please describe

Please click the next arrow to continue

IMPACT OF COVID-19 RESTRICTIONS ON SUMMER HOLIDAY ACTIVITY FOR BOTH YOU AND YOUR CHILD

In this section please focus on your adopted child (3-16 years old). If you have more than

one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

Have your usual childcare plans for the summer holidays been affected by COVID-19?

- ☐ No – it is summer holidays as usual for us
 - ☐ Yes, please explain how it is different in your own words
-

Has your child spent more time within the home during these summer holidays than usual?

- ☐ No – it is summer holidays as usual for us
- ☐ Yes - Yes, please explain how much more time is spent at home and why (if you know) _____

Please indicate the extent of your typical care-giving responsibilities for this child over the past week. Please think about times when your child is engaged in adult-led activities or in need of adult supervision.

0% _____ 100%

A score of 100 would mean you had responsibility for all childcare and rearing related tasks, a score of 50 would mean you had responsibility for approximately half of all childcare and rearing related tasks.

To what extent do you agree with the following statements about your child's education, learning and impact of school closures prior to summer holidays

	Disagree	Somewhat Agree	Strongly Agree
My child's school (or equivalent) provided clear guidance about the work my child was expected to do prior to school holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school (or equivalent) provided appropriate work for my child to do before school holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt confident supporting my child to access home learning prior to school holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt confident supporting my child to access home learning prior to school holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school (or equivalent) provided additional support to meet my child's needs prior to school holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school (or equivalent) communicated well with me throughout COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



CHALLENGES RELATED TO COVID-19 RESTRICTIONS, HOME LEARNING (prior to school holidays) AND SCHOOL HOLIDAY ACTIVITIES

Please select the statement(s) which best captures your thoughts and experience in the past week.

- ☐ I found it difficult to persuade my child to do any home based learning I am finding it difficult to keep my child engaged in a variety of activities
- ☐ I am finding it difficult to get any time alone
- ☐ I am experiencing an increase in challenging child behaviour
- ☐ I am experiencing an increase in child violence and aggressive behaviour
- ☐ I am finding it difficult to persuade my child to adhere to social distancing restrictions
- ☐ My child is experiencing an increase in emotional distress and anxiety
- ☐ I am experiencing an increase in emotional distress and anxiety
- ☐ I am needing to emotionally regulate my child more throughout the day
- ☐ My child has regressed in emotions and behaviour
- ☐ There has been an increase in difficulties between siblings
- ☐ My child's sleep pattern is disrupted
- ☐ My child is missing their friends
- ☐ My child is withdrawing and or isolating themselves
- ☐ My child is missing their trusted adult from school (or equivalent)
- ☐ My child cannot access their usual therapeutic support, and this is having a negative impact on emotional wellbeing and/or behaviour
- ☐ I cannot access my usual therapeutic support, and this is having a negative impact on my emotional wellbeing and/or behaviour
- ☐ I am worried I cannot meet my child's additional needs
- ☐ I am struggling to work from home and meet my child's needs
- ☐ There has been a change in my child's eating habits
- ☐ The dramatic changes to our family routine has triggered dysregulated emotions and behaviour from my child
- ☐ None
- ☐ Other (please explain) _____

BENEFITS RELATED TO COVID-19 RESTRICTIONS, HOME LEARNING (prior to school holidays) OR WORKING FROM HOME

Please select the statement(s) which best captures your thoughts and experience in the past week.

- ☐ I am not working from home or spending more time than previous with my child
- ☐ I am enjoying having more time to spend with my child
- ☐ We are enjoying doing activities together
- ☐ We are enjoying doing new things together
- ☐ I am communicating more with my child
- ☐ I have more time to engage in 'therapeutic parenting' activities, e.g. Theraplay or sensory activities, etc.
- ☐ I feel more attached to my child
- ☐ My child seems calmer and more relaxed without the stress caused by school (or equivalent)
- ☐ Relationships between siblings within the house are improving
- ☐ I am better able to interpret my child's behaviour, needs and triggers
- ☐ We are connecting more as a family
- ☐ None
- ☐ Other (please explain) _____

Please click the next arrow to continue

IMPACT OF THE COVID-19 RESTRICTIONS ON YOU

How would you rate the following areas of your life over the past week?

	Very poor	Poor	Fair	Good	Excellent
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work/study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure time (e.g. times you are not engaged in childcare, work, or chores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you worked from a place of employment outside of your home (e.g. office, shop, school etc.) at all over the past week?

- ☐ No
- ☐ Yes
- ☐ Not Applicable

Have you attempted to work at home over the past week?

- ☐ No
- ☐ Yes
- ☐ Not Applicable

Display This Question:

If Have you attempted to work at home over the past week? = Yes

How would you rate the experience of working from home over the past week?

- ☐ Very difficult
- ☐ Difficult
- ☐ Neutral
- ☐ Easy
- ☐ Very easy

Please indicate who you have had social contact with outside of your home over the past week. Select all that apply.

- ☐ Close family (e.g. your parents; siblings)
- ☐ Extended family (e.g. aunts/uncles; cousins)
- ☐ Friends
- ☐ Neighbours
- ☐ Your child's teachers
- ☐ Work colleagues
- ☐ Other (please describe) _____

Please indicate how frequently you have maintained social contact with people outside of your home over the past week using the following methods

	Never	Once	Several times a week	Daily	Multiple times every day
In-person (e.g. walking/being outside with another person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written messages to one person (e.g. text messages, email, WhatsApp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written messages to multiple people simultaneously (e.g. WhatsApp groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written messages to a general audience (e.g. Facebook post, Twitter post, Instagram)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice communication (e.g. telephone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face-to-Face via remote platforms with one person (e.g. FaceTime, Zoom, Skype)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face-to-Face via remote platforms with multiple people simultaneously (e.g. virtual group meetings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Via on-line gaming platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

VIEW OF THE FUTURE

CONCERNS ABOUT THE FUTURE

Please select the statement(s) which best captures your concerns over the past week.

- ☐ I am concerned my child will not want to return to school (or equivalent) and/or refuse to attend
- ☐ I am concerned my child's behaviour will become more aggressive or violent as a result of attending
- ☐ I am concerned will not receive the appropriate additional support to manage the transition back to school (or equivalent)
- ☐ I am concerned my child will have missed out on transitional support to a new setting (e.g. pre-school to reception, primary to secondary school etc)
- ☐ I am concerned my child will be very behind in their learning
- ☐ I am concerned my child's emotional needs will not be met during the transition back to school (or equivalent)
- ☐ I am concerned my relationship with my child will be negatively impacted by their return
- ☐ I am concerned my child will struggle to re-establish relationships with peers and trusted adults within school (or equivalent)
- ☐ I am concerned the return will trigger a period of emotional dysregulation for my child
- ☐ None
- ☐ Other (please explain)

WHAT IS NEEDED FOR SUCCESSFUL TRANSITION

What do you feel your child needs to successfully transition back to school (or equivalent)?

IMPACT ON YOU

In what way do you think your child returning to school (or equivalent) will impact you?

SUPPORT FOR YOU

What will support you, and your well-being, during the remaining period of the COVID-19 pandemic?

Please click the next arrow to continue

Display This Question:

If If Your Email Address: We will only use your email address to send you a link to follow-up questionnaires every 3 weeks and to enter you into a prize draw to win £50, £30 or £20 of Amazon vouche... Text Response Is Equal to 111111111

What is the first section of your postcode (e.g CV34 or BN1)

Please note this information will only be used to understand the geographic spread of respondents and completion is OPTIONAL.

Thank you. Please click the next arrow to finish this survey

In this questionnaire we have used measures designed to assess emotional wellbeing, including anxiety and low mood. The questions are intended to measure widely across the normal range of experience. They do not measure anxiety or depressive disorders.

As part of this study we routinely provide signposting information to all participants. The purpose of the information is to provide a list of resources which may be useful now or at some point in the future if you have concerns about your own or your child's emotional well-being. We have no direct links with these services and cannot guarantee their quality.

If at any point you are very concerned about your own or your child's emotional well-being, we recommend that you make an appointment with your GP who will be able to refer you for specialist treatment or more information.

SIGNPOSTING

Adoption UK

Adoption UK is the leading charity providing support, community and advocacy for all those parenting or supporting children who cannot live with their birth parents. We connect adoptive families, provide information and signposting on a range of adoption-related issues and campaign for improvements to adoption policy and legislation at the highest

levels. With over 8,000 members, we provide a strong, supportive community and are the largest voice of adopters in the UK.

Website: www.adoptionuk.org Helpline: 0300 666 0006 Email: info@adoptionuk.org.uk

Anxiety UK

Anxiety UK is aimed at helping those suffering from anxiety disorders. The website contains a wide range of information and support including clinical hypnotherapy, cognitive/behavioural and complementary therapies; information on self-help groups in the UK; self-help packs; information tapes; factsheets; quarterly newsletter; network of local area representatives.

For more information call the helpline or visit the website
at: www.anxietyuk.org.uk Helpline: 08444 775 774. Email: info@anxietyuk.org.uk

MIND

Mind is a national mental health charity and can give you information on where to find support groups in your area for a whole range of mental health and emotional issues. They can also give you more information on where to go for more help, information, and support groups in your area. They will give support to those suffering from mental health problems or to their carers. For more information and advice visit the website or call the helpline: problems or to their carers. For more information and advice visit the website or call the helpline:

Website: www.mind.org.uk. Mind Info Line: 0300 123 3393. Text: 86463

Young Minds

Young Minds focuses on the mental health issues of children, recognising that many children have troublesome worries and fears. They publish a huge range of information to help parents, carers or other professionals who are worried about a child. They have a monthly magazine that anyone is free to subscribe to, which provides up to date information and advice. They also provide a parent helpline and publish regular leaflets on specific issues to help parents. More information can be found on the website or phone the helpline:

Website: www.youngminds.org.uk Young Minds Parents Information Service: 0800 802 5544

Family Lives

Family Lives offer a free and confidential helpline for anyone involved in caring for children. It offers listening, support, information and guidance on all issues of concern. Parenting

classes and workshops for parents to share ideas and learn new skills are also offered. The website contains a range of information, including leaflets on family related issues.

Website: www.familylives.org.uk Helpline: 0808 800 2222

Parent Lifeline

Parent Lifeline is a helpline which offers emotional support and understanding for parents under stress. This helpline can also put parents in touch with further help if they wish.

Website: www.parentlifeline.org.uk Helpline: 0114 272 6575 (Mon-Fri: 9am-1pm, 7.00pm-11.00pm)

Thank you for taking the time to complete this questionnaire. Please click the next arrow to finish this survey

Appendix 12. COVID-19: APEx study: Follow-up questionnaire (T2)**CORONAVIRUS (COVID-19): ADOPTIVE PARENT EXPERIENCE
(APEx) FOLLOW-UP QUESTIONNAIRE**

This follow-up questionnaire will take you approx. 15 minutes to complete and will ask you again about your family relationships and wellbeing. We will use this data to continue to track the impact of COVID-19 on family life, emotional well-being, and social relationships.

All participants who return completed questionnaires will be eligible for a prize draw with the chance to win £50, £30, and £20 vouchers. Winners will be selected at random at the end of the study and winning participants will be notified by email.

We thank you for your continued participation in this project. If you have any questions or wish to withdraw from the study please contact: C.Kohn@sussex.ac.uk

Your Email Address:

We will only use your email address to send you a link to follow-up questionnaires every 3 weeks and to enter you into a prize draw to win £50, £30 or £20 of Amazon vouchers. Your email address will be deleted at the end of the study.

YOUR HEALTH

Have you tested positive for COVID-19 virus, or experienced symptoms you believe to be COVID-19 (e.g. fever, dry cough) in the past week?

- ☐ No
- ☐ Yes

Display This Question:

If Have you tested positive for COVID-19 virus, or experienced symptoms you believe to be COVID-19 (... = Yes

How severe have your symptoms been?

- ☐ Mild
- ☐ Moderate
- ☐ Severe

Please indicate if any other family members in your household have been ill with COVID-19/suspected COVID-19, and the severity of their symptoms in the past week

Not ill with COVID-19	Mild	Moderate	Severe	Not applicable
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Partner/Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adult in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus child (i.e. your adopted child you are most concerned about)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other child(ren) in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

ABOUT YOUR CURRENT RELATIONSHIPS

In this section please focus on your adopted child (3-16 years old). If you have more than one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

Please indicate your degree of happiness, all things considered, with your relationship **over the past week?**

- ☐ Extremely unhappy
- ☐ Fairly unhappy
- ☐ A little unhappy
- ☐ Happy
- ☐ Very happy
- ☐ Extremely happy
- ☐ Perfect

Please indicate the extent to which you agree with the following statements thinking about the past week

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy being a parent/carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am doing a good job as a parent/carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed by the responsibilities of being a parent/carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had doubts about the permanency of my child's place within the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER

If you do not have a spouse/partner please tick this box to move to the next section.

- ☐ Please take me to the next section

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

The following questions focus on your spouse/partner

Please indicate your degree of happiness, all things considered, with your relationship over the past week?

- ☐ Extremely unhappy
- ☐ Fairly unhappy
- ☐ A little unhappy
- ☐ Happy
- ☐ Very happy
- ☐ Extremely happy
- ☐ Perfect

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

How true is the following statement: I have a warm and comfortable relationship with my partner/spouse?

- ☐ Not at all true
- ☐ A little true
- ☐ Somewhat true
- ☐ Mostly true
- ☐ Almost completely true
- ☐ Completely true

Display This Question:

If YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER If you do not have a spouse/partner please tick this b... != Please take me to the next section

Please select the response that most accurately reflects your current feelings about your relationship

	Not at all	A little	Somewhat	Mostly	Almost completely	Completely
How rewarding is your relationship with your partner?						
How satisfied are you with your relationship?						

YOUR FAMILY AS A WHOLE

Please indicate how well, all things considered, your family have managed day-to-day in the past week.

- ☐ Functioning very well, no problems at all
- ☐ Facing a few challenges but overall doing well
- ☐ Facing significant challenges but managing
- ☐ Facing extreme challenges with concerns around family placement breakdown
- ☐ Adoptive placement breakdown is imminent or has occurred

Please click the next arrow to continue

YOUR EMOTIONAL WELLBEING – DASS 21

Please read each statement and select the response which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Almost Never	Sometimes	Often	Almost Always
I find it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of dryness in my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I use a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

to look forward to				
I find myself getting agitated	○	○	○	○
I find it difficult to relax	○	○	○	○
I feel down-hearted and blue	○	○	○	○
I am intolerant of anything that keeps me from getting on with what I am doing	○	○	○	○
I feel close to panic	○	○	○	○
I feel unable to become enthusiastic about anything	○	○	○	○
I feel I am not worth much as a person	○	○	○	○
I feel I am rather touchy	○	○	○	○
I am aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increasing, heart missing a beat)	○	○	○	○
I feel scared without any good reason	○	○	○	○
I feel that life is meaningless	○	○	○	○

YOUR GENERAL WELL BEING – WEMWBS

Below are some statements about feelings and thoughts. Please select the box that best describes your experience of each over the past week

	None of the time	Rarely	Some of the time	Often	Always
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

YOUR FEELINGS ABOUT BEING A PARENT

Please indicate the extent to which you agree with the following statements over the last week.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoy being a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am doing a good job as a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed by the responsibilities of being a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had doubts about the permanency of my child's place within the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

IMPACT OF THE COVID-19 RESTRICTIONS ON YOU

How would you rate the following areas of your life over the past week?

	Much Worse	Worse	Stayed the same	Better	Much Better
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work/study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure time (times you are not engaged in childcare, work or chores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to before the restrictions how would you rate your family relationships over the last week?

	Much worse	Worse	Stayed the same	Better	Much Better
Partner/Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner/Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how frequently you have maintained social contact with people outside of your home over the past week using the following methods

	Never	Once	Several times a week	Daily	Multiple times every day
In-person (e.g. walking/spending time outside with another person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written messages/videos to one person (e.g. text messages, email, WhatsApp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written messages/videos to multiple people simultaneously (e.g. WhatsApp groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written messages to a general audience (e.g. Facebook post, Twitter post, Instagram)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice communication (e.g. telephone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face-to-Face via remote platforms with one person (e.g. FaceTime, Zoom, Skype)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face-to-Face via	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

remote platforms with multiple people simultaneously (e.g. virtual group meetings)					
Via on-line gaming platforms	○	○	○	○	○

How would you rate the quality of these social contacts?

	Very Poor	Poor	Fair	Very Good	N/A
In-person (e.g. walking outside with another person)	○	○	○	○	○
Written messages to one person (e.g. text messages, WhatsApp)	○	○	○	○	○
Written messages to multiple people simultaneously (Facebook posts, Twitter post etc)	○	○	○	○	○
Voice communication (e.g. telephone)	○	○	○	○	○
Face-to-Face via remote platforms with one person (e.g.	○	○	○	○	○

FaceTime, Zoom)					
Face-to-Face via remote platforms with multiple people simultaneously (e.g. virtual group meetings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Via on-line gaming platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate who you have had social contact with over the last week using any of the methods described above

	Never	Once	Several times a week	Daily	Multiple times every day
Close family (e.g. your parents; siblings)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (e.g. aunts/uncle; cousins)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local friendship network		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-local friendship network		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others (specify if you wish)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

IMPACT OF COVID-19 RESTRICTIONS ON YOUR CHILD

In this section please focus on your adopted child (3-16 years old). If you have more than one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

Has your usual childcare plans for the summer holidays been affected by COVID-19 in the past week?

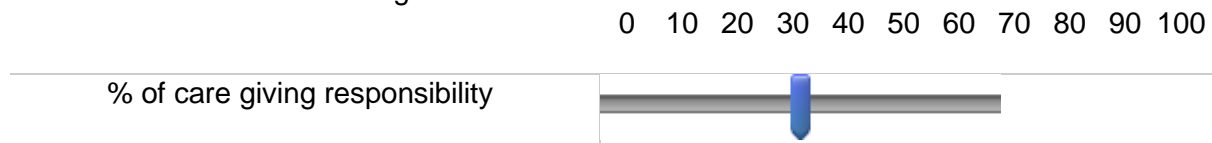
- ☐ No, my child continues to go to nursery/pre-school
- ☐ No, it's summer holidays as usual for us
- ☐ Yes, please explain how it is different in your own words _____

Has your child spent more time within the home than usual in the past week of summer holidays?

- ☐ No, my child continues to go to nursery/pre-school
- ☐ No, it's summer holidays as usual for us
- ☐ Yes, please explain how much more time is spent at home and why (if your know) _____

Please indicate the extent of your typical care-giving responsibilities for this child over the past week. Please think about times when your child is engaged in adult-led activities or in need of adult supervision.

A score of 100% would mean you had responsibility for all childcare and rearing related tasks for the child, a score of 50% would mean that you have responsibility for approximately half of all childcare and rearing related tasks.



How frequently has your child spent time engaged in the following activities over the past week:

	Not at all	Rarely	Occasionally	Often	Very often	Not applicable
Self-directed home learning						
Adult-directed home learning						
Free play alone						
Parent-led play (e.g. board games)						
Play with siblings						
Exercise						
Screen-time (excluding home learning activities)						
Household activities/chore s e.g. baking, tidying						
Socialising with friends or family online/remotely						
Socialising with friends/family in person						
Other						



How would you rate the following areas of your child's over the past week?

	Much Worse	Worse	Stayed the same	Better	Much Better
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra-Curricular activities / interests (e.g. sports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared with life before the restrictions, please rate the quality of your child's relationships over the last week?

	Much Worse	Worse	Stayed the same	Better	Much Better	N/A
With You						
With other parent						
With siblings						
With other members of the family						

Please indicate who your child has had social contact with over the last week using any of the methods described above:

	Never	Once	2-3 times	Daily	Multiple times a day
Close family (e.g. grandparents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (aunts/uncles; cousins)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biological family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School friends or other similar aged children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adults, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click the next arrow to continue

BENEFITS, CHALLENGES AND CONCERNS FOLLOWING COVID-19 RESTRICTIONS AND HOME LEARNING

The following question focuses on your adopted child who is aged between 3-16 years of age. If you have more than one adopted child (3-16 years of age) please answer with reference to **your youngest adopted child**.

Please indicate if you have shared any of the below concerns over the past week:

- ☐ I am concerned my child will not want to return to school (or equivalent) and/or refuse to attend
- ☐ I am concerned will not receive the appropriate additional support to manage the transition back to school (or equivalent)
- ☐ I am concerned my child will have missed out on transitional support to a new setting (e.g. pre-school to reception, primary to secondary school etc)
- ☐ I am concerned my child will be very behind in their learning
- ☐ I am concerned my child's emotional needs will not be met during the transition back to school (or equivalent)
- ☐ I am concerned my relationship with my child will be negatively impacted by their return
- ☐ I am concerned my child will struggle to re-establish relationships with peers and trusted adults within school (or equivalent)
- ☐ I am concerned the return will trigger a period of emotional dysregulation for my child
- ☐ None
- ☐ Other (please explain) _____

CHALLENGES RELATED TO COVID-19 RESTRICTIONS AND HOME LEARNING

Please select the statements below which most capture your experience over the past week.

- ☐ I am finding it difficult to keep my child engaged in a variety of activities
- ☐ I am finding it difficult to get any time alone
- ☐ I am experiencing an increase in challenging behaviour from my child
- ☐ I am experiencing an increase in child violence and/or aggressive behaviour
- ☐ I am finding it difficult to persuade my child to adhere to social distancing restrictions
- ☐ My child is experiencing an increase in emotional distress and anxiety
- ☐ I am experiencing an increase in emotional distress and anxiety
- ☐ I am needing to emotionally regulate my child more throughout the day
- ☐ My child has regressed in emotions and behaviour
- ☐ There has been an increase in difficulties between siblings
- ☐ My child's sleep pattern is disrupted
- ☐ My child is missing their friends
- ☐ My child is withdrawing and/or isolating themselves
- ☐ My child is missing their trusted adult from school (or equivalent)
- ☐ My child cannot access their usual therapeutic support and this is having a negative impact on emotional well being and/or behaviour
- ☐ I cannot access my usual therapeutic support and this is having a negative impact on my emotional well being and/or behaviour

- I am worried I cannot meet my child's additional needs
- I am struggling to work from home and meet my child's needs
- There has been a change in my child's eating habits
- The dramatic changes to our family routine have triggered dysregulated emotions and behaviour from my child
- None
- Other (please explain) _____



BENEFITS RELATED TO COVID-19 RESTRICTIONS AND HOME LEARNING

Please select the statements below which most capture your experience over the past week.

- I am not working from home or spending more time than previous with my child
- I am enjoying spending more time with my child
- We are enjoying doing activities together
- We have the chance to do new things together
- I am communicating more with my child
- I have more time to engage in 'Therapeutic Parenting' activities, e.g. Theraplay or sensory activities, etc.
- I feel more attached to my child
- My child seems calmer and more relaxed without the stress caused by school (or equivalent)
- Relationships between siblings within the house are improving
- My child seems less anxious about their learning
- I am better able to interpret my child's behaviour, needs and triggers
- We are connecting more as a family
- None
- Other (please explain) _____

Please click the next arrow to continue

Thank you. Please click the next arrow to finish this survey

In this questionnaire we have used measures designed to assess emotional wellbeing, including anxiety and low mood. The questions are intended to measure widely across the normal range of experience. They do not measure anxiety or depressive disorders.

As part of this study we routinely provide signposting information to all participants. The purpose of the information is to provide a list of resources which may be useful now or at some point in the future if you have concerns about your own or your child's emotional well-being. We have no direct links with these services and cannot guarantee their quality.

If at any point you are very concerned about your own or your child's emotional well-being, we recommend that you make an appointment with your GP who will be able to refer you for specialist treatment or more information.

SIGNPOSTING

Adoption UK

Adoption UK is the leading charity providing support, community and advocacy for all those parenting or supporting children who cannot live with their birth parents. We connect adoptive families, provide information and signposting on a range of adoption-related issues and campaign for improvements to adoption policy and legislation at the highest levels. With over 8,000 members, we provide a strong, supportive community and are the largest voice of adopters in the UK.

Website: www.adoptionuk.org Helpline: 0300 666 0006. Email: info@adoptionuk.org.uk

Anxiety UK

Anxiety UK is aimed at helping those suffering from anxiety disorders. The website contains a wide range of information and support including clinical hypnotherapy, cognitive/behavioural and complementary therapies; information on self-help groups in the UK; self-help packs; information tapes; factsheets; quarterly newsletter; network of local area representatives.

For more information call the helpline or visit the website at:

Website: www.anxietyuk.org.uk Helpline: 08444 775 774. Email: info@anxietyuk.org.uk

MIND

Mind is a national mental health charity and can give you information on where to find support groups in your area for a whole range of mental health and emotional issues. They can also give you more information on where to go for more help, information, and support groups in your area. They will give support to those suffering from mental health problems or to their carers. For more information and advice visit the website or call the helpline:

Website: www.mind.org.uk MindInfoLine: 0300 123 3393. Text: 86463

Young Minds

Young Minds focuses on the mental health issues of children, recognising that many children have troublesome worries and fears. They publish a huge range of information to help parents, carers or other professionals who are worried about a child. They have a monthly magazine that anyone is free to subscribe to, which provides up to date information and advice. They also provide a parent helpline and publish regular leaflets on specific issues to help parents. More information can be found on the website or phone the helpline:

Website: www.youngminds.org.uk Young Minds Parents Information Service: 0800 802 5544

Family Lives

Family Lives offer a free and confidential helpline for anyone involved in caring for children. It offers listening, support, information and guidance on all issues of concern. Parenting classes and workshops for parents to share ideas and learn new skills are also offered. The website contains a range of information, including leaflets on family related issues.

Website: www.familylives.org.uk Helpline: 0808 800 2222

Parent Lifeline

Parent Lifeline is a helpline which offers emotional support and understanding for parents under stress. This helpline can also put parents in touch with further help if they wish.

Website: www.parentlifeline.org.uk. Helpline: 0114 272 6575 (Mon-Fri: 9am-1pm, 7.00pm-11.00pm)

Thank you for taking the time to complete this questionnaire. Please click the next arrow to finish this survey

Appendix 13. COVID-19: APEX study: Final follow-up questionnaire (T3)**CORONAVIRUS (COVID-19): ADOPTIVE PARENT EXPERIENCE (APEX)****END OF AUTUMN TERM FOLLOW-UP QUESTIONNAIRE**

Thank you for taking part in the University of Sussex Adoptive Parent Experience of COVID-19 (Covid-19:APEX) study. This questionnaire is looking to capture how you, your child and family have adjusted to the return to school activity and identify what helped or hindered such adjustment.

All participants who return completed questionnaires will be eligible for a prize draw with the chance to win £50, £30, and £20 vouchers. Winners will be selected at random at the end of the study and winning participants will be notified by email.

We thank you for your continued participation in this project. If you have any questions or wish to withdraw from the study please contact: C.Kohn@sussex.ac.uk

Your Email Address:

Please confirm your email address (this should be the one you used when you registered with the study)

Section 1: ABOUT YOUR HOUSEHOLD

Have you returned to working in your usual place of work since your child has returned to school?

- Yes
- No
- Prefer not to say

Have you worked from a place of employment outside of your home (e.g. office, shop, school etc.) at all over the past week?

- Yes
- No
- Prefer not to say

Have you attempted to work at home over the past week?

- Yes
- No
- Prefer not to say

How would you rate the experience of working from home over the past week?

- Very difficult
- Difficult
- Neutral
- Easy
- Very easy

Section 2: ABOUT YOUR RELATIONSHIP

The following questions focus on your spouse/partner.

If you have not had a spouse/partner between late March 2020 and now, or prefer not to say, please tick this box to move to the next section.

Please take me to the next section

Is your spouse or partner:

Female

Male

Another gender category (describe if you wish)

Prefer not to say

What is your current marital or relationship status?

Single

Married/co-habiting/in a civil partnership

Divorced/separated/legally dissolved legal civil partnership

Widowed/surviving partner

Prefer not to say

Does your spouse or partner currently live in the same household as you?

Yes

No

Prefer not to say

Please indicate your degree of happiness, all things considered, with your relationship over the past week?

Extremely unhappy

Fairly unhappy

A little unhappy

Happy

Very happy

Extremely happy

Perfect

How true is the following statement: I have a warm and comfortable relationship with my partner/spouse?

Not at all true

A little true

Somewhat true

Mostly true

Almost completely true

Completely true

Please select the response that most accurately reflects your current feelings about your relationship

	Not at all	A little	Somewhat	Mostly	Almost completely	Completely
How rewarding is your relationship with your						

partner?

How
satisfied
are you
with
your
relations
hip?

Do you currently consider yourself to be a single parent household?

Yes

No

Prefer not to say

If yes, does your child currently have regular contact with their other parent?

Yes - in person

Yes - but only online/phone

No

Prefer not to say

ABOUT YOUR RELATIONSHIP WITH YOUR CHILD

Please indicate how well, all things considered, your family have managed day-to-day in the past week.

Functioning very well, no problems at all

Facing a few challenges but overall doing well

Facing significant challenges but managing

Facing extreme challenges with concerns around family placement breakdown

Adoptive placement breakdown is imminent or has occurred

The following question focuses on your adopted child aged 3-16 years of age.

If you have more than one adopted child (3-16 years of age) please answer with reference to your youngest adopted child. Please indicate your degree of happiness, all things considered, with your relationship over the past week?

Extremely unhappy

Fairly unhappy

A little unhappy

Happy

Very happy

Extremely happy

Perfect

Section 3: YOUR CHILD'S EXPERIENCE OF SCHOOL DURING COVID-19 RESTRICTIONS TO NOW

In this section, we would like to find out a bit more about your child's schooling during COVID-19 restrictions and now.

When answering these questions please focus on the same child as when you completed this questionnaire before. As a reminder please focus on your adopted child who is aged between 3-16 years of age. If you have more than one adopted child (3-16 years of age) please answer with reference to your youngest adopted child.

In which nation of the UK is your child currently enrolled at school?

England

Scotland

Wales

Northern Ireland

Not applicable e.g. home schooled (please briefly describe reasons why):

What year group is your child currently in?

Is your child considered vulnerable (e.g. do they have an Education, Health and Care plan)?

Yes

No

Prefer not to say

What type of school does your child currently attend?

State school

Independent/private school

Special provision school

Home educated

Other (please describe) _____

In this section we would like you to think about your child's school attendance during the autumn term of 20/21.

Has your child attended school in the past week?

Yes

No

Prefer not to say/Not applicable

If No, why has your child not attended school during the past week (select all that apply):

My child's school is not open for my child's year group to attend

My child's school is not open because of a COVID-19 outbreak within the school

My child's school is not open due to COVID-19 (regional) lockdown restrictions

My child is shielding for a health reason so could not attend

A member of our household is shielding for a health reason which meant my child could not

My child is isolating due to confirmed or suspected COVID-19 in our household or in response to contact tracing

My child is unwell with an illness that is not COVID-19

I have concerns about child's safety/wellbeing if they return to school
 My child does not usually attend school e.g. home schooled
 Other: please describe....
 Prefer not to say _____

For the following questions please answer this question regardless of whether your child has or has not attended school in the past week.

	Not at all anxious	Slightly anxious	Somewhat anxious	Moderately anxious	Extremely anxious	Not applicable
How anxious have you felt about sending your child to school in the past week?						
How anxious has your child felt about going to school in the past week?						

How well do the following statements describe your child since they returned to school for the Autumn term 20/21?

	Almost never	A little	Sometimes	A lot	Almost always	Not Applicable
Likes being at school						
Asks to stay home from school						

How well do the following statements describe your child since they returned to school for the Autumn term 20/21?

	Not true	Sometimes true	Mostly true
Listens to other people's points of view during arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes requests from parents in a polite way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls his/her temper when s/he loses in a game or competition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reacts appropriately if other children tease or say unkind things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks to join in activities with other children in an appropriate manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses affection or positive feeling to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does kind things for others voluntarily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives compliments or says nice things to others when appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls his/her temper when told off or criticised by parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks permission before using or borrowing other people's things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares things with kids his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls his/her temper during disagreements with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is able to emotionally regulate themselves throughout the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well do the following statements describe your child since they returned to school for the Autumn term?

	Not true	Sometimes true	Mostly true
Has at least one close friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has stable friendships with other kids his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finds it easy to make friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids invite him/her to their homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids invite him/her to social events or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a good relationship with classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets invited to parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is popular with other children his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

See a friend or friends socially at the weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is able to reengage with trusted adults at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prior to your child returning to school you may have shared some of the below concerns. Which, if any, of the concerns you previously had have remained over the past week:

- I am concerned my child will not want to return to school (or equivalent) and/or refuse to attend
- I am concerned will not receive the appropriate additional support to manage the transition back to school (or equivalent)
- I am concerned my child will have missed out on transitional support to a new setting (e.g. pre-school to reception, primary to secondary school etc)
- I am concerned my child will be very behind in their learning
- I am concerned my child's emotional needs will not be met during the transition back to school (or equivalent)
- I am concerned my relationship with my child will be negatively impacted by their return
- I am concerned my child will struggle to re-establish relationships with peers and trusted adults within school (or equivalent)
- I am concerned the return will trigger a period of emotional dysregulation for my child
- None
- Other (please explain) _____

Section 4: YOUR EXPERIENCES OF COVID-19

PHYSICAL HEALTH

Have you, or anyone living in your household received a positive diagnosis of COVID-19 (coronavirus)?

- Yes
- No
- Prefer not to say

If yes, please indicate who in your household have been ill with COVID-19/suspected COVID-19, and the severity of their symptoms

	Not ill with COVID-19	Mild	Moderate	Severe	Not applicable
Partner/Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adult in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus child (i.e. your adopted child you are most concerned about)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other
child(ren) in
your
household

○ ○ ○ ○ ○

Section 5: YOUR EMOTIONAL WELL-BEING

At the end of this questionnaire you can find contact details of organisations who provide guidance and support for adults and children about mental health.

Please read each statement and select the response which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Never or Almost Never	Sometimes	Often or a good part of the time	Most of the time or almost always
I find it hard to wind down	○	○	○	○
I am aware of dryness in my mouth	○	○	○	○
I can't seem to experience any positive feeling at all	○	○	○	○
I experience breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	○	○	○	○
I find it difficult to work up the initiative to do things	○	○	○	○
I tend to over- react to situations	○	○	○	○
I experience trembling (e.g. in the hands)	○	○	○	○
I feel that I use a lot of nervous energy	○	○	○	○
I worry about situations in	○	○	○	○

which I might panic and make a fool of myself				
I feel that I have nothing to look forward to	○	○	○	○
I find myself getting agitated	○	○	○	○
I find it difficult to relax	○	○	○	○
I feel down- hearted and blue	○	○	○	○
I am intolerant of anything that keeps me from getting on with what I am doing	○	○	○	○
I feel close to panic	○	○	○	○
I feel unable to become enthusiastic about anything	○	○	○	○
I feel I am not worth much as a person	○	○	○	○
I feel I am rather touchy	○	○	○	○
I am aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increasing, heart missing a beat)	○	○	○	○
I feel scared without any good reason	○	○	○	○
I feel that life is meaningless	○	○	○	○

Below are some statements about feelings and thoughts. Please select the box that best describes your experience of each over the past week

	None of the time	Rarely	Some of the time	Often
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR FEELINGS ABOUT BEING A PARENT

Please indicate the extent to which you agree with the following statements over the last week.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoy being a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am doing a good job as a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed by the responsibilities of being a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had doubts about the permanency of my child's place within the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you consider yourself to have any additional needs (educational, physical, sensory, emotional/behavioural)?

Yes

No

Prefer not to say

If Yes, please briefly describe your additional needs if you are happy to do so

How would you rate the following areas of your life over the past week?

	Very Poor	Poor	Fair	Good	Excellent
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work/study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
((e.g. times you are not engaged in childcare, work, or chores))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Section 6: YOUR CHILD'S EMOTIONAL WELL-BEING AND RELATIONSHIPS**IMPACT OF COVID-19 RESTRICTIONS ON YOUR CHILD**

The following question focuses on your adopted child who is aged between 3-16 years of age. If you have more than one adopted child (3-16 years of age) please answer with reference to your youngest adopted child.

Please indicate the extent of your typical care-giving responsibilities for this child over the past week. Please think about times when your child is engaged in adult-led activities or in need of adult supervision.

A score of 100% would mean you had responsibility for all childcare and rearing related tasks for the child, a score of 50% would mean that you have responsibility for approximately half of all childcare and rearing related tasks.

0 10 20 30 40 50 60 70 80 90 100

% of care giving responsibility	
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To what extent do the following behaviours describe your child in the past week?

	Never	Sometimes	Often
Feels sad, unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is down on self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seems to be having less fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidgety, unable to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daydreams too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acts as if driven by a motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refuses to share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not understand other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blames others for their troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not listen to rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teases others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes things that do not belong to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate the following areas of your child over the past week?

	Much Worse	Worse	Stayed the same	Better	Much Better
Physical health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Mood		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra-Curricular activities / interests (e.g. sports)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since returning to school, please rate the quality of your child's relationship with:

	Much Worse	Worse	Stayed the same	Better	Much Better	N/A
With You						
With other parent						
With siblings						
With other members of the family						

Please indicate who your child has had social contact with over the last week using any of the methods described above:

	Never	Once	2-3 times	Daily	Multiple times a day
Close family (e.g. grandparents)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (aunts/uncles; cousins)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biological family members		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School friends or other similar aged children		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adults, please specify		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: WHAT HELPED AND HINDERED YOUR ADJUSTMENT TO COVID-19 RESTRICTIONS

During the COVID-19 pandemic, what were the most challenging elements for you?

What, if anything, could have minimised these challenges for you?

What helped you to manage these challenges?

What were the most challenging element for you in readying your child to return to school?

In what way, if any, has your child returning to school impact you?

Thank you for completing the End of Autumn Term Follow-up questionnaire. You have now completed the final task as part of your participation in the COVID-19:APEx study.

Thank you once again from the Adoptive Parent Experience (APEx) Research team.

As part of this study we routinely provide signposting information to all participants. The purpose of the information is to provide a list of resources which may be useful now or at some point in the future if you have concerns about your own or your child's emotional wellbeing or would like some support or guidance around bereavement. We have no direct links with these services and cannot guarantee their quality.

If at any point you are very concerned about your own or your child's emotional well-being, we recommend that you make an appointment with your GP who will be able to refer you for specialist treatment or more information.

SIGNPOSTING

Adoption UK

Adoption UK is the leading charity providing support, community and advocacy for all those parenting or supporting children who cannot live with their birth parents. We connect adoptive families, provide information and signposting on a range of adoption-related issues and campaign for improvements to adoption policy and legislation at the highest levels. With over 8,000 members, we provide a strong, supportive community and are the largest voice of adopters in the UK.

Website: www.adoptionuk.org Helpline: 0300 666 0006. Email: info@adoptionuk.org.uk

Anxiety UK

Anxiety UK is aimed at helping those suffering from anxiety disorders. The website contains a wide range of information and support including clinical hypnotherapy, cognitive/behavioural and complementary therapies; information on self-help groups in the UK; self-help packs; information tapes; factsheets; quarterly newsletter; network of local area representatives. For more information call the helpline or visit the website at:

Website: www.anxietyuk.org.uk Helpline: 08444 775 774. Email: info@anxietyuk.org.uk

MIND

Mind is a national mental health charity and can give you information on where to find support groups in your area for a whole range of mental health and emotional issues. They can also give you more information on where to go for more help, information, and support groups in your area. They will give support to those suffering from mental health problems or to their carers.

For more information and advice visit the website or call the helpline:

Website: www.mind.org.uk MindInfoLine: 0300 123 3393 Text: 86463

Young Minds

Young Minds focuses on the mental health issues of children, recognising that many children have troublesome worries and fears. They publish a huge range of information to help parents, carers or other professionals who are worried about a child. They have a monthly magazine that anyone is free to subscribe to, which provides up to date information and advice. They also provide a parent helpline and publish regular leaflets on specific issues to help parents.

More information can be found on the website or phone the helpline:

Website: www.youngminds.org.uk Young Minds Parents Information Service: 0800 802 5544

Family Lives

Family Lives offer a free and confidential helpline for anyone involved in caring for children. It offers listening, support, information and guidance on all issues of concern. Parenting classes and workshops for parents to share ideas and learn new skills are also offered. The website contains a range of information, including leaflets on family related issues.

Website: www.familylives.org.uk Helpline: 0808 800 2222

Parent Lifeline

Parent Lifeline is a helpline which offers emotional support and understanding for parents under stress. This helpline can also put parents in touch with further help if they wish.

Website: www.parentlifeline.org.uk Helpline: 0114 272 6575 (Mon-Fri: 9am-1pm, 7.00pm-11.00pm)

Child Bereavement UK

Child Bereavement UK offers help to children, and young people, parents and families following bereavement.

Website: <https://www.childbereavementuk.org>. Helpline: 0800 02 888 40

Cruse Bereavement Care

Cruse offer support, advice and information to children, young people and adults when someone dies.

Website: <https://www.cruse.org.uk>. Helpline: 0808 808 1677

Thank you for taking the time to complete this questionnaire.

Appendix 14. Sample selection of Thematic Analysis process for COVID-19: APEx study: Resilience in the face of turmoil: The impact of the COVID-19 pandemic on adoptive parent wellbeing

COVID-19: APEx Thematic Analysis (Extracted from NVivo for easy of reporting selection sample)

DURING THE COVID-19 PANDEMIC, WHAT WAS THE MOST CHALLENGING ELEMENTS FOR YOU?		
Top Themes	Sub-Theme	Responses from participants
Merging of Life Domains	Home-Schooling and Work	Home schooling and working
		Home schooling and working
		Balancing home schooling, work & home life during periods of isolation
		Homeschooling whilst working from home
		Work full time, managing my child's homeschooling, do housekeeping and cooking and finding time to exercise
		Working from home, managing two children's learning at home and not able to see friends
		Schooling, working and parenting all in one day. Not knowing what hat I was wearing.
		Working all day and evening.
		Home schooling whilst working
		Working and home schooling together as well as meeting needs of children
		Being at home all the time for work and home schooling
		Working and home educating when schools were shut
		The balance between working from home and home schooling. Also not seeing family.
		Homeschooling and working
	Parenting and Work	Working from home while having one or both of the kids there
		Not being able to rely on childcare to work due to bubble closures isolation, etc.
		Being a single parent during lockdown,
		WFH and childcare
		No childcare and working
		Both parents working full time, me at work (shifts) and my wife from home sometimes and at school (secondary school teacher) with no childcare available
		working from home when daughter is around; managing her anxiety
		Illness, childcare, work commitments and stress
	HS and Family Life	Juggling work and my son's needs
		Home schooling

		Never ending parenting children that struggle to be near each other along as husband keyworker with no respite (Sandra - 47)
		Home schooling 6 children
		Home school
		Homeschooling 3 children 2 with SEN
		Home schooling, being on my own as single parent and trying to manage screen time and lack of social contact for me and my son
		Heavy supervision of home learning
		Home schooling and child behaviour due to changes and fear.
		Isolation, homework, boredom
		home schooling
		Trying to get the youngest to do any school work and then get on with normal family stuff.
		home schooling
		Feeling that the government were not doing anything to lessen the risks, so we've had to take the difficult decision to take our son out of school. But school won't socially distance or encourage students to wear masks or open doors, so with rates rising in London, it's too risky for us to send him. If we get ill (and we're in poor health) there's no-one to take care of him.
		The biggest problem was the school closures during lockdown for my older (adopted) children. Home schooling was very very hard with a 10 year old with an EHCP, a 7 year old with poor concentration and a toddler. Very hard for everyone. (Jennie, aged 39)
		Home schooling
		Home schooling and lack of time to myself
	24/7 Parenting	Constant responsibility for children
		24/7 parenting
	Responsibility	worrying about keeping up education for 2 children being solely responsible 24/7
	Work alone	Juggling work
	Routine Adjustment	Keeping a routine

Appendix 15. Ethical approval for the APEx study

Sciences & Technology C-REC
 crecscitec@admin.susx.ac.uk

Reference Number	ER/CK377/1
Title Of Project	The impact of building a forever family: An exploration of the APExpereince
Principal Investigator (PI):	Alison Pike
Student	Charmaine Kohn
Collaborators	
Duration Of Approval	6 months
Expected Start Date	15-Jan-2019
Date Of Approval	18-Jan-2019
Approval Expiry Date	30-Jun-2019
Approved By	Karen Long
Name of Authorised Signatory	Karen Long
Date	18-Jan-2019

*NB. If the actual project start date is delayed beyond 12 months of the expected start date, this Certificate of Approval will lapse and the project will need to be reviewed again to take account of changed circumstances such as legislation, sponsor requirements and University procedures.

Please note and follow the requirements for approved submissions:

Amendments to protocol

- Any changes or amendments to approved protocols must be submitted to the C-REC for authorisation prior to implementation.

Feedback regarding the status and conduct of approved projects

- Any incidents with ethical implications that occur during the implementation of the project must be reported immediately to the Chair of the C-REC.

Feedback regarding any adverse(1) and unexpected events(2)

- Any adverse (undesirable and unintended) and unexpected events that occur during the implementation of the project must be reported to the Chair of the Science and Technology C-REC. In the event of a serious adverse event, research must be stopped immediately and the Chair alerted within 24 hours of the occurrence.

Monitoring of Approved studies

The University may undertake periodic monitoring of approved studies. Researchers will be requested to report on the outcomes of research activity in relation to approvals that were granted (full applications and amendments).

Research Standards

Failure to conduct University research in alignment with the Code of Practice for Research may be investigated under the Procedure for the Investigation of Allegations of Misconduct in Research or other appropriate internal mechanisms (3). Any queries can be addressed to the Research Governance Office: rgoffice@sussex.ac.uk

(1) An "adverse event" is one that occurs during the course of a research protocol that either causes physical or psychological harm, or increases the risk of physical or psychological harm, or results in a loss of privacy and/or confidentiality to research participant or others.

(2) An "unexpected event" is an occurrence or situation during the course of a research project that was a) harmful to a participant taking part in the research, or b) increased the probability of harm to participants taking part in the research.

(3) <http://www.sussex.ac.uk/staff/research/rqi/policy/research-policy>

Appendix 16. Ethical approval for the COVID-19: APEX study

Sciences & Technology C-REC
 crecscitec@admin.susx.ac.uk

Reference Number	ER/CK377/4
Title Of Project	COVID-19: Adoptive Parent Experience (COVID-19: APEX)
Principal Investigator (PI):	Alison Pike
Student	Charmaine Kohn-Willbridge
Collaborators	
Duration Of Approval	18 months
Expected Start Date	26-Jun-2020
Date Of Approval	26-Jun-2020
Approval Expiry Date	24-Dec-2021
Approved By	Karen Long
Name of Authorised Signatory	Lauren Shukru
Date	26-Jun-2020

*NB. If the actual project start date is delayed beyond 12 months of the expected start date, this Certificate of Approval will lapse and the project will need to be reviewed again to take account of changed circumstances such as legislation, sponsor requirements and University procedures.

Please note and follow the requirements for approved submissions:

Amendments to protocol

- Any changes or amendments to approved protocols must be submitted to the C-REC for authorisation prior to implementation.

Feedback regarding the status and conduct of approved projects

- Any incidents with ethical implications that occur during the implementation of the project must be reported immediately to the Chair of the C-REC.

Feedback regarding any adverse(1) and unexpected events(2)

- Any adverse (undesirable and unintended) and unexpected events that occur during the implementation of the project must be reported to the Chair of the Science and Technology C-REC. In the event of a serious adverse event, research must be stopped immediately and the Chair alerted within 24 hours of the occurrence.

Monitoring of Approved studies

The University may undertake periodic monitoring of approved studies. Researchers will be requested to report on the outcomes of research activity in relation to approvals that were granted (full applications and amendments).

Research Standards

Failure to conduct University research in alignment with the Code of Practice for Research may be investigated under the Procedure for the Investigation of Allegations of Misconduct in Research or other appropriate internal mechanisms (3). Any queries can be addressed to the Research Governance Office: rgoffice@sussex.ac.uk

(4) An "adverse event" is one that occurs during the course of a research protocol that either causes physical or psychological harm, or increases the risk of physical or psychological harm, or results in a loss of privacy and/or confidentiality to research participant or others.

(5) An "unexpected event" is an occurrence or situation during the course of a research project that was a) harmful to a participant taking part in the research, or b) increased the probability of harm to participants taking part in the research.

(6) <http://www.sussex.ac.uk/staff/research/rqi/policy/research-policy>

References

- Abidin, R. (1990). Introduction to the special issue: The stress of parenting. *Journal of Clinical Child Psychology*, 19(4), 298-301.
- Adoption Focus. (n.d.). *Fostering for Adoption*. <https://www.adoption-focus.org.uk/adopt-us/fostering-adoption>
- Adoption UK. (2019). *The Adoption Barometer*. <https://www.adoptionuk.org/the-adoption-barometer>
- Aguirre, T.M., Koehler, A.E., Joshi, A., & Wilhelm, S.L. (2018). Recruitment and retention challenges and successes. *Ethnicity & Health*, 23(1), 111-119.
<http://doi.org/10.1080/13557858.2016.1246427>
- Ainsworth, M.D.S. (1985). Attachment across the life span. *Bulletin of the New York Academy of Music*, 61(9), 792–812.
- Annansingh, F., & Howell, F. (2016). Using Phenomenological Constructivism to Discuss a Mixed Method Approach. *The Electric Journal of Business Research Methods*, 1(4), 39-49.
- Anthony, R.E., Paine, A.L., & Shelton, K.H. (2019). Adverse childhood experiences of children adopted from care: The importance of adoptive parental warmth for future child adjustment. *International Journal of Environmental Research and Public Health* 16(12), 2212. <http://doi.org/10.3390/ijerph16122212>
- Association for Video Interaction Guidance UK. (n.d.). *About AVIGuk*.
<https://www.videointeractionguidance.net/page/show/4095>
- Atkinson, A.J., & Gonet, P. (2007). Strengthening Adoption Practice, listening to adoptive families. *Child Welfare*, 86(2), 87-104.
- Attachment Trauma Network. (n.d.). *Therapeutic Parenting*.
<https://www.attachmenttraumanetwork.org/parenting/>

- Axford, N., Bjornstad, G., Matthews, J., Heilmann, S., Raja, A., Ukoumunne, O.C., Berry, V., Wilkinson, T., Timmons, L., Hobbs, T., Eames, T., Kallitsoglou, A., Blower, S., & Warner, G. (2020). The effectiveness of a therapeutic parenting programme for children aged 6 – 11 years with behavioural or emotional difficulties: Results from a randomised controlled trial. *Children and Youth Services Review*, 117, 105245.
<http://doi.org/10.1016/j.childyouth.2020.105245>
- Barnett, E.R., Cleary, S.E., Butcher, R.L., & Jankowski, M.K. (2019). Children's behavioural health needs and satisfaction and commitment of foster and adoptive parents: Do trauma-informed services make a difference? *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(1), 73–81.
- Bernard, H.R. (2011). *Research Methods in Anthropology* (5th edition). AltaMira Press.
- Berge, J.M., Green, K.M., Grotevant, H.D., & McRoy, R.G. (2006). Adolescent sibling narratives regarding contact in adoption. *Adoption Quarterly*, 9(2–3), 81–103.
- Bergen, N., & Labonté, R. (2020). “Everything Is Perfect, and We Have No Problems”: Detecting and Limiting Social Desirability Bias in Qualitative Research. *Qualitative Health Research*, 30(5), 783–792. <https://doi.org/10.1177/1049732319889354>
- Bonovitz, C. (2008). Unconscious Communication and the Transmission of Loss. *Journal of Infant, Child, and Adolescent Psychotherapy*, 3(1), 1-27.
- Boswell, S., & Cudmore, L. (2014). ‘The children were fine’: acknowledging complex feelings in the move from foster care into adoption. *Adoption and Fostering*, 38(1), 5-21.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.

- Brinich, P. (1989). Adoption, Ambivalence, and Mourning: Clinical and Theoretical Inter-Relationships. *Adoption and Fostering*, 14(1), 6-17.
- Brodzinsky, D. (1987). Adjustment to Adoption: A psychosocial perspective. *Clinical Psychology Review*, 7(1), 25-47.
- Brodzinsky, D.M. (2005). Reconceptualizing openness in adoption: Implications for theory, research, and practice. In Brodzinsky, D.M. & Palacios, J. (Ed.). *Advances in applied developmental psychology. Psychological issues in adoption: Research and practice*. Greenwood Publishing Group.
- Brodzinsky, D. (2006). Family structural openness and communication openness as predictors in the adjustment of adopted children. *Adoption Quarterly*, 9(4), 1–18.
https://doi.org/10.1300/j145v09n04_01
- Brodzinsky, D., & Huffman, L. (1988). Transition to adoptive parenthood. *Marriage & Family Review*, 12(3-4), 267-286.
- Brodzinsky, D.M., & Schechter, M.D. (1990). *The psychology of adoption*. Oxford University Press.
- Bronfenbrenner, U. (1992). Ecological Systems Theory. In R. Vasta (Ed). *Six theories of child development: Revised formulations and current issues* (pp. 187-149). Jessica Kingsley Publishers.
- Bronfenbrenner, U., & Morris, P. A. (1998). The Ecology of Developmental Processes. In W. Damon, & R. M. Lerner (Orgs.), *Handbook of Child Psychology, Vol. 1: Theoretical Models of Human Development* (pp. 993-1028). John Wiley.
- Bryman, A. (2007). The research question in social research: what is its role?. *International journal of social research methodology*, 10(1), 5-20.

- Booker, C.L., Harding, S., & Benzeval, M. (2011). A systematic review of the effect of retention methods in population-based cohort studies. *BioMed Central Public Health*, 11(1), 1-12. <http://doi.org/10.1186/1471-2458-11-249>.
- Burnell, A., Castell, K., & Cousins, G. (2009). Planned transitions for children moving to permanent placement: what do you do after you say hello? *Family Futures Practice Paper*. <https://www.familyfutures.co.uk/wp-content/uploads/2015/06/Transitions-Practice-Paper.pdf>
- Cabello, R., Lansford, J.E., Abbey, A., & Stewart, A.J. (2004). Gaining a child: Comparing the experiences of biological parents, adoptive parents, and stepparents. *Family Relations*, 53(1), 38-48.
- Cameron, R. J., & Maginn, C. (2008). The authentic warmth dimension of professional childcare. *British Journal of Social Work*, 38(6), 1151-1172.
- Chess, S., & Thomas, A. (1991). Temperament and the concept of goodness of fit. In J. Strelau, J. & Angleitner, A. (Eds.), *Explorations in temperament: International perspectives on theory and measurement* (pp. 15– 28). Plenum.
- Child Welfare Information Gateway (n.d.). *Open Adoption: Could Open Adoption be the Best Choice for You and Your Baby?* <https://www.childwelfare.gov/pubpdfs/openadoption.pdf>
- Child Welfare Information Gateway. (2019). *Factsheets for Families: The impact of adoption*. http://www.childwelfare.gov/pubs/factsheets/impact_parent
- Chobhthaigh, S.N., & Duffy, F. (2018). The effectiveness of psychological interventions with adoptive parents on adopted children and adolescents' outcomes: A systematic review. *Clinical Child Psychology and Psychiatry*, 24(1), 69-94.

- CoramBAAF. (2019). *Statistics: England*. <https://corambaaf.org.uk/fostering-adoption/looked-after-children-adoption-fostering-statistics/statistics-england>
- Cowan, C.P., & Cowan, P.A. (1995). Interventions to ease the transition to parenthood: Why they are needed and what they can do. *Family Relations: Interdisciplinary Journal of Applied Family Science*, 44(1), 412–423.
- Cowan, C.P., & Cowan, P.A. (2000). *When partners become parents: The big life change for couples*. Lawrence Erlbaum Associates.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications.
- Dance, C., & Farmer, E. (2014). Changing lives and changing minds: the experiences of adoptive parents from application to approval. *Adoption and Fostering*, 38(2), 101–114.
- Dance, C., & Rushton, A. (2005). Predictors of outcome for unrelated adoptive placements made during middle childhood. *Child and Family Social Work*, 10(4), 269–280.
- Daniluk, J.C., & Hurtig-Mitchell, J. (2003). Themes of Hope and Healing: Infertile Couple's Experiences of Adoption. *Journal of Counselling and Development*, 81(4), 389–399.
- Department for Education. (2017). *Children Looked After in England, year ending 31 March 1994-2017*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf
- Department for Education. (2018). *Adoption Support Fund*.
<https://www.gov.uk/guidance/adoption-support-fund-asf>
- Department for Education. (2019). *Children Looked After in England, year ending 31 March 2019*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

Department for Education. (2021). *Children Looked After in England including adoptions:2020-2021*. <http://explore-education-statistics.service.gov.uk>

Draucker, C.B., Martsolf, D.S. & Poole, C. (2009). Developing Distress Protocols for research on Sensitive Topics. *Archives of Psychiatric Nursing*, 23(5), 343-350.

Droz, F., Bergsund, H.B., Hammerstrøm, K.T., Hansen, M.B., & Jacobsen, H. (2017). A systematic review of courses, training, and interventions for adoptive parents. *Journal of Child and Family Studies*, 27(2), 339–354.

Dyadic Developmental Psychotherapy Network (n.d). *What is meant by PACE?*
<https://ddpnetwork.org/about-ddp/meant-pace/>

Eanes, F.Y., & Fletcher, A.C. (2006). Factors associated with perceived parenting competence among special needs adoptive mothers. *Families in Society*, 87(2), 249–258.

Favez, N., Frascarolo, F., & Tissot, H. (2017). The Family Alliance Model: A way to study and characterise early family interactions. *Frontiers in Psychology*, 8(1).
<http://doi.org/10.3389/fpsyg.2017.01441>

Feast, L., & Melles, G. (2010, July). *Epistemological positions in design research: a brief review of the literature* [Conference paper]. Connected 2010 - 2nd International Conference in Design Education, Sydney, Australia.
<http://www.health.gov.to/drupal/sites/default/files/Week%201%20&%202%20Feast%20&%20Melles.pdf>

Foli, K. (2010). Depression in adoptive parents: a model of understanding through Grounded Theory. *Western Journal of Nursing Research*, 32(3), 379-400.

- Foli, K., Hebdon, M., Lim, E., & South, S. (2017a). Transition of Adoptive Parents: A Longitudinal Mixed Methods Analysis. *Archives of Psychiatric Nursing*, 31(5), 483-492.
- Foli, K., Lim, E., & South, S. (2017b). Retrospective longitudinal analyses of adoptive parents' expectations and depressive symptoms. *Research in Nursing and Health*, 40(6), 564-574.
- Foli, K.J., South, S.C., Lim, E., & Jarnecke, A.M. (2016). Post-adoption depression: Parental classes of depressive symptoms across time. *Journal of Affective Disorders*, 200(1), 293–302.
- Foli, K.J., South, S.C., Lim, E., & Hebdon, M. (2012). Maternal postadoption depression, unmet expectations, and personality traits. *Journal of the American Psychiatric Nurses Association*, 18(5), 267–277.
- Frost, R.L., & Goldberg, A.E. (2020). Adopting Again: A Qualitative Study of the Second Transition to Parenthood in Adoptive Families. *Adoption Quarterly*, 23(2), 85-109.
- Gair, D. (1999). Distress and depression in new motherhood: Research with adoptive mothers highlights important contributing factors. *Children and Family Social Work*, 14(4), 55–66.
- Gibb, B.E. (2002). Childhood maltreatment and negative cognitive styles: A quantitative and qualitative review. *Clinical Psychology Review*, 22(2), 223–246.
[http://doi.org/10.1016/S0272-7358\(01\)00088-5](http://doi.org/10.1016/S0272-7358(01)00088-5)
- Gibbs, A. (2010). Parenting adopted children and supporting adoptive parents: Messages from research. *Aotearoa New Zealand Social Work*, 22(2), 44-52.
- Gilkes, L., & Capstick, L. (2008). Parent-to-parent mentoring: Oxfordshire's pioneering buddy scheme for adopters. *Adoption & Fostering*, 32(1), 69-72.

Given, L.M. (2008). *Lived experience: SAGE encyclopaedia of qualitative research methods*.

SAGE Publications. <https://dx.doi.org/10.4135/9781412963909.n250>

Goldberg, A.E. (2009). The transition to adoptive parenthood. In: T.W. Miller (Eds).

Handbook of stressful transitions across the lifespan. Springer.

Golding, K.S. (2007). Developing group-based parent training for foster and adoptive parents. *Adoption & Fostering*, 31(3), 39-48.

Golding, K.S., & Hughes, D.A. (2012). *Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child*. Jessica Kingsley Publishers.

Goodman, S.H., Rouse, M.H., Connell, A.M., Broth, M.R., Hall, C.M., & Heyward, D.

(2011). Maternal depression and child psychopathology: A Meta-Analytic Review. *Clinical Child and Family Psychology Review*, 14(1), 1–27.

Grotevant, H., Dunbar, N., Kohler, J., & Lash Esau, A.M. (2004). Adoptive Identity: How Contexts Within and Beyond the Family Shape Developmental Pathways. *Family Relations*, 49(4), 379-387.

Grotevant, H.D., Rueter, M., Von Korff, L., & Gonzalez, C. (2011). Post-adoption contact, adoption communicative openness, and satisfaction with contact as predictors of externalizing behaviour in adolescence and emerging adulthood. *Journal of Child Psychology and Psychiatry*, 52(5), 529–536. <https://doi.org/10.1111/j.1469-7610.2010.02330>

Guba, E.G. & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage Publication.

Gustavson, K., von Soest, T., Karevold, E., & Roysamb, E. (2012). Attrition and generalizability in longitudinal studies: findings from a 15-year population-based study

and a Monte Carlo simulation study. *BioMed Central Public Health*, 12, 1-11.

<https://doi.org/10.1186/1471-2458-12-918>

Harlow, E. (2019). Defining the problem and sourcing the solution: a reflection on some of the organisational, professional and emotional complexities of accessing post-adoption support. *Journal of Social Work Practice*, 33(3), 269-280.

Harold, G., Hampden-Thompson, G., Rodic, M., & Sellers, R. (2017). *An evaluation of the AdOpt parenting programme: Research report*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585177/AdOpt_parenting_programme_evaluation.pdf

Harrison, T., & Harrison, F. (2015). Towards a deeper understanding of Adoption Family Structure: Concepts borrowed from Social Justice, Attachment Theory, and Relational Dialects. *Vistas Online*, Article 77. [http://counseling.org/docs/default-](http://counseling.org/docs/default-source/vistas/article_7734cd23f16116603abcacff0000bee5e7.pdf?sfvrsn=aadb432c_6)

[source/vistas/article_7734cd23f16116603abcacff0000bee5e7.pdf?sfvrsn=aadb432c_6](http://counseling.org/docs/default-source/vistas/article_7734cd23f16116603abcacff0000bee5e7.pdf?sfvrsn=aadb432c_6)

Harris-Waller, J., Granger, C., & Gurney-Smith, B. (2016). A comparison of parenting stress and children's internalising, externalising and attachment-related behaviour difficulties in UK adoptive and non-adoptive families. *Adoption and Fostering*, 40(4), 340-351.

Harris-Waller, J., Granger, C., & Hussain, M. (2018). Psychological interventions for adoptive parents: a systematic review. *Adoption & Fostering*, 42(1), 6-21.

Hart, A., & Luckock, B. (2004). *Developing Adoption Support and Therapy: New approaches for practice*. Jessica Kingsley Publishers.

Hassan, E. (2005). Recall Bias can be a Threat to Retrospective and Prospective Research Designs. *The Internet Journal of Epidemiology*, 3(2), 1-7.

Health Research Authority. (2017). *HRA publishes new proportionate consent guidance*.

<https://www.hra.nhs.uk/about-us/news-updates/hra-publishes-new-proportionate-consent-guidance/>

- Herman, E. (2002). The paradoxical rationalisation of modern adoption. *Journal of Social History*, 36(2), 339-385.
- Hellström, T. (2008). Transferability and naturalistic generalization: New generalizability concept for social science or old wine in new bottles? *Journal of Quality and Quantity*, 42(1), 321–337.
- Hollingworth, B.J. & Miller, E.J. (1996). Retrospective Interviewing and Its Application in Study of Residential Mobility. *Transportation Research Record*, 1551(1), 74-81.
<http://doi.org/10.1177/0361198196155100110>
- Holloway, W. (2012). Rereading Winnicott's 'Primary maternal preoccupation'. *Feminism & Psychology*, 22(1). <http://doi.org/10.1177/0959353511411692>
- Howard, J., & Smith, S.L. (2003). *After adoption: The needs of adopted youth*. Child Welfare League of America Press.
- Howell, K.E. (2013). *An Introduction to the Philosophy of Methodology*. Sage Publications.
- Hugger, L. (2009). Mourning the Loss of the Idealized Child. *Journal of Infant, Child, and Adolescent Psychotherapy*, 8(2), 124-136.
- Hughes, D.A. (2012). *Parenting a Child with Emotional and Behavioural Difficulties*. British Association for Adoption and Fostering (BAAF).
- Juffer, F., Bakermans-Kranenburg, M.J., & Van Ijzendoorn, M.H. (2005). The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 46(1), 263–274.
- Kirk, H. D. (1964). *Shared fate: A theory and method of adoptive relationships*. Free Press.
<https://www.jstor.org/stable/2774519?seq=1>
- Kirk, H. D. (1984). *Shared fate: A theory and method of adoptive relationships* (rev. ed.). Ben-Simon Publications.

- Kohler, J.K., Grotevant, H.D., & McRoy, R.G. (2002). Adopted adolescents' preoccupation with adoption: Impact of adoptive family dynamics. *Journal of Marriage and Family*, 64(1), 93–104.
- Larson, R., & Csikszentmihalyi, M. (2014) The Experience Sampling Method. In M. Csikszentmihalyi (Ed.). *Flow and the Foundations of Positive Psychology* (pp. 21-34). Springer. <http://doi.org/10.1007/97894017908880>
- Levy-Shiff, R., Bar, O., & Har-Even, D. (1990). Psychological profile of adoptive parents-to-be. *American Journal of Orthopsychiatry*, 60(2), 258-267.
- Lewis, L. (2018). Meeting my child for the first time: adoptive parents' experiences of the period of adoption transition. *Adoption and Fostering*, 42(1), 38-48.
- Link, B., Struening, E., Neese-Todd, S., Asmussen, S., & Phelan, J.C. (2002) On describing and seeking to change the experience of stigma. *Psychiatric Rehabilitation Skills*, 6(2), 201–231. <http://doi.org/10.1080/10973430208408433>
- Lo, A.Y.H., & Grotevant, H.D. (2020). Adoptive parenting cognitions: Acknowledgement of differences as a predictor of adolescents' attachment to parents. *Parenting: Science and Practice*, 20(2), 83–107. <https://doi.org/10.1080/15295192.2019.1694826>
- Lo, A.Y.H., Cashen, K.K., & Grotevant, H.D. (2021). Adoptive Parenting Cognitions in the Era of Open Adoption: Is Shared Fate Theory Still Relevant? *Family Relations*, 70(4), 1117–1131. <https://doi.org/10.1111/fare.12557>
- McKay, K., & Ross, L.E. (2010). The transition to adoptive parenthood: A pilot study of parents adopting in Ontario, Canada. *Children and Youth Services Review*, 32(4), 604–610.
- McKay, K., Ross, L.E., & Goldberg, A.E. (2010). Adaption to parenthood during the post-adoption period: A review of the literature. *Adoption Quarterly*, 13(2), 125-144.

- Meakings, S., Ottaway, H., Coffey, A., Palmer, C., Doughty, J., & Shelton, K.H. (2018). The support needs and experiences of newly formed adoptive families: findings from the Wales Adoption Study. *Adoption and Fostering*, 42(1), 58-75.
- Miall, C.E. (1996). The social construction of adoption: clinical and community perspectives. *Family Relations*, 45(3), 309–317.
- Morse, J.M. (1994). Designing funded qualitative research. In Denzin NK and Lincoln YS (Eds.) *Handbook of qualitative research*. Sage Publication.
- Naish, S. (2018). *The A-Z of Therapeutic Parenting: Strategies and Solutions*. Jessica Kingsley Publishers.
- National Association of Therapeutic Parents. (n.d.). What is Therapeutic Parenting?
<https://www.naotp.com/what-is-therapeutic-parenting>
- Natsuaki, M.N., Shaw, D.S., Neiderhiser, J.M., Ganiban, J.M., Harold, G.T., Reiss, D., & Leve, L.D. (2014). Raised by depressed parents: Is it an environmental risk? *Clinical Child and Family Psychology Review*, 17(4), 357–367.
- Neil, E., Morciano, M., Young, J., & Hartley, L. (2020). Exploring links between early adversities and later outcomes for children adopted from care: Implications for planning post adoption support. *Developmental Child Welfare*, 2(1), 52-71.
<http://doi.org/10.1177/2516103220908043>
- Neil, E., Young, J., & Hartley, L. (2018). *The Joys and Challenges of Adoptive Family Life: A survey of adoptive parents in the Yorkshire and Humberside Region*. Centre for Research on Children and Families, UEA.
https://www.researchgate.net/profile/Louise_Hartley2/publication/337171004_THE_JOYS_AND_CHALLENGES_OF_ADOPTIVE_FAMILY_LIFE_A_SURVEY_OF_ADOPTIVE_PARENTS_IN_THE_YORKSHIRE_AND_HUMBERSIDE_REGION/links/5dc9a95992851c818046aeae/THE-JOYS-AND-CHALLENGES-OF-ADOPTIVE-FAMILY-LIFE-A-SURVEY-OF-ADOPTIVE-PARENTS-IN-THE-YORKSHIRE-AND-HUMBERSIDE-REGION.pdf

- O'Hara, M.W., & Swain, A.M. (1996). Rates and risk of postpartum depression: A meta-analysis. *International Review of Psychiatry*, 8(1), 37–54.
- Opdenakker, R. (2006). Advantages and Disadvantages of Four Interview Techniques in Qualitative Research. *Forum: Qualitative Social Research*, 7(4), 1 - 13.
- Palacios, J., & Brodzinsky, D. (2010). Adoption research: Trends, topics, outcomes. *International Journal of Systemic Consultation and Management*, 34(3), 270-284.
- Palacios, J., Rolock, N., Selwyn, J., & Barbosa-Ducharne, M. (2019). Adoption breakdown: Concept, research and Implications. *Research on Social Work Practice*, 29(2), 130-142.
- Payne, J.L., Fields, E.S., Meuchel, J.M., Jae, C.J., & Jha, M. (2010). Post adoption depression. *Archives of Women's Mental Health*, 13(2), 147–151.
- Peterson, S. (2012). Therapeutic Parenting: Information, skills and support for parents of children with additional emotional and behavioural needs. *Australian Journal of Adoption*, 6(1), 1-15.
- Pughe, B., & Philpot, T. (2007). *Living Alongside a Child's Recovery: Therapeutic Parenting with Traumatized Children*. Jessica Kingsley Publishers.
- Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1998). *Joining New Families: A study of adoption and fostering in middle childhood*, John Wiley Publishers.
- Randall, J. (2013). Failing to settle: A decade of disruptions in a voluntary adoption agency in placements made between 2001 and 2011. *Adoption & Fostering*, 37(2), 188-199.
- Richardson, D.B., Ghassan, H.B., MacLehose, R.F., Cole, S.R., & Chu, H. (2015). Hierarchical Regression for Analyses of Multiple Outcomes. *American Journal of Epidemiology*, 182(5), 459–467. <https://doi.org/10.1093/aje/kwv047>
- Roller, R.R. & Lavrakas, P.J. (2013). *Applied Qualitative Research Design: A Total Quality Framework Approach*. The Guildford Press.

- Rooney, D. (2016). *Using Video Interaction Guidance (VIG) to improve parent-child interactions and child behaviour and to reduce parental dysfunction discipline and stress: An embedded case study* [Doctoral dissertation, Queen's University]. Queen's University Press.
- https://pureadmin.qub.ac.uk/ws/portalfiles/portal/172312255/Rooney_Using_Video_70756201.pdf
- Roskam, I., Raes, M.E., & Mikolajczak, M. (2017). Exhausted Parents: Development and Preliminary Validation of the Parental Burnout Inventory. *Frontiers in Psychology*, 163(8),1-12.
- Rushton, A. (2003). *The Adoption of Looked after Children: A Scoping Review of Research*. Social Care Institute for Excellence.
- Rushton, A. (2004). A Scoping and Scanning Review of Research on the Adoption of Children Placed from Public Care. *Clinical Child Psychology and Psychiatry*, 9(1), 1359-1045.
- Rushton, A., & Dance, C. (2002). *Adoption Support Services for Families in Difficulties: A literature review and UK survey*. British Association for Adoption and Fostering (BAAF).
- Rushton, A., & Dance, C. (2004). The outcomes of late permanent placement: The adolescent years. *Adoption and Fostering*, 28(1), 49-58.
- Rushton, A., & Monck, E. (2009). Adopters' experience of preparation to parent children with serious difficulties. *Adoption and Fostering*, 33(2), 4-12.
- Saxbe, D., Rossin-Slater, M., & Goldenberg, D. (2018). The transition to parenthood as a critical window for adult health. *American Psychologist*, 73(9), 1190–120.
- Sayers, R. (2018). *Lived experiences in research – opportunities and problems*. IEPA.
- <https://mcpin.org/lived-experiences-in-research-opportunities-and-problems/>

- Selwyn, J., Golding, K., Alper, J., Gurney Smith, B., & Hewitt, O. (2016). *A quantitative and Qualitative Evaluation of the Nurturing Attachments Group Programme*. AdoptionPlus. https://www.adoptionplus.co.uk/userassets/12763_AdoptionPlus_Summary_Report_Digital917144.pdf
- Schmidt, L. (2010) 'The Impact of Infertility and Treatment on Individuals and Couples'. In R. Balen., & M. Crawshaw (Ed.), *Adopting after Infertility; Messages from Practice, Research and Personal Experience* (pp. 15-28). Jessica Kingsley Publishers.
- Schoemaker, N.K., Wentholt W.G., Goemans, A., Vermeer, H.J., Juffer, F., & Alink, L.R.A. (2020). A meta-analytic review of parenting interventions in foster care and adoption. *Developmental and Psychopathology*, 32(3), 1149-1172.
- Schweiger, W. & O'Brien, M. (2005). Special Needs Adoption: An Ecological Systems Approach. *Journal of Family Relations*, 54(4), 512-522. <http://doi.org/10.1111/j.1741-3729.2005.00337.x>
- Selwyn, J. (2019). Sibling Relationships in Adoptive Families That Disrupted or Were in Crisis. *Research on Social Work Practice*, 29(2), 165-175.
- Selwyn, J., Sturges, W., Quinton, D., & Baxter, C. (2006). *Costs and outcomes of non-infant adoptions*. British Association for Adoption and Fostering (BAAF).
- Selwyn, J., Wijedasa, D., & Meakings, S. (2014). *Beyond the Adoption Order: Adoption disruption and families in crisis*. London: Department for Education (also published by British Association for Adoption and Fostering).
- Senecky, Y., Agassi, H., Inbar, D., Horesh, N., Diamond, G., Bergman, Y., & Apter, A. (2009). Post-adoption depression among adoptive mothers. *Journal of Affective Disorders*, 115(1-2), 62-68.
- Sensitive Matters. (2022, March 1). *Adoption in the UK vs the US*. <https://www.sensitivematters.net/blog/103/adoption-in-the-uk-vs-the-us>

- Shrivastava, S.R., Shrivastava, P.S., & Ramasamy, J. (2015). Antenatal and postnatal depression: A public health perspective. *Journal of Neurosciences in Rural Practice*, 6(1), 116–119.
- Slevitch, L. (2011). Qualitative and Quantitative Methodologies Compared: Ontological and Epistemological Perspectives. *Journal of Quality Assurance in Hospitality and Tourism*, 12(1), 73-81. <https://doi.org/10.1080/1528008X.2011.541810>
- Shrivastava, S.R., Shrivastava, P.S., & Ramasamy, J. (2015). Antenatal and postnatal depression: A public health perspective. *Journal of Neurosciences in Rural Practice*, 6(1), 116–119.
- Steele, M., Henderson, K., Hodges, J., Kaniuk, J., Hillman, S., & Steele, H. (2018). In the best interests of the late-placed child: A report from the attachment representations and adoption outcome study. In *Developmental Science and Psychoanalysis* (pp. 159-191). Routledge.
- Sturgess, W., & Selwyn, J. (2007). Supporting the Placements of Children Adopted Out of Care. *Clinical Child Psychology and Psychiatry*, 12(1), 13-28.
- Tasker, F., & Wood, S. (2016). The transition into adoptive parenthood: adoption as a process of continued unsafe uncertainty when family scripts collide. *Clinical Child Psychology and Psychiatry*, 21(4), 520-535.
- Turecki, G., Ota, V.K., Belangero, S.I., Jackowski, A., & Kaufman, J. (2014). Early life adversity, genomic plasticity, and psychopathology. *Lancet Psychiatry*, 1(6), 461–466. [http://doi.org/10.1016/s2215-0366\(14\)00022-4](http://doi.org/10.1016/s2215-0366(14)00022-4)
- US Department of Health and Human Services. (2021). *Adoption and Foster Care Analysis and Reporting System Report*. <http://www.afcarsreport28.pdf>
- Van Gulden, H., & Bartels-Rabb, L.M. (2001). *Real Parents, Real Children: Parenting the Adopted Child*. Crossroad Publishers.

Verhaak, C.M., Smeenk, J.M.J., Evers, A.W.M., Kremer, J.A.M., & Braat, D.D. (2007).

Woman's emotional adjustment to IVF: A systematic review of 25 years of research.

Human Reproduction Update, 13(1), 27-36.

Webster-Stratton, C., Hollinsworth, T., & Kolpacoff, M. (1989). The long-term effectiveness and clinical significance of three cost-effective training programmes for families with conduct-problem children. *Journal of Consulting & Clinical Psychology*, 57(4), 550-553.

Wegar, K. (2000). Adoption, family ideology, and social stigma: bias in community attitudes, adoption research, and practice. *Family Relations*, 49(4), 363-369.

Weir, K. N., Lee, S., Canosa, P., Rodrigues, N., McWilliams, M., & Parker, L. (2013). Whole family therapy: Integrating family systems theory and therapy to treat adoptive families. *Adoption Quarterly*, 16 (3-4), 175-200.

<http://doi.org/10.1080/10926755.2013.844216>

Weistra, S., & Luke, N. (2017). Adoptive parents' experiences of social support and attitudes towards adoption. *Adoption & Fostering*, 41(3), 228-241.

<http://doi.org/10.1177/0308575917708702>