

Developing understanding and managing uncertainty: a qualitative longitudinal study of prospective adopters' experiences of training during the adopter preparation period.

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Abstract

Adopted children are likely to have experienced, or been at risk of, some form of abuse and neglect, in addition to the loss and separation inherent in adoption. These experiences can create additional parenting tasks for adoptive parents. Pre-adoption training is a standard part of agencies' preparation of adopters in England but there is a knowledge gap on how pre-adoption training, alongside other elements of adopter preparation such as the home study, bridges the gap between the prospective adopters' hopes, and the needs of children awaiting adoption.

This study used a qualitative longitudinal research design to follow prospective adopters during their pre-adoption training. Fifteen prospective adopters (six male & nine female) were recruited from four adoption agencies. All were adopting as part of a couple. Three were in same-sex relationships. They were interviewed on three occasions: just before attending pre-adoption training, just after the training, and then at the end of their home study. Data were analysed using case analysis to identify trajectories of change over time and thematic analysis to examine how they described their experiences.

Prospective adopters found the preparation course to be an intense and emotional experience. The information they heard on the course was used to make sense of what their future might be as parents. This was within a context of uncertainty about whether they would be approved as adopters, or what their future child's needs might be. They developed an understanding that 'trauma is inevitable' for adopted children, which shaped their views of the parenting needed, and which children they might feel capable to adopt. They also developed empathy for the child and the birth parents, as they learned about adoption as an on-going connection to another family. Implications for practice are discussed, especially in terms of how the prospective adopters' preferences were shaped.

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Glossary

- Adoption: The transfer of all legal rights over a child from their birth parent(s) to another set of parent(s). An Adoption Order is considered final, and only in exceptional circumstances may it be overturned.

Relevant organisations.

- Adoption Agency: An organisation which assesses, prepares, and approves adoptive families. They come in the following forms:
 - Local Authority (LA): each local authority in England is required to offer adoption services. They are allowed to delegate these services to other agencies.
 - Regional Adoption Agency (RAA): when LA's have grouped together to offer adoption services. All LAs in England are required to be part of a RAA. Some are now delivering joint services, such as group pre-adoption training, whereas others have continued to deliver services on a local basis.
 - Voluntary Adoption Agency (VAA): an adoption agency that is outside of the Local Authority (so called as they are voluntarily offering services, unlike LA which have to provide this service). They are not-for-profit organisations.
- Adoption England: Government funded project working to improve adoption practice in England.

The adoption process:

- Information evenings: Held by agencies to provide information for anyone considering applying to be an adoptive parent. Attendance at one of these events is normally a compulsory first step when prospective adopters approach an agency.
- Registration of Interest: Prospective adopters are required to formally register with one agency who will approve them as adopters.
- Stage One: Once registered the agency will undertake background checks on the adopters to assess their basic suitability (police checks, health checks, references, local authority). There should also be initial training during this point- it is typical for the Preparation to Adopt course to be undertaken now. This process should take around two months.

At the end of Stage One, the agency will decide about whether to proceed with the assessment of the adopters or not. The prospective adopters can also decide to take a pause in their assessment between Stage One and Two of up to six months.

- Stage Two: During this stage, a social worker undertakes an in-depth assessment of the prospective adopters and prepares a report setting out their suitability to adopt. It is also known as the home study.
- Adoption Panel: At the end of Stage 2, the report on the prospective adopters is presented to a panel, made up of adoption professionals, independent of the agency, and lay members (who often have lived experience of adoption). The prospective adopters are generally invited to attend this panel. The panel makes a recommendation on their suitability which is then ratified by the Agency Decision

Maker. If the prospective adopters are recommended, they become approved adopters. The agency can then begin to match them with children who are available for adoption.

- Matching: The process of identifying potential links between approved adopters and the children available for adoption. For adopters who are approved by RAAs and LAs, they have the potential to be matched 'in-house' with children whom their agencies are responsible for placing. VAA's do not have any responsibility for children, and as such all their matching involves working with RAAs and LAs to identify children who would be suitable for their adopters.

Other terms

- Linkmaker: A national online service that allows adopters and social workers to add profiles of families and children and search for links. It is the only for-profit agency working in the adoption field.
- Foster to adopt: Approved adopters are also registered as foster carers, allowing children to be placed with them while court proceedings are still on-going in relation to the child's future. The prospective adopters are often involved in contact with the birth family during this point and also have to manage the uncertainty while they wait for the outcome of the court hearings.
- Letterbox contact: The adoptive family and birth family communicate via letters at set times of the year. These letters are sent via the local authority so that placements remain confidential.
- Direct Contact: The adopters and birth family have face to face meetings. This can vary in terms of the level of involvement of social workers in supporting/ arranging, which family members have contact, and where the contact takes place.

(Adoption England, 2024; Department for Education, 2013; First4Adoption, 2024; Simmonds, 2009).

1 Introduction

1.1 Legal and policy context for the research.

Adoption is a legal intervention into family life, which transfers the parental responsibility for a child from a birth family to a new family (Simmonds, 2009). Adoption is designed to be a permanent and irrevocable legal change which has only been overturned in the most exceptional cases. It is used internationally, though approaches to it vary widely (Masson, 2016; Thoburn, 2009, 2021). As this study is considering an aspect of adoption practice in England, this section will outline how adoption is used in this country. Here, contemporary adoption is primarily a child welfare response to provide permanent families for children who have deemed to be unable to live safely in their birth family (Thoburn, 2021). There are small numbers of children who are internationally adopted, and stepparent adoption is discouraged in favour of other orders which do not end parental responsibility (CoramBAAF, 2024; Hoffman, 2013). As such, most children adopted will have been in the English care system before they were placed with their adoptive families. The numbers of children adopted in England are a relatively small proportion of children who leave care each year, 9% based on the figures for 2023 (Department for Education, 2023). In 2022/2023, 2960 children were adopted. This means they constitute a small but significant grouping of children within the general population (Department for Education, 2023).

The primary law around adoption in England and Wales is the Adoption and Children Act 2002. It sets out the conditions that must be met for adoption to be considered for a child; if the birth parents do not consent, the threshold is high for the order to be made, allowing only a specific and highly vulnerable population to be placed for adoption. As previously stated, children in England are most likely to have been adopted from the care system. This means that at some point the state, in the form of local authority social workers, will have come to the decision that it was no longer safe for these children to live in their birth family and placed them in alternative care, which was almost certainly foster care for a young child. Cases where the birth parent has made an adoption plan, known as relinquishment, are rare. It is challenging to establish exact numbers for relinquished children. Some children are adopted with consent of their birth parent and never enter the care system, whereas others do enter care under the category of absent parenting, which was 1% of children adopted in 2022/23 (Department of Education, 2023). Another possible way of identifying relinquished children is by considering which orders they were subject to in care. In the current use of adoption as a state led welfare response, only 2% of children adopted last year were in care under a voluntary order (Department for Education, 2023). For all other cases, a court order had been made to share parental responsibility with a Local Authority, suggesting the parents did not initiate or agree with an adoption plan being made for their children (Department for Education, 2023). The

most common reason for adopted children entering care is abuse and neglect which made up 80% of the total for children who were adopted (Department for Education, 2023). Abuse and neglect as a category cover a wide range of potential harm to a child. This maltreatment must be what is considered to meet the definition of 'significant harm', defined in S.31 of The Children Act 1989 as harm caused by ill-treatment, or impairment of their health or development, including ill-treatment which is not physical, such as emotional or sexual abuse or witnessing the ill-treatment of others. Witnessing harm caused to another can mean the abuse of siblings and/or domestic violence between parents. The inclusion of the possibility of likelihood of harm is important as it allows for children to be removed at birth due to concerns, such as the parents' care of previous children, or known risk factors during pregnancy, such as substance misuse. The ramifications of 'likelihood of harm' when considering the age of the children most likely to be adopted will be explored further in the literature review.

Adoption as a child welfare approach has been actively promoted by government policies over the last twenty-five years, with periodic exhortations to increase the numbers of children in foster care who are adopted. Adoption is often seen as being a 'gold standard' of permanence (McSherry et al., 2016). The key reform of this period was the Adoption and Children Act 2002, which expanded the definition of who could adopt, by no longer requiring couples to be married. This reform was prior to the legislation of gay marriage, so this meant that same-sex couples were now able to adopt, as well as unmarried heterosexual couples. This, alongside injections of funding into the adoption system, did create an increase in the number of children placed for adoption (Thoburn, 2021). By the time that the coalition government took power in 2010, adoption numbers had dropped again, despite an increase in numbers of children entering the care system. The coalition government highlighted adoption as a placement option with the Action Plan for Tackling Adoption (Department for Education, 2012) and media campaigns focused on the scandal of children described as 'languishing in care' rather than in loving adoptive homes (Garrett, 2018). The Coalition's reforms in relation to assessment of adoptive parents were focused on speeding up the adoption process. The assessment process was one area of reform, with the introduction of the two-stage assessment process to be completed in six months. The First4Adoption website was also set up to provide clear and consistent information for those interested in adoption (Department for Education, 2013). One documented concern about restructuring of the adoption assessment process was that this would not leave adopters with the time to develop an understanding of adopted children's needs (Munro et al., 2013).

As before, these reforms, and funding increases meant that the number of children being adopted rose, rising to a peak of 5,330 children in 2014/2015 (Department for Education, 2015b). However, in 2013, two key judgments were made in the Court of Appeal relating

to adoption cases. The first was *Re B (Care proceedings: appeal)* [2013], which related to an appeal against a Care Order where the eventual care plan proposed was for adoption. This judgement stated that adoption is only suitable when ‘pertaining to the child’s welfare and when nothing else will do’. This was interpreted, arguably inaccurately, in the field of social work practice as meaning that adoption is only suitable when there is no possibility of placement within the extended family network (Doughty, 2015). *Re B-S (Adoption: Application of s 47(5))* [2013] was heard shortly after, which related to an appeal from a birth mother relating to leave to oppose an adoption order. The judgement on *Re: B-S* contained criticism of the evidence being presented to the courts on adoption cases, as not providing reasoning for why adoption was the best plan in each case (Doughty, 2015). Following these judgements, the numbers of children being placed for adoption fell from the highs of 2015, where over 5000 children were adopted, to just under 3000 in 2023. However, government policy continued to encourage adoption, evidenced by a letter from the Under-Secretary for Children and Families being sent to local authority heads calling for a “*renewed focus on adoption*” and to urge them “*to not shy away from putting children forward for adoption when it would be in their best interests*” (Donelan, 2020, p.2). The new Labour Government has, as of yet, not announced any major policy relating to adoption (CommunityCare, 2024).

Adoption as a child protection measure remains a debated topic, with the argument being made that it can only be justified when all other support has been provided for birth families (Palacios, et al., 2019). The current government stance has also been seen as controversial from an ethical perspective (Featherstone & Gupta, 2019). It was noted that this push for adoption came at a time of austerity policies which were cutting support to vulnerable families. Issues of inequality and poverty cannot be divorced from adoption practice (Featherstone et al., 2018). There have also been strong calls for a more open approach to adoption, as being more in line with the needs of children, but also queries if the support for this contact is available (Featherstone et al., 2018). Adopted people have raised the idea that adoption is a traumatic event itself, which is beginning to be explored in the academic literature (McSherry et al., 2022a). In contrast to these discussions, it is noted that media reporting showed broad support for the Government’s adoption reforms, with a strong emphasis on the rescue narrative, and centring of adopters’ needs against an overly bureaucratic system (Kirton, 2018).

Adoptive parents need to find their own way through this mix of critique of adoption and public support of the concept. Away from the debates in practice and policy fields, there continues to be wide misunderstanding of the role of adoption in 21st century UK (Weistra & Luke, 2017). In a survey of 43 adoptive parents, followed up by interviews with seven participants, 93% of respondents said that they felt adoptive families were not understood in society. (Weistra & Luke, 2017). This led to descriptions of feeling stigmatised, with adoptive parents being both viewed as heroes taking on unwanted children, and at the

same time as people who were desperate to become parents. They described feeling judged for their parenting, both due to differences in how they were parenting, a perceived need to be perfect, and people being more judgemental about their child's needs (Weistra & Luke, 2017). This study explores how these challenges and contradictions of adoption can play out as the individual prospective adopters make sense of adoption, and as they move from being part of the society that does not understand adoption, to the insider position of being an adopter.

Overall, the legal and policy position on adoption in England means for children to be adopted, the levels of concerns must be as high as they can be, leading social workers to place the matter of their welfare and upbringing before the court system and that any work undertaken for them to be able to live safely at home has been considered either unsuccessful or insufficient by the social work team responsible (Masson et al, 2019). Once children have been removed from birth parents, the focus is on children being placed as soon as possible in a home that offers 'permanence', defined in official guidance as meaning: *"A secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging."* (Department for Education, 2021b). By law, consideration must be given to whether they can live safely by return to birth parents or within their extended network of family and friends (*Adoption and Children Act 2002, s1.4.f.ii*). In the majority of cases, for a child to be adopted means that either no one in their network came forward, or that those who did were assessed as not being able to offer them a safe home. This means for the main part that adopted children are a group of children who have been subject to the highest concern that children in England can be, and in most cases, there has been judged to be insufficient protective factors in their extended family. It must be noted here that their birth family may well have not agreed with these decisions. This lays out the combination of factors that can create unique needs for the population of adopted children- both possible early exposure to maltreatment and separation from birth family identity.

1.2 The demographics of adoptive parents in England, and the process for becoming an adoptive parent.

Any adult over the age of 21, who is domiciled or habitually resident in the British Isles, and who has not been convicted or cautioned for certain offences, is able to apply to adopt under British law (Department for Education, 2013). In 2022/2023, 3310 families registered to begin the adoption approval process (The Children and Social Care

Secretariat, 2023). These numbers have fluctuated over the last ten years, gradually falling from a high in of 7450 in 2013/2014 (Department for Education, 2015a). There was another peak in 2020/2021 with 4760 registrations, possibly linked to Covid, following which numbers dropped back below 4000 a year again (The Children and Social Care Secretariat, 2022). Recruitment for this study took place in 2020/21. Around 20-24% of prospective adopters register with a Voluntary Adoption Agency, which is an agency independent of the statutory Children's Services (The Children and Social Care Secretariat, 2022). About one fifth (22%) were approved as adopters within six months of registration (The Children and Social Care Secretariat, 2023).

In 2022/23, 67% of adoption orders were made to heterosexual couples, 19% to same sex couples with the remaining 13% being single adopters, who were overwhelmingly female (Department for Education, 2023). The most recent information on adopter characteristics was collected in 2021 (The Children and Social Care Secretariat, 2022). The majority of those registering to adopt were between 30-49 years old. Twelve percent were from ethnic minorities which is lower than in the general population (18.3% in census) (Office for National Statistics, 2022a; The Children and Social Care Secretariat, 2022). Half described themselves as belonging to a religious group, with Christian being the most common religion (43%), which is close to the percentage in the last census (46%) (Office for National Statistics, 2022b). There is a striking difference when looking at disability. Only 1% of prospective adopters had a disability compared to 12.7%-18.1% for same age group in the general population in the last census (Office for National Statistics, 2023). No information was collected on the prospective adopters' employment, or education level.

The adoption process, following the reforms of the Coalition Govt. in 2012 described above, has several stages for prospective adopters to complete. They are able to choose which agency they would like to approve them as adopters, and then to approach that agency (Youcanadopt2024, 2024). Many agencies then run information sessions that those interested in adoption need to attend (Adoption West, 2024). The next step is to register with that agency. If accepted by the agency, this begins Stage One of the assessment process, where background checks are undertaken, and the preparation course normally happens. Stage Two follows this, when the social work assessment of the prospective adopters is completed. The adopters are then presented to the adoption panel (see Glossary) to be approved as adopters. (Youcanadopt2024, 2024). The key period that this study focuses on is between registration with the agency, and approval panel. The guidance on the preparation of adopter's states that training is necessary, but it is not prescriptive over exactly what must be delivered and how (Department for Education, 2013). This will be explored further in the third chapter of the literature review.

This introduction has set out the two groups who are brought together in adoption in the UK. This study looks at how the second group, the prospective adopters come to

understand the needs of the first group, the children. My interest in this topic stems from my previous role as a post-adoption social worker. This role involved supporting adopted adults with intermediary services to find their birth relatives, giving me insight into the lifelong issues involved in adoption. I also facilitated a therapeutic parenting course. From this, I developed an interest in how adopters think about the needs of their children, and how this understanding influenced their approach to parenting. This study has followed the development of the thoughts and experiences of adopters via the group preparation programme as it is a discrete intervention that all prospective adopters in England access early in their journey to become adoptive parents. This is the only required training that they must receive. The parenting course represents a significant investment for both the prospective adopters and the adoption workers but is under-researched.

There is an existing knowledge gap on how pre-adoption training, as part of the agencies' adopter preparation overall, bridges the gap between the prospective adopters' hopes, and the needs of children awaiting adoption. This has been noted as a practice issue in two main ways. In English adoption practice there has long been concern that the prospective adopters coming forward have wished to adopt younger, healthy children, leaving many children who could benefit from adoption waiting within the care system (Department for Education, 2021a). This has been considered in terms of improving linking and matching, but this study offered the opportunity to look at this earlier in the process with regards to preparation courses (Dance et al., 2017; Quinton, 2012). There has also been concern over the well-being of adoptive families, with a number of studies showing that some families face a high level of challenges (Neil et al., 2013; Neil, Morciano, et al., 2020; Selwyn et al., 2015). Preparation has been identified as an area where prospective adopters can develop both a realistic view of their family life, and the skills they may need for the future (Department for Education, 2013). This study allowed exploration of how the development of ideas around adoptive parenting takes place by looking closely at the prospective adopters' thinking in this key period.

To explore this, the following research questions were devised:

- To what extent and in what ways do prospective adopters' perceptions and expectations of parenting change over the course of the adopter preparation period?
- How do they see the role of preparation courses in the adopter preparation period? What do prospective adopters perceive as the helpful and challenging aspects of the course?

1.3 The structure of the thesis.

The thesis is presented in four parts: a literature review, methods, findings, and discussion.

Chapters 2-4 are the literature review. The first chapter (2) presents the characteristics of Adoptive family life in 21st century UK. It identifies what is known about the background of children who are placed for adoption, their on-going wellbeing, and the quality of adoptive family life. It reviews the current knowledge on what contact adopted children have with their birth family. The next chapter (3) considers theories of adoptive parenting. It looks first at adoptive parent motivation, and the perceived gap between the children available for adoption, and the children adoptive parents wish to adopt. The second half of the chapter sets out the research on helpful qualities of adoptive parenting. The final chapter (4) of the literature review examines the literature on agency preparation of adopters, starting with a description of current practice in England and Wales. The second part of the chapter reviews the available research on pre-adoption courses.

Chapter 5 outlines the methodology used in this research. It describes the qualitative longitudinal method used to follow the prospective adopters through the course. It covers the recruitment and data collection. The data analysis is set out, alongside a consideration of the researcher's positionality.

Chapters 6-9 contain the findings of the study. Chapter 6 sets out information on the prospective adopters' journeys to adoption, providing context for the later chapters. Chapter 7 examines the prospective adopters' experiences of uncertainty during the adopter preparation period, both in concerns about whether they will be approved as adopters, and uncertainty about what their children will be like. It also looks at what they draw on during this period for support and guidance. Chapter 8 tracks the prospective adopters' developing understanding of adopted children's needs and how this influenced their views on parenting, and on which children they felt able to parent. Chapter 9 describes how the prospective adopters' understanding of their children's identity needs, and relationships with birth family, changed over the period of preparation.

Chapter 10 reviews the findings in the context of the literature and discusses their significance. It looks at implications for practice and future research.

2 Adoptive family life in 21st Century England and Wales.

This chapter will set out what is currently known of the needs of adopted children adopted from care in the UK. It will describe the research base on the experience of adoptive family life in 21st Century England by focusing on the needs and experiences of the adopted children. This will form the evidence of why adoptive parents benefit from preparation.

2.1 Research on adoptive family life in UK.

It is necessary to begin by setting out the known issues with reviewing the literature on adoption outcomes, and how this chapter will manage this. Adoption in England has a number of specific ways of practice that are different that in other countries, and there is increasing recognition that the population of adopted children is not homogenous (Pangauia et al. 2019). As such, the range of adoption practice internationally needs to be considered to be able to contextualise adoption in England, and what elements of the available research are relevant for this study. Children are placed for adoption through a variety of routes, that vary from country to country, which may have an impact on the experience of the children and then subsequently, their adoptive family life. When reading the wider international literature on adoption the following routes to adoption are commonly seen. One form is international adoption, where families adopt children outside of their country of origin. These children will often have a background of institutional care (Selman, 2009). Children adopted domestically include both adoption from foster care and voluntary relinquishments which may be via adoption agencies or non-agency adoptions. These are relinquishments, sometimes where the birth parent has chosen the adoptive family, and the child is typically placed in early infancy, perhaps even immediately after birth (Grotevant & McDermott, 2014).

England, and the rest of the United Kingdom, is in an unusual position internationally by using adoption without the consent of the birth parents as a welfare option (Thoburn, 2021). Many other countries have low levels of domestic adoption with most adoption being international. As such, many adoption studies are based on international adoption, where in addition to a period of institutional care prior to placement, children may have additional needs such as having to learn a new language and adapt to a new culture. Other countries such as Spain or Portugal make use of institutional care for young children in their own domestic care system unlike children in the UK who will have been in foster care prior to adoption (Soares, 2019, Pangauia et al. 2019). Caution also needs to be exercised around US studies on domestic adoption, as in many infant adoptions children may not have had a period of foster care before joining their adoptive family. Though the US does use adoption from care as a welfare solution, most of these children

have been adopted by foster carers or relatives, with only 15% of US child welfare adoptions adopted by a stranger (Grotevant, 2014). In contrast, in the UK, most children adopted from care are adopted by strangers (Selwyn et al., 2015).

In addition to these distinct types of adoption we also need to consider the timings of when adoptive family outcomes are being studied- are they close to placement, or well into the adoptive family life? What is known of the experiences of the children before coming to live with their adoptive family, as children's experience of maltreatment prior to placement will differ (Holmgren & Elovainio, 2019)? Bearing in mind the unique way that England almost exclusively uses adoption from the care system to strangers, and the challenges of finding equivalent populations internationally, this literature review will focus on studies that consider the UK population (as the UK nations all use adoption in a similar way), and only use the international literature to illustrate general trends. To illustrate current adoptive family life, studies from the last twenty years will be prioritised in the literature, especially those which reflect the population of children adopted after the policy changes of the last twenty years.

The rest of this chapter will draw mostly on the following key studies, listed chronologically below. These studies were all are based in the UK and have either a longitudinal aspect or focus on a specific and previously underreported aspect of adoptive family life. Below is a description of each of these key studies, and then their findings will be presented thematically, alongside relevant international or smaller scale studies to build a profile of adoptive family life in present day England.

Contact After Adoption (CAA): (Neil et al., 2013)

This is a longitudinal study tracking adopted young people's experience of staying in touch with their birth family from early childhood to early adulthood. Practice around maintaining the relationship between an adopted child and their birth family is commonly referred to as 'contact' and can involve face to face meetings (direct contact) and/or staying in touch via letter exchanges (indirect or letterbox contact). The study began in 1996 looking at the contact plans of children adopted in eleven English local authorities via questionnaires to social workers (n=168), and interviews with birth relatives and adopters involved in direct contact arrangements (n=68). There were two further periods of data collection, in middle childhood and adolescence/early adulthood, where the sample expanded to include those having letterbox contact. Though the first wave of data collection in this study was before the legal reforms of ACA 2002, it is included due to lack of other longitudinal information on the experiences of birth family contact, and the detail of family life included in the study. It also included the voices of the children from the second wave onwards.

Care Pathways and Outcomes study (CP&O): (Fargas Malet & McSherry, 2018; McSherry et al., 2013)

This is a longitudinal study following all children under the age of five in care in Northern Ireland on 31st March 2000 (n=374). There have been four waves of data collection in the study, following the cohort into early adulthood using standardised measures, and interviews. Early findings noted the rise in adoption from care as a placement option for young children, reflecting the practice and policy push towards adoption in the early part of the 21st century. The focus is on the differences in experiences of permanent placements, so adoption is not always reported as a separate strand within the findings, and where it is, a distinction is drawn between foster adoption and stranger adoption.

Attachment Representations and Adoption Outcomes study (ARAO) (Steele et al., 2024)

This is a longitudinal study following two groups of adopted children aged from four- eight years old; one group who was late placed from a background of maltreatment (n=58), and one from placed in their first six months without a background of maltreatment (n=42). There have two periods of data collection with reporting available, one that followed the cohort through the first two years of placement, and then a second in early adolescence. The focus is on the development of attachment security in adoptive placements.

Large Sibling Groups: (LSG) (Saunders & Selwyn, 2011)

This study examined the experiences of adoptive parents who had adopted sibling groups of three or more. The sample had all adopted in a four-year period between Jan 2005 and Dec 2008 (n=37). Interviews took place with the adoptive parents, and standardised measures were used to look at wellbeing.

Adopted Children in Gay Father Families (GFF) : (McConnachie et al., 2021; Mellish et al., 2013)

This study looks at the experiences of 130 adoptive families in England, comprising of 41 gay father families, 40 lesbian mother families, and 49 heterosexual couples. There have been two waves of data collection. The study looks at differences and comparisons between these three types of adoptive families, but it will be used here to give information on adoptive family life across these groups. It used interviews, standardised measures, and researcher observation as data.

Beyond the Adoption Order (DIS): (Selwyn et al., 2015)

This study looked at disruption in adoptive placements, specifically after the adoption order has been made. First the rate of disruption was established, via administrative data, to identify the disruptions (all children adopted in England 2000-2011 & all children looked after 2002-2011), and a survey of families who adopted ten years previously in thirteen

LAs with additional recruitment via a national website for adoptive parents (n= 390). From the survey, 70 adoptive families whose placements were either at risk of disruption or had disrupted were identified and interviewed. Wellbeing measures were completed by the families interviewed, and also by an additional 35 families, who had identified their placements as going well in the survey. This was alongside interviews with adoption managers and a smaller group of young people whose placements had disrupted.

The joys and challenges of adoptive family life: A survey of Adoptive Parents in the Yorkshire and Humberside region (Y&H) (Neil et al., 2018)

This study used a survey of the adoptive parents, across one Regional Adoption Agency, which covered fifteen Local Authorities, alongside a number of voluntary agencies. All participants had a child placed under the age of eighteen years old by one of the agencies taking part or were an adoptive family living in the area, (n=319). The questionnaire contained a number of standardised measures and gathered data on multiple aspects of the adoptive family life. All information was by adopter report only.

Permanently progressing? Building secure futures for children in Scotland (PP): (Biehal et al., 2019; Cusworth et al., 2019)

This study is following the experiences of all children who became looked after in Scotland aged five and under, in 2012-2013 (n=1836). It is planned as a three-stage study, with phase one complete. This has followed the children through the first four years after their entry to care. The study used surveys of social workers and caregivers of children placed away from home, as well as the administrative data. There are also interviews with young children involved in the study. As with the Care Pathways and Outcomes study, results are sometimes reported across the different placement options, rather than separating into the different pathways.

Welsh Adoption Cohort (WAC):(Meakings, Coffey and Shelton, 2017; Doughty, Meakings and Shelton, 2019; Anthony et al., 2020; Meakings, Paine and Shelton, 2021; Paine, Fahey, et al., 2021; Paine, Perra, et al., 2021)

This is a longitudinal cohort study, following all children adopted in Wales between July 2014 to July 2015. The initial data collection was case reviews of all the children (n=374). The first wave of data collection from the families was questionnaires (n=96) at five months post placement, and interviews at nine months (n=40). There have been four subsequent waves of data collection by questionnaire at 21 (n=81), 36 months (n=73), 48 months (n=68), & 60 months (n=63).

When looking across the studies listed above, certain clear themes can be identified, which add detail on the legal framework for which children can be adopted which was set

out in the introduction. The children adopted are mostly very young, with almost all being removed from their family in the pre-school years, and most as infants. They come from complex family backgrounds, with birth parents who face a number of challenges themselves. There are likely to be experiences of maltreatment in the family background, though this might not be something the child themselves experienced, due to the age of entry to care. They may have experienced harm pre-birth, primarily through exposure to maternal substance misuse. Once placed for adoption, many children have good experiences, building positive relationships with their adoptive parents. However, it is also clear that adopted children as a population have a higher level of emotional, behavioural, and developmental challenges than the general population. A significant minority of families, as high as a third in some studies, find themselves struggling to manage their child's needs, especially during adolescence. The impact of this on adoptive parents can be high, with experiences of compassion fatigue and emotional distress. Plans are often made for the children to remain in some form of contact with their birth family, most commonly by indirect contact with their birth mother. However, these plans are often not maintained as expected, and contact changes over time, with children often losing these links to their birth family. The rest of this chapter will now lay out these themes in more detail.

2.2 The children's pre-adoption experiences

In this section the children's experiences before moving to their adoptive home will be described. Firstly, by describing their journey through the care system, then by considering their experiences of maltreatment.

2.2.1 Age at entry to care

When considering the population of looked after children in the UK, the primary difference between children who are adopted and their peers in the care system is age, and in particular, age at time of entry into care. On the most recent figures available, 68% of adopted children were less than a year old at first entry to care (Department for Education, 2023). Adoption is predominantly an intervention used for the youngest children.

This has been the case for some time. The two studies which analysed pathways through the care system for children under five, Care Pathways and Outcomes (CP&O) and Permanently Progressing (PP), both found that adoption was the most likely option for infants. In CP&O, 45% of the total cohort were adopted, but when just the under one's were considered, 69% were adopted (McSherry et al., 2013). In PP, following a cohort twelve years later, 22% of the children were on an adoption pathway. Seventy-five percent of children on that pathway entered care at under a year old (Biehal et al., 2019).

Moreover, when the figures are further broken down it becomes clear that it is the very youngest of infants who are most likely to be adopted. In PP, they found that 56.2% of the children on the adoption pathway had been removed before they were six weeks old. The

median age of adopted children's entry into care was one month, younger than any other routes to permanence they identified (Cusworth et al., 2019). Similar findings are seen in other studies, who all used slightly different definitions of early infancy; in the Yorkshire and Humberside study 47% of children were removed at under 3 months old, and 41% in Welsh study were classified as being removed at or shortly after birth (Neil et al., 2018; Paine, Perra, et al., 2021)

This is supported by other studies that tracked children through the care system. Pearson et al (2020) studied infant entry to state care in England between 2006 and 2014, by using administrative data to identify two specific age groups; newborns (under one week) and infants (1-51 weeks). They found that adoption was the most likely outcome for these children, with 60% of newborns being placed for adoption and 37% of the older infants. Neil et al. (2019) examined data on all children who entered care in one local authority between 2009-2015, following them through the care system for at least two years after entry. The most common outcome for children aged two and under in their sample was adoption (41%) (Neil et al., 2019). This trend of the very youngest children being most likely to be placed for adoption is in the context of increasing concern over children being removed at birth (Bilson & Bywaters, 2020; Doeblér et al., 2022). The lack of support for birth parents after removal has been noted, especially in research that identified that many birth parents had experienced multiple and sequential removal of their children (Bedston et al., 2019). In the PP study, they found that over half of the children on the adoption pathway had a former sibling removed from their birth parents care, which was more common than for other pathways (Cusworth et al., 2019).

The UK figures on outcomes for looked after children are reported in several age bands- under one, one to four, four to nine etc. (Neil et al., Gitsels and Thoburn, (2019) identified that these bandings disguise the reality of the age of children being adopted in England. Not only are the majority of children entering care at the youngest of ages, relatively few are leaving this way once they are past toddlerhood. In their study, only 8% of children who entered care aged three- six years old left care through adoption. Similarly in the Y&H study, only 7% of the adopted children were over four years old upon entry to care, with the oldest children being six years old (Neil et al., 2018). The Welsh study has very similar figures with only 6% of the children over the age of four, and the oldest child being six, on entry to care (Anthony et al., 2016). In practice, only a narrow age range of children are being considered for adoption.

This trend of younger children being more likely to be placed for adoption may have become more pronounced in recent years following the influential court cases in 2013 discussed in the previous section. (Masson et al., 2019) studied two samples of court cases before and after 2013. They found that after this point there were fewer placement orders being made to allow children to be placed for adoption, and that the children were

younger. In the later sample, over 50% of the children subject to a placement order were under the age of one year old, compared to just over 25% in the first sample. Children over two were only a third of the number of children having placement orders made for them. As the number of adoptions has fallen in recent years, it may be that this represents different permanence plans being made for older children, i.e. falls in adoption numbers are not consistent across the age range but are instead represent fewer placements being made for older children.

Although children may often enter the care system at a young age, they do not necessarily move through it quickly. Once children had entered the care system, they spent an average of one year and seven months before being placed for adoption (Department for Education, 2023). In the Welsh Adoption Study, children had an average of 528 days in foster care before moving to live with their adoptive family (Meakings et al., 2016). The range in that study spanned from 129 days to 2661 days, demonstrating that there is significant variation in children's journeys through the care system (Meakings et al., 2016). Current figures are show that infants stay the shortest time in the system, making up three quarters of the children placed within twelve months of agency decision for adoption (Department for Education, 2023). This length of time reflects the care planning process and the legal process described in the first chapter, as well as the search for an adoptive family. It is clear that some children wait longer than others to be placed. Government rhetoric has suggested that for some children, this is related to the wait for racially matched placements (Department for Education, 2012). The Welsh Adoption Cohort (WAC) analysed child related factors linked to longer waits for adoption, and found the following factors contributed to a child waiting longer for placement: developmental concerns, serious and enduring health problems, externalising behaviour, and exposure to domestic violence. Age at time of entry to care was not significant in light of these other factors, neither was being in a sibling group (Anthony et al., 2016). The PP study also looked at the reasons for longer waits to permanence and found no links with gender and ethnicity (Cusworth et al., 2019). However, both these studies had a sample with a high percentage of white children, (95% in the WAC and 94% in PP). These figures that are reflective of the countries they are based in, Wales and Scotland, but not the population of children being placed for adoption in England (84% white) (Department for Education, 2023). At the turn of the century there were several key studies looking at the experience of Black and minority ethnic children in the care system, and permanent placement but this is not reflected in the current research field in the UK (Moffatt & Thoburn, 2001; Selwyn & Wijedasa, 2011).

Studies indicate that many adopted children have only one foster placement before moving to their adoptive home, though others will have a less stable time in care. Studies report that between 9-15% of children have more than three placements before moving to

their adoptive family, with the GFF study finding that their sample had an average of two foster placements (Meakings et al., 2016; Mellish et al., 2013; Neil et al., 2018). The late placed children in the Attachment representations and adoption outcomes study had between three to twelve placements each (Steele et al., 2024). Selwyn et. al (2014) found a much higher rate of moves for some children when looking solely at administrative data, which was explained as being due to respite placements being recorded as a new placement. It may be that studies using adoptive parents' report were unaware of these sorts of respite moves, which leads to their child's time in care appearing to be more consistent than perhaps it was. It also does not reflect any changes of carer which may have happened while in the birth family. This information is important due to links made with the poorer outcomes for children with high levels of moves and the impact on children and their attachment relationships of multiple losses (Tregeagle et al., 2019).

This information on placement histories for children shows that many enter within a few weeks of being born, and spend around 18 months in the care system, perhaps in only one placement. But this is not the experience for all children, and some children having much more turbulent journeys through placement. It will now move on to look at what is known of the experiences these children have been exposed to before entering care.

2.2.2 Experiences in the birth family

The most recent figures show that 80% of the children adopted entered care due to abuse and neglect (Department for Education, 2023). In the studies being drawn on for this chapter, the Yorkshire and Humberside survey and Welsh Adoption Cohort (Anthony et al., 2020; Neil et al., 2018) both provide detailed information on children's backgrounds, across a wide sample of adoptive families. They used differing data sources, as Y&H was adopter report, and WAC used the children's social work records. Both sources have advantages. Social work records should contain thorough information about a child's history; however, adopters might have information that became known after reports were written or that was not felt certain enough to put into a formal report.

Both studies found that the most common form of maltreatment was neglect, with around half of both samples experiencing this. Neglect has been found to cause many long-term impacts on development and health (Jackson et al., 2022). Exposure to domestic violence was also common, (47% Y&H, and 37% in WAC). All other forms of abuse (emotional, physical, sexual) were also reported in both samples, though at lower levels. Research shows that childhood maltreatment can have long-lasting impacts on wellbeing, such as increased risk of mental illness when adult (Kessler et al., 2010). There is also evidence of varied neurobiological impacts, theorised to represent experience-based adaptations which enable a child to be better able to cope a stressful and hostile world (Teicher & Samson, 2016).

As many adopted children were at a very young age when removed from their birth family, it is also important to think about the pre-natal and genetic risks these children face. These factors can be linked to children's outcomes in placement (Neil, Morciano, et al., 2020). Studies have found links between birth parent's having a diagnosis of ADHD and adopted children's levels of impulsivity (Sellers et al., 2021). It should be noted here that often full information on these potential risks is missing, especially in relation to birth fathers. For example, in PP they found that where children had entered care within a week of birth, the information on father was missing in half the cases (Cusworth et al., 2019). Similarly in Y&H study, adopters were able to provide more information on birth mothers than birth fathers. Bearing these limitations in mind and returning to the Y&H and WAC studies, they reported that around a third of birth parents had mental health problems, though there was rarely information on severity of depression or anxiety. Y&H reported separately on significant mental health diagnoses, such as schizophrenia, bipolar disorder, or personality disorder: 14% of birth mothers and 9% of birth fathers had these conditions. Mental health diagnosis is known to be heritable, though environment can also have an impact (Uher, 2010). Parents being described as having a learning disability was also common, as noted in other studies (Towse et al., 2019). Higher rates were reported in Y&H, which relied on adopters' report with 31% of birth mothers and 21% of birth dads being described as having a learning disability. In WAC, 18% of children had a parent with a learning disability. They also reported that 20% had a parent in prison, data that was not gathered in Y&H study. (Anthony et al., 2020).

Reports of substance misuse were much higher in the Y&H sample than in WAC. In Y&H, 56% of birth mothers, and 66% of birth fathers were reported as having issues around substance misuse. Drug or alcohol issues are reported separately in WAC, with 34% of parents having a drug addiction, and 26% alcohol misuse. A key consideration with this is the question of pre-natal impact of the child of maternal substance misuse. Y&H reported that 44% of children had been exposed to drugs prenatally, and 52% exposed to alcohol. Thirty-eight percent had potentially been exposed to both drugs and alcohol in pregnancy. The WAC figures are lower for pre-natal exposure to substances; probably as they only included this information when it was confirmed in social worker records by a medical professional. They found drug exposure in 28% of cases, alcohol in 25% and exposure to both in 17%. Other studies confirm the seriousness of the extent of pre-natal exposure to substances. In PP, they rated that around half of the children on adoption pathway had experienced neglect, mostly in the form of maternal substance misuse in pregnancy (Cusworth et al., 2019). An audit of adoption medicals in one Local Authority found that 75% of reports indicated exposure to some form of substance misuse (Gregory et al., 2015).

Exposure to drugs in pregnancy is known to cause a toxic environment for the developing infant, though the effects of this long-term remain unclear and are likely to vary by drug type, and the level and timing of exposure (McElhatton, 2004). The impact is tangled up in the multiplicity of factors which can impact in the life of women with issues relating to substance misuse, i.e. they often smoke, and are living in very poor conditions, which also impact on the health of the child (Forrester & Harwin, 2011). The impacts of alcohol in pregnancy are more known, though there remain many questions about what levels of exposure are likely to cause the issues grouped under Foetal Alcohol Spectrum Disorder (FASD). Children with FASD may display socio-emotional behaviours, such as impulsivity and lack of concentration, which persist until adulthood (Plant, 2004). From this we can see that even children who were removed at birth or in very early infancy have been exposed to likely impacts; one study theorises that they may be even more likely to be affected as the concerns in their family must have been heightened for such early removal (Wretham & Woolgar, 2017).

Recent studies have sought to map the challenges that birth parents face by seeking to link birth mother's health records with family court information. Two recent studies considered mental health services and addiction services in a large London mental health trust (Canfield et al., 2023; Pearson et al., 2021). They linked records between a service user and a family court record, and found that when the outcome of court had been the termination or curtailment of the mother's parental responsibility, the woman was more likely to be younger, for the father to not be involved in the proceedings, and for the issues they sought treatment for to be classed by the service as more severe i.e. use of class A drugs, rather than alcohol, or to be treated for more significant mental ill health. Another study found that mothers in family court proceedings were eight times more likely to have domestic abuse recorded in their primary care record (Johnson et al., 2023).

All these factors, such as the high levels of substance misuse, of learning disability and mental health, demonstrate the vulnerability of the birth parents, as adults with many challenges of their own. This is shown perhaps most powerfully in Roberts et al., (2017), part of the WAC study, which identified where birth parents had been in the care system themselves. It found over a quarter of birth mothers and one fifth birth fathers were care leavers. Two thirds had been known to Children Services in their own childhood. Similar figures were found in PP study, where birth mothers of children on the adoption pathway were more likely to have experienced abuse/ neglect in childhood, and a third had been looked after away from home. Where information on the father was available, it was reported there also that one fifth of birth fathers were looked after in their own childhood. (Cusworth et al., 2019)

The WAC looked to map the issues faced by children in the study by undertaking a latent class analysis of their entire cohort to identify the different patterns of children being

placed (Anthony et al., 2020). They found five groupings, of which two were by far the largest, making up over a third of the cohort each. These two groups comprised the children who had faced the greatest amount of early adversity and those who had faced the least. The first group was, described as “multiple complex risk”, had both significant pre-natal risk, such as substance misuse, and maltreatment in their early years (36%). The second group was “low risk”, with some low levels of pre-birth risk, but no maltreatment post-birth (35%). Over two thirds of children in this latter group had a previous sibling removed from their birth parents and had spent the least time in care of parents, and the least time in care. A similar pattern was seen in the Contact After Adoption study (CAA). Here, they coded each child for maltreatment out of 10, and noted that children either scored high or low, rather than seeing a spread of scores, with 38.7% in low-risk category (Neil et al., 2013). With considering both of these studies, it should be noted that both might have underestimated the impact of pre-natal substance misuse, as CAA did not include this in their maltreatment formulation, and as seen already, WAC had a high bar for considering a child might have pre-natal exposure. Separate analysis in the WAC showed that early adversity remains linked to higher level of emotional and behavioural difficulties (Paine, Fahey, et al., 2021).

To summarise, the children who are being placed for adoption are very young and come from very complex backgrounds. Some children will have been placed in foster care very close to birth and will have been exposed to low levels of maltreatment. However, there is also a substantial number of children who will have been exposed to high levels of maltreatment before their removal from the family home. For many children, their placement in foster care may well have made up the majority of their experience of being parented ahead of being placed for adoption.

2.3 Quality of family life

2.3.1 Overall satisfaction with family life.

A number of the studies have spoken to adoptive families a number of years into their family life and have asked them about how they feel about adoptive family life. They show that the majority of adoptive families are either getting on well or are managing with any problems they have. In Y&H, 44% said their placement was going well, and 35% described themselves as having challenges but managing (Neil et al., 2018). In the Disruption study (DIS) over a third said it was going well going well, and just under a third described their family life as having highs and lows (66-65%) (Selwyn et al., 2015). It's clear that, for many families, adoption offers a satisfying family life.

However, there is a significant minority, between 33% to 19% according to different studies, who are facing substantial struggles in their day-to-day life (Selwyn, Wijedasa and

Meakings, 2014; Harris-Waller, Granger and Gurney-Smith, 2016; AdoptionUK and BBC, 2017; Neil, Young and Hartley, 2018). These are families who described themselves as struggling or on the brink of disruption. Parents have described significant challenges such as having to manage children who are violent towards them (Selwyn & Meakings, 2016), who have severe mental health issues or who are involving themselves in risky behaviour (Neil et al., 2013). For some families this means they come to the decision that it is no longer possible to have their adopted young person living at home. Using the term “young person” here is deliberate. DIS identified that breakdown was most likely to happen in adolescence with the average age of fourteen/fifteen years old. They calculated that the post-order disruption rate was 3.2% (Selwyn & Masson, 2014). They identified two patterns in the families that disrupted; either the early onset of difficulties, with increasing intensity as the child became older, or a less common pattern, where the problems began suddenly and acutely in adolescence. They found older age at entry to care and waiting more than two years in care were linked to a higher likelihood of disruption. Care Pathways found an 86% stability rate for adoptive placements. This was from when study started tracking in 2002, so it is not clear if any breakdowns were before or after an adoption order had been made (Fargas Malet & McSherry, 2018).

Both the Large Sibling Groups and CAA used researcher assessment of how families were doing (Neil et al., 2013; Saunders & Selwyn, 2011). LSG spoke to families relatively early in placement and rated most of the placements as being settled. Those who were not settled appeared to be the placements where more than one of the siblings had challenging behaviours (Saunders & Selwyn, 2011). In the third wave of CAA during adolescence and early adulthood, they rated the wellbeing of the young people rather than that family overall. They used the categories of thriving (50.8%), surviving (28.6%) and struggling (20.6%), rated by researchers based on interviews with the young person, adoptive parents, and measures filled out by them both (Neil et al., 2013). Those in the struggling category had often spent some time outside the family home. Even in this last group, some of the young people reported high life satisfaction, and positive relationships with their adoptive parents. Neil et al. (2013) notes that the parents in the study showed a high level of commitment, trying to seek help and support for their children. Even though some children no longer lived in the family home, there was an enduring relationship and support from their adoptive parents. Similar was found in the DIS study and CP&O, even when a child was no longer able to live at home, the adoptive relationship endured (Fargas Malet & McSherry, 2018; Selwyn et al., 2015).

2.3.2 Mental health of adoptive parents.

When the mental health of adoptive parents is assessed, they are found to have similar levels of mental health issues compared to overall population rates (Anthony et al., 2019b;

Mcconnachie, 2019). This links to most studies finding adoption was a way to provide a satisfying family life. It has also been suggested that this is linked to the assessment process, meaning that adults with poor mental health are screened out before being able to adopt (Mellish et al., 2013). For the Welsh Adoption study there may need to be some caution over those results. The data was taken from the first and fourth waves of data collection, and the highest attrition of participants was those whose children had the highest externalising behaviour scores (Anthony et al., 2019b). There is a clear link between adoptive parents' mental health and the problems their children face. In the Disruption study, they found one third of the parents in the not going well group had moderate to severe anxiety, which was linked to their children's higher rates of emotional and behavioural issues. All groups of parents, including those who rated their family life as 'going well', had higher rates of depression than the general population (Selwyn et al., 2015). It should be noted that these parents were all parenting teenagers with a high level of need. Other studies have used the Parenting Stress Index to explore the parenting experience (McSherry et al., 2019; Neil et al., 2018). They found that the adopters with highest scores in parenting stress also had children with the highest levels of emotional and behavioural difficulties, especially in relation to externalising issues (McSherry et al., 2019). This impact was not seen just in the parents' mental health. In the Welsh Adoption Study, they found a link between child's higher level of emotional and behavioural difficulties, and the likelihood of parent changing to part time work, or expressing a wish to do so, to be able to manage the parenting task (Paine et al., 2022).

There have been a number of qualitative studies focusing on the experience of adoptive parents and the challenges of parenting children with additional needs (Agius et al., 2023; Kohn et al., 2023; Kohn-Willbridge et al., 2021). In these studies, the adoptive parents describe feelings of fatigue, and isolation in the experience of managing their children's needs. This is linked to the concepts of secondary trauma and compassion fatigue, meaning specific stresses caused by managing the emotional demands of a traumatised child. This has been developed in the literature around caring professions as a concept to describe burnout in those fields. In a Canadian study, Tremblay and Pagé, (2023) take this concept further and have developed a theory of filial trauma, meaning not just compassion fatigue from managing the children's needs, but also the impact of not forming the hoped for parent/child relationship. This is echoed in the other UK studies, which express the unmet expectations of parents (Kohn-Willbridge et al., 2021). The role of expectations in parenting will be explored further in the next chapter.

2.3.3 Quality of relationships in adoptive families.

Biehal interviewed 37 children in adoptive and long-term foster placements as part of her study on permanence options (Thomas, 2013). It was found that the adopted children had a primary identification with their adoptive family and were emotionally secure in their

family. Paniagua, et al., (2019) explored this issue by identifying the adopted children within a large-scale population survey. This has the advantage of allowing comparisons with the non-adopted population with questions that are not focussed on any perceived issues relating to adoption. This study found that adopted children report their family relationships in similar ways to non-adopted children, in terms of communication, affection and family support. The only difference for the adopted children was that relationships with fathers seemed more significant in affecting family satisfaction (Paniagua et al., 2019).

Attachment security has been a key way to look at adoptive family relationships. Broadly the evidence tends to show that children tend to move toward attachment security once adopted. A meta-analysis of research on internationally adopted children indicated that children adopted after the age of one year are more likely than non-adopted peers to have an insecure or disorganised attachment style, but that they were more likely to have a secure attachment than children who remained in residential institutions (van den Dries et al., 2009). There is some evidence that this pattern is different for children adopted from the foster care system, rather than institutional care (Brodzinsky et al., 2022). Several of the key studies looked at attachment in the adoptive family. The Care Pathways and Outcomes reported on children's attachments in middle childhood (age nine to fourteen years old) using IPPA which allows for indications of high or low levels of attachment security. Most adopted children (70%) reported high scores in attachment to parent. Stability and length of placement are potentially more significant than placement type in creating this security, as it was seen across placement types where children were settled for a number of years (McSherry et al., 2016). The second and third waves of the Contact After Adoption study also assessed children's wellbeing through interviews with the children/young people and through use of the IPPA (at wave three). Most children felt part of their family and reported positive feelings about their parents and feelings of love and belonging (Neil et al., 2013).

Two studies assessed the children's attachment styles with researcher observation rather than surveys and classified their attachment styles. The Adopted Children in Gay Father Families (GFF) found most children in their sample to have an insecure attachment style (Mcconnachie, 2019). Importantly, the children reported a high level of contentedness and happiness with their lives. The Attachment Representations and Late Adopted Children project followed a group of children all placed over the age of four, and assessed their attachment style over time, alongside the attachment style of their adoptive parents (Hodges et al, 2005). It found that even in the early months of placement, children were showing increasing signs of attachment security. They noted that this developing trust did not replace their former insecurities but was better described as being in competition with previous internal models of attachment. This points to the underlying vulnerability and impact of their maltreatment in early years. The project also found correlations between child attachment patterns and their adoptive parents' attachment style (Steele et al.,

2010). This will be discussed again in Chapter Two when we look at the role of the adoptive parents in shaping children's development and security.

Further indications of the challenges that children face can be seen in two studies that assessed the incidence of Disinhibited Attachment Disorder in UK adopted children. Disinhibited Attachment Disorder (DAD) describes a pattern of behaviour where children show indiscriminate sociability with familiar and unfamiliar adults, disinhibition, attention seeking and excessive clinginess (DeJong et al., 2016; Kay et al., 2016). Both studies surveyed adoptive parents, and in Kay et al, also undertook a series of observations of the child's behaviour. Both studies found an elevated number of children who met the diagnostic criteria for DAD. Kay et al (2016) found that in their adopted sample, 49% of the children met the criteria, where as a community sample was only 6%. They found links between age at entry of care and likelihood of DAD; all children who first entered care between the age of seven months and twelve months met the diagnostic criteria. This was not linked to what maltreatment or risk they had been exposed to pre-care, potentially showing that adoptive parents need to be aware that the removal from family, particularly at sensitive times in a child's development, are likely to cause issues in their formation of relationships. It would be interesting to consider this in light of any knowledge around moves in foster care around this time for children who entered at a younger age.

The first section of this chapter showed that adopted children are often placed when young and are from complex family backgrounds. This section has evidenced that they will often be able to build good relationships with their adoptive families. However, there are a significant minority of families who are really struggling, which is often linked to the child's own challenges and to adoptive parent's stress and mental health. Children can report positive relationships with their family, but some attachment insecurity from their early experiences remains.

2.4 Adopted children's wellbeing.

2.4.1 Emotional and behavioural needs

Children are placed for adoption, either due to evidenced maltreatment in the family home, or due to a high level of risk of maltreatment. It is known that children who have suffered maltreatment and entered the care system can go on to have mental health conditions (Tarren-Sweeney, 2008). Children who have experienced neglect remain at risk of issues relating to their wellbeing throughout their life, with some evidence that the earlier the exposure is, the worse it can be, and those with repeated exposure to frightening events can develop a sensitised neurobiology, where minor threats will evoke a strong reaction (Dozier & Rutter, 2016). Adopted children have elevated risks of developing mental health problems, reporting higher levels of risk-taking behaviour, anxiety and depression (Wijedasa & Selwyn, 2011), and more likely to be in contact with mental health services (Harris-Waller et al., 2016) than the general population. One study

found that 50% of adopted children had sleep disturbance, compared to 12% of a community sample (Cuddihy et al., 2013). A study looking at prevalence of mental health needs in this population showed that 76.4% of adopted children in their sample met the criteria for a clinical diagnosis, such as anxiety disorder, conduct disorder or ADHD. 59% of the sample met the criteria for two separate disorders (DeJong et al., 2016).

There is consistent evidence of high levels of emotional and behavioural difficulties in the population of adopted children. The Strengths and Difficulties Questionnaire (SDQ) is a widely used as a measure capture the emotional and behavioural challenges that children may face. It offers ratings in hyperactivity, conduct, peer relationships, emotional and pro-social behaviour (DeJong et al., 2016). Many of the studies relied on in this chapter (Y&H, PP, WAC, GFF, LSG, CP&O) used the SDQ, and all found that adopted children have a higher level of emotional and behavioural difficulty that would be expected in the general population. A pattern is seen where children have elevated scores even early in placement, with 13% of two- to four-year-olds in the Y&H study, and 21.4% in PP reporting abnormal total difficulty scores (Cusworth et al., 2019; Neil et al., 2018). The WAC showed that even while in the first years of placement, the links can be made between early adversity and higher scores on the SDQ (Paine, Fahey, et al., 2021). The WAC has studied post-traumatic stress (PTS) symptoms and found between 7%-14% of children in the study had these symptoms. When they considered the “multiple risk” class, they found that 19% of this group had PTS arousal, and 14% had avoidance symptoms (Anthony et al., 2020).

The research shows adolescence as a difficult time for adopted young people, with increased worries for their adoptive parents (Hillman et al., 2024). In the longitudinal studies which stretched into adolescence, there was a clear increase in issues for children. This was especially noted in the GFF study (McConnachie, 2019; McConnachie et al., 2021). In both waves of data collection, the interviews were reviewed by a psychiatrist who identified any psychiatric conditions. In the first wave (aged three to nine years old), around a quarter (27%) were identified as having a potential issue, increasing in the second wave (aged ten to fourteen years old) to 44.3% of children having a psychiatric problem, with 35.8% having more than one issue. The Contact After Adoption study also noted an increase in reported challenges between the second wave (aged seven to eleven years old) and third (aged fourteen to twenty-one years old) (Neil et al., 2013). With both studies, this increase in emotional and behavioural difficulties needs to be noted alongside the good relationships children and young people reported.

Unsurprisingly there is a clear link between elevated levels of problems for the children and how parents report the placement as going. In the Selwyn *et al.* study on disruption, the SDQ scores were matched with how well the placement was faring, which found that 23% of children whose placement was going well had abnormal scores on the SDQ,

whereas 97% of children whose adoption disrupted had this level of difficulty (Selwyn et al., 2015). It should be noted here that some placements that adoptive parents were not describing as challenging still had rates of emotional and behavioural difficulty double the normal level in the community. The Disruption study also used the Assessment Checklist for Adolescents, a measure designed for children with the care system to look in more detail at their behaviour. This was also used in the Yorkshire and Humberside study (Neil et al., 2018; Selwyn et al., 2015). Both studies found high numbers of adolescents in the clinical range, describing the three-quarters of the young people in the Y&H sample. Both studies found that the most common problems were related to attachment, with the non-reciprocal and social instability scores, representing children who can be resistant to relationships, and those who are pre-occupied with them. Emotional dysregulation scores were also very high.

For families, whose children are facing struggles in their daily living, there have been challenges noted in being able to access support needed such as appropriate mental health support and post-adoption services (Selwyn et al., 2015; Woolgar et al., 2024). This is echoed in the qualitative studies, which have covered challenges finding adequate support (Agius et al., 2023). The acknowledged challenges in adoption support led the Government to establish the Adoption Support Fund to support the therapeutic needs of children in May 2015. (King, Gieve, Hahne, et al., 2019). Evaluations of the fund and the interventions provided have shown that most adoptive parents valued the services provided, but there were challenges in the administration of the fund and the evidence base for some of the interventions was not robust (King, Gieve, Iacopini, et al., 2019; Stock et al., 2016).

2.4.2 Educational and developmental needs of adopted children.

The evidence on the educational needs of adopted children in the UK is mixed. Their overall achievement and attitude to schooling is on a par with non-adopted peers in some studies, but other studies show them as underachieving (Brown et al., 2019; Wijedasa & Selwyn, 2011). In the Y&H, 60% of parents rated their children's educational attainment as doing as average or above. However, adopted children were much more likely to have a Statement of Special Educational Needs, and twice as likely to be excluded from school (DeJong et al., 2016; Neil et al., 2018; Wijedasa & Selwyn, 2011). The Welsh Adoption Cohort children are beginning to enter school now. Parents in this study reported that children had settled in well, and they felt their children were either meeting the average or exceeding it. Forty-three percent felt their child had additional educational needs. A number of parents also described feeling that they had difficulties making the child's needs understood in school and needed to advocate for them (Brown, 2021). Adoptive parents reported over a third of children having developmental problems in the Y&H study,

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and the 'Going Well' group of DIS. Again, this figure was higher in families that were reporting severe challenges (Neil et al., 2018; Selwyn et al., 2015).

Studies looking specifically at adopted children's neurocognitive abilities have sometimes found normative levels of overall cognitive ability (Paine, Burley, et al., 2021; Wretham & Woolgar, 2017), with some areas scoring lower. Paine's study, which was linked to WAC, analysed the scores on SDQ for emotional and behavioural problems and found higher verbal reasoning linked to better emotional scores, and behavioural problems linked negatively to inhibitory control and cognitive flexibility. Another study found some issues with executive functioning, meaning the processes used to plan and complete tasks, which may be linked to struggles in school for some children (Wretham & Woolgar, 2017). The idea of an adoption 'decalage' (gap) has been proposed (van Ijzendoorn & Juffer, 2006), meaning that there appears to be a discrepancy between adopted children's overall cognitive ability which is broadly normal, and their reported struggles in schools and other social settings. It is speculated this could be due to emotional issues related to adoption status making it more challenging for children to manage schoolwork, or that some impacts of early adversity and/or genetic backgrounds may play a larger part in children not being able to manage the demands of school (Van Ijzendoorn et al., 2005). Though this theory was developed from research with children who had been adopted internationally, perhaps with histories of institutional care, it has been used by researchers in the Welsh Adoption study as explanation for challenges that the children in their sample were facing (Brown, 2021; Paine et al., 2021).

We can see that adopted children are much more likely to have been exposed to challenging pre-natal environments, and then throughout childhood, may experience a higher level of need. This higher level of need is linked to a higher likelihood of the family experiencing challenges. The studies on disruption have noted the risk factors linked to children showing these higher levels of need such as age at placement and moves in care. But a key factor in preparation of adopters is that these risk factors cannot work as predictors. How children will develop over time following adoption from care is not fully predictable. It may not be duration of experiences pre-adoption. Other factors, such as the quality of care, or severity of abuse and neglect, may be more significant (Wretham & Woolgar, 2017). An example of this is in a study of children adopted from profound institutional neglect in Romania. Many of the children in this study showed significant deficits throughout their childhood, but others of the same cohort, exposed to the same deprivation, have developed normally, a finding that has continued as this study has followed them into adulthood (Rutter, 2005; Sonuga-Barke et al., 2017).

2.5 Children's relationships with and knowledge of their birth family and history.

The Adoption and Children Act asks a court to consider for a child "the likely effect of ceasing to become a member of their original family and becoming an adopted person." (Adoption and Children Act, 2002). In some respects, this is a practical question- will this adoption mean that a child loses out on any inheritance rights from their birth family? But it also states in a bold way the impact of adoption. A child ceases to be part of one family and transfers permanently their identity to another. In doing so, they become forever 'an adopted person', a status that it can be argued is considered 'different' in many western societies (Leon, 2002). The child will have to negotiate who they are in the context of two families. Depending on time of placement and their pre-adoption experience, they may or may not have strong memories and feelings to connect with their birth family. This will be considered in two ways: firstly, in the contact arrangements with birth family, and secondly with the support adopters have with supporting the child to understand their life story.

2.5.1 Contact

One of the most recent snapshots available of birth family contact is from the WAC, who had access to all the social work plans for post-adoption contact over one year in Wales (Doughty et al., 2019). Almost all had a plan for letterbox with their birth mother, with the exceptions only being if birth mother was dead or had requested no contact. Letterbox was planned with birth fathers in 78% of the cases. For those where it was not planned, in half the cases, the birth father's identity was not known. For the rest fathers were described as not engaging in the process or being a risk. Only one child had a plan for face-to-face contact with their birth parents. When contact arrangements were followed up one and a half years later, only 65% of birth mothers and 44% of birth fathers were having letterbox contact (Doughty et al., 2019). The evidence of contact being inconsistent, especially letterbox, is common across the studies looking at UK adoption practice. By the third wave of the CAA study, 43% of young people were no longer in any contact with an adult birth relative, despite this sample specifically being children who had planned contact (direct or indirect) with an adult birth relative (Neil et al., 2013).

The research indicates that indirect (i.e. letterbox) contact arrangements are particularly likely to end over time (Neil et al., 2013, 2018). There may be a number of reasons for cessation, including birth relatives having little support post-removal of their child. Though birth relatives are entitled to support, it has been noted that this is inconsistent across the country, and there is little research on models of support that work (Wright et al., 2022). Adoptive parents and adopted children can become frustrated with the lack of response from birth family (Neil et al., 2013). This is not the only way contact can change over time. Both the Contact After Adoption, and Disruption studies found that a smaller proportion of

indirect contact arrangements had moved to face to face contact over time (Neil et al., 2013; Selwyn et al., 2015). This demonstrates the flexible nature of contact, and the need for prospective adopters to be able to respond to the changing needs of their child.

The increased use of social media over the last few decades has made the chance of unplanned contacts more likely, as both children and their birth families have access to information that previously would have been kept private. In the Care Pathways study, they identified a subset of adoptive parents who had experienced unplanned contact with the birth family. Adopters described concern about impacts on already vulnerable adolescents. Contact had been made by mostly older siblings, after indirect contact with birth parent either stopped or never commenced (Macdonald & McSherry, 2013). This “out of the blue” contact was also described as disruptive in another study, and was sometimes initiated by family, sometimes by the child (Greenhow et al., 2016). Part of the challenge was the establishment of relationship boundaries after many years of limited contact (Greenhow et al., 2016). Recognising these concerns around the impact of unplanned contact, others suggest that there needs to be recognition of a changed landscape, where it will not be possible to exercise control over contact in the same way as previously (Simpson & Clapton, 2020). There is current work on-going on a national level to modernise contact for adopted children, not just due to the rise of social media, but also in recognition of that the current model does not support maintaining relationships over time (Neil, 2024).

Many adopted children have siblings placed elsewhere (Meakings et al., 2021; Mellish et al., 2013; Neil et al., 2018). Sibling arrangements for contact can be prioritised by adoptive families but are also complex to maintain and manage over time, with siblings living across multiple homes (Cossar & Neil, 2013; Macleod et al., 2021). When looking at the recent studies in the UK it is clear that contact with siblings does not always last. In the Contact after adoption study, by early adulthood, less than half of young people were in contact with all their siblings, and one third had no contact with any brothers or sisters (Neil et al., 2013). In Y+H, half of the adoptive families had no contact with siblings (Neil et al., 2018). To look at more recent evidence from the WAC, social work recording reviews revealed that 70% of children had some contact planned with siblings, of which 21% was planned to be direct (Doughty et al., 2019). When families were surveyed 4 years into placement, a quarter of planned direct contact with siblings had ended. On the other hand, two families reported that they had moved from indirect to direct contact, again demonstrating flexibility of contact arrangements over time (Meakings et al., 2021).

Another important relationship for the child is with their foster carer. As evidenced earlier in this chapter, children may well have spent more time living with their foster carer than they did with their birth family. This relationship has not always been valued and supported with longer term contact (Neil & Beek, 2020). Support with the relationship with former

foster carers was identified as a particular early support need in the Welsh Adoption Study (Meakings et al., 2018). When surveyed in the third wave, 65% of the respondents said they were still in some form of contact with their children's foster carers (Doughty et al., 2019). In the Yorkshire and Humberside study, 75% of adoptive parents remained in contact with foster carers (Neil et al., 2018).

In terms of implications for adoptive parents, the research suggests they are likely to be asked to maintain contact with the birth family, and that this is most likely to be indirect contact. They will be more likely to have direct contact with siblings and foster carers than birth parents. They may need to adapt contact plans over time in response to changing needs of children and/or birth relatives. This picture gives little information on how adopted children feel about their birth family connections and relationships; this will be discussed next.

CAA study spoke to the children about their contact arrangements. In the second wave of data collection, the children were aged between six to thirteen years old. Around half of the children had complicated feelings around their adoptive status, describing feeling *sad* or *weird* about adoption, and feeling rejected by their birth family (Neil, 2012). This study then followed up these participants in adolescence and early adulthood (Neil et al, 2013). There was found to be no clear link between a particular form or frequency of contact and adoptee adjustment. What does seem important is the adoptive family's communication style and ability to be open about adoption (Neil & Howe, 2004). Birth families remain psychologically present for an adoptive family, even in the absence of contact (Grotevant et al., 2007; Jones & Hackett, 2012). Contact has been found to be useful to satisfy adoptee curiosity and to fill gaps in the knowledge of birth family, sometimes preventing the child from developing overly positive fantasies about the birth family but can also be emotionally challenging, especially if it occurred in an unplanned way (Greenhow et al., 2017; Macdonald & McSherry, 2013). Contact is not the only way to a child comes to understand their background, and tools such as life story books are also provided to adoptive parents to assist them in explaining their child's background, which young people can speak positively about (Neil *et al*, 2013).

2.5.2 Children's understanding of their lifestory.

This section will look at what we know of what it means to be an adopted person, by considering the impact on identity formation. The focus in this chapter will be on the theoretical and research basis on impacts during childhood. Many of the theoretical constructs discussed here are built upon work by American researchers, and differences in the adoption landscape there should be considered, especially with regards to the use of 'private' adoptions where children are placed in very early infancy. It will also consider some of the ways that modern adoption practice has attempted to bring in interventions to

assist adopted children in developing a healthy integrated identity, and to think about some of the parenting tasks that adoptive parents will be asked to manage.

Brodzinsky has written extensively about the psychological needs of adopted children, detailing the impact that loss has on an adopted child (Brodzinsky, 2011). Loss for an adopted child is pervasive, in that it effects every part of their life. The placement for adoption with strangers is likely to mean a complete change of environment, and the drastic change, if not severance, of every other relationship they have known. It means that they will no longer be able to easily access information on their family's medical history or grow up with people who look like them. The previous section laid out the many relationships they are likely to lose over time, birth parents, siblings, extended family, and the foster family. Brodzinsky (2011) also describes this grief as 'disenfranchised', as it is unrecognised by the wider culture, which will often view adoptive relationships only in terms of the thinking about the positives of the new adoptive relationships, while also creating a stigma that suggests that adoption is a 'second-best' way to start a family. The general lack of understanding of loss in adoption can leave adopted children feeling different and isolated from others (Brodzinsky, 2011).

Children's needs in relation to their identity will change as they grow and develop. Brodzinsky (2011) sets out a model for how children's needs for information changes with their cognitive development. Young children are likely to need explanations that will provide them with a sense of security with their new family, but as they grow older, around six to twelve years old, they are likely to come to a greater understanding that they have another family, and to begin to question simplistic explanations of why they were placed for adoption, and to develop an awareness of their lost biological family. The loss is complicated by the knowledge that the birth family is still out there, but inaccessible to the adopted child. Fantasies around the birth parents are common. He suggests that there is further challenge in adolescence when teenagers must negotiate forming their own identity against the backdrop of two families.

Research with adopted adults showed that those who were undertaking searches for birth family showed that they often cited wanting to know more about their birth family and the reason they were adopted as why they had undertaken the search, rather than any dissatisfaction with their adoptive family (Feast, 2009). In the same study, over 90% of adopted adults spoken to, including people who had not searched for their records, described a curiosity about the birth family during childhood, indicating a desire to know more (Feast, 2009).

The WAC study has tracked how adoptive parents were managing to promote their child's adoptive identity over time though the survey sent out at regular intervals to those in the cohort. They have found that this is an area that some adoptive parents found challenging. Early in placement one third of those parenting a child over the age of two

years old reported a need for support with helping the child to make sense of their lives (Meakings et al. 2018). Thirty percent of those parenting children over age four said that the child was confused about why they were adopted. Four years into placement, there continued to be worries reported by the adopters about life story work (Meakings et al., 2021a). Seven percent of parents had still not spoken about adoption at all, with other parents describing not telling children about siblings they had who lived elsewhere. A minority (13%) had not received a lifestory book, and of those who had used it, 28% said it was unhelpful, with inaccurate information (Meakings et al., 2021a). Other studies have found unhappiness with life story books and adopters' preparation to use them (Watson et al., 2015).

Children placed with adopters of a different ethnicity are likely to have specific needs in relation to developing a healthy integrated identity. It is difficult to know what percentage of adoptions this describes in England currently, as information on transracial placements is not recorded. Work is available from the US, looking at how white adoptive parents can meet the needs of their adopted children. (Vonk, 2001) has developed a theory of cultural competence for transracial adoptive parents listing three areas where they will need to meet their child's needs: they need racial awareness, meaning to be aware of how race, culture and ethnicity operate in their society; multi-cultural planning, meaning ensuring that the child can access their birth culture; and survival skills, preparing their child for responding to racism. It has been shown that this is not a model that white adoptive parents can always successfully achieve (Anderson et al., 2015; Lee et al., 2018).

Adopted children need to be able to create an integrated identity between membership of two families. Current practice puts forward multiple tools for this- life story books, contact etc, but all of them require parents who are able to manage these for their children. The theory and research into the area of adoption communication will be looked at in the next chapter, looking at the adoptive parents' task. As adoption transfers all responsibility to the adoptive parents, they are responsible for managing this need for their child. It is important to consider how they are prepared for this, as these will be tasks beyond what is expected of most parents.

Summary

It should be acknowledged that this chapter covers a huge area of information. Many of its elements, thinking about the impact of maltreatment or contact for example- could have been expanded into their own chapters. However, the chapter offer a summary of the wealth of information about adopted children's needs that prospective adopters are expected to take on board during preparation to understand who their future children are, and what parenting they will need to provide for them.

In this chapter we have seen that the law has strict criteria for who may be adopted- those who have been at risk of significant harm and who also have no one in their extended network judged able to care for them. There is clear evidence that adopted children have elevated rates of emotional, behavioural, and educational needs, and that a significant minority of families will struggle to manage their child's needs. Adopted children need access to information about their birth family, including birth family contact, and support in managing and processing this. Prospective adopters need to be prepared to manage all these needs. We will consider what skills are needed for these tasks in the next chapter.

Predicting which children are more likely to struggle is challenging. There are consistent links in the literature with risks being related to age at placement, and adversity experienced both pre- and post-natal. However, there are also potential links between cognitive and attachment difficulties even when children are placed in infancy. It is not possible to give easy, clear answers to prospective adoptive families about what their future life may look like. In many ways, preparation needs to set them up for unpredictability. The other significant factor which has not yet been considered in this literature review is the environment that adopted children enter, i.e. what do adoptive parents bring to the picture? In the next chapter we will look at this, by considering what we know of the adoptive parents- their demographics, motivations, and expectations of family life, and what is known of how parenting style impacts on adoption outcomes.

3 Theories of Adoptive Parenting

The first chapter laid out what is known of the needs of children adopted in England and Wales from the care system. It identified that this population has needs above those of the general population. These include early exposure to trauma, to loss and separation, and moves in their care early caregiving environment. These needs will need to be met by the parenting they receive in their adoptive families. However, meeting those needs can create stress in adoptive families. This chapter is in two sections: firstly, it looks at what is known about those who come forward as prospective adopters, by looking at their motivation and also what is known about the types of children they wish to adopt. Then, theories around the types of parenting adopted children need will be considered.

3.1 Becoming an adopter in England and Wales

3.1.1 Motivation to adopt.

This section will look at the literature on who comes forward to adopt in England and Wales. The focus will be on England and Wales, due to the unique circumstances outlined in the previous chapter meaning children are mostly adopted from the care system as very young children. Where possible studies that gathered data on adopters during the preparation period rather than relying on retrospective interviews will be used. This will allow examination of early attitudes and conceptions of adoption and to consider any available evidence of change in those ideas during the preparation process. There are few studies looking at these areas, and what is available is either small studies such as pilots or projects undertaken for a Masters study, or only a section of a larger study. These studies have often set out to answer questions focused on recruitment or matching and so collect information on which children adopters wish to parent, demographic information on parents and what drives the motivation to adopt. This focus reflects a common belief in UK social work of mismatch between the prospective adopters coming forward and the needs of the children available for adoption (Dance et al., 2017). Social workers across a number of studies report that their practice experience tells them that prospective adopters wish to have children who as young and healthy as possible (Brind, 2008; Hamblin, 2018) and that their initial expectations of achieving this were out of step with the needs of the children who are actually waiting for adoption (Dance et al., 2017).

Research indicates that many adopters will have been considering starting the adoption process for a number of years. One study found people had thought about adoption for an average of five years, with a range of eighteen months to fifteen years (Dance & Farmer, 2014). Both Wallis (2006) and Ward (2011) undertook studies that focused on the thoughts and decisions making of those considering adoption. Both studies look at people who were in the initial stages of moving forward with adoption. They both used surveys to gather data

from people who made an approach to an agency (Wallis, 2006) or requested an information pack during National Adoption Week (Ward, 2011a). They looked at who had continued further with the process, with Ward finding that 23% had taken the further step of contacting an agency and beginning the approval process. Wallis found that 46% of her sample went forward with an adoption assessment. It is clear that not everyone who expresses interest in adoption will complete these plans. Common themes are shown on who moves forward. Ward and Wallis both found that people who held professional positions were more likely to go forward. But the overwhelming factor in choosing to register with an agency was the motivation for the adoption. It was far more likely that those who were motivated by infertility would move forward with the adoption process; Ward calculated that infertile couples were six times more likely to move forward (Ward, 2009). What held people back were concerns about the process and concerns about the children who would be available (Wallis, 2006; Ward, 2009). More detail is provided by Ward & Smeeton (2015) in a small qualitative study of four parents who had used fertility treatments to start their family. It explored why they had not chosen adoption. The participants spoke about a strong wish to experience pregnancy and to have a biogenetic link with the child. When they discussed a potential adopted child, they raised concerns about the genetic implications. These were parents who had attended some information evenings or seen information on which children were available for adoption, and they described feeling overwhelmed. Even though they had an impulse to parent these children, they also viewed them as potentially “damaged” (Ward and Smeeton, 2015, p.14). These studies suggest that those who move forward are demonstrating an early commitment to the idea of adoption. They may well have decided to move forward after overcoming or dismissing concerns that stopped others.

The law changed with the Adoption and Children Act 2002, allowing unmarried couples the same rights to adopt as married couples, effectively opening the doors for same-sex couples to adopt. Neither the Ward nor Wallis studies are able to reflect this change as their data collection took place before this. Current figures show that 19% of adoptions in 2022/2023 were made to same-sex couples, which has risen in recent years as a proportion of adoptions (Department for Education, 2020). Two recent studies have specifically considered motivation in these adoptive families. The Gay Fathers study, looked in the first chapter for its description of family life, also collected information on motivations to adopt (Jennings et al., 2014). Another study is Costa & Tasker’s (2018), which used a survey of adopters and prospective adopters, accessed via a support network for LGBT adoptive families. Both studies found that LGBT couples were less likely to place an importance on a biogenetic link with their child, as it was not something they would have expected from their parenting. An overarching theme was a desire for a secure, permanent family (Costa &

Tasker, 2018). From a socio-legal perspective, adoption offered same-sex couples the possibility of equality of parenthood i.e. neither parent would have a genetic relationship to the child, unlike the possibilities of surrogacy or sperm donation. It also, unlike fostering or co-parenting arrangements, means that the couples would not have to share legal parentage with anyone else, and this security was appealing. It is interesting that though adoption by LGBT parents can represent a move away from the normative expectations of parenting, especially the preference for a biogenetic link, the thought process behind this does not factor in the relationship with a child's birth family. Neither of these studies surveyed attitudes to contact or identity issues for the child to examine if this thinking around exclusivity has impact on this. This is reinforced as both studies identify that moral reasoning plays a part in LGBT parents deciding on this route, with stances shown which are against assisted reproductive technology (ART), and those which are pro-adoption as offering a chance to "turn a child's life around" (Jennings et al., 2014. P.219). Part of the expressed feelings against ART, especially around surrogacy, was discomfort at a biological parent existing for their child, but not playing an active role in their life.

What comes across in the studies on the motivations of LGBT parents is that the decision to move forward with adoption involves complex reasoning around moral and practical issues, and that motivations are "connected and non-hierarchical" (Costa & Tasker, 2018). The role of altruism in adopter motivation has not been studied as closely as the factor of infertility. It is undoubted that many adopters especially those in heterosexual relationships identify infertility as a significant motivator, with ranges of between 72% to 89% mentioning it as a motivator (Jennings et al., 2014; Neil et al., 2018). A Portuguese study that interviewed 126 prospective adopters retrospectively about their motivation to adopt specifically asked about primary and secondary motivations. When reporting themes related to motivations, it divided them into three areas, self-motivation, child-motivated (altruistic) and a third theme of parenthood, which was both child and self-oriented, focused on the relational experience (Soares et al., 2023). Altruistic motives appear less common as a primary motivation and are often connected to personal or professional experience of adoption.

It appears from the research that prospective adopters in the UK have ideas of the children who may be available for adoption, whether this is some deciding not to go forward due to concerns about the children being "damaged" or a sense that they will be able to "turn a child's life around". A striking difference between biological parenting and adoptive parenting is that adoptive parents are asked to make choices about what type of child they wish to parent, a choice not available to biological parents. The next section will look at what is known of their thinking prior to placement.

3.1.2 Adopter preferences

This next section will consider what we know of prospective adopters' thinking by looking at what is known of their expressed preferences for which children they wish to adopt. This section will draw on several UK based studies that have gathered information from prospective adopters in real time. Three studies collected data on different points before children were placed with the adopters (Brind, 2008; Jakhara, 2014; Rogers, 2018). The remaining two are studies of transition in adoption which interviewed prospective adopters just before and just after their children were placed (Dance & Farmer, 2014; Tasker & Wood, 2016). The information from these studies indicates that there is a mismatch between the children available for adoption and the wants of adopters, primarily in relation to age. Consistently a majority of prospective adopters' state that they wish to parent children as young as possible with their ideal age being under two. The motivations for this again seemed complex, with some being able to express that they had the desire to parent a baby, while also some expressed fears of the impact of pre-adoption experiences. Some concern is expressed in the literature around where prospective adopters are getting a negative view of older children in the care system (Brind, 2008; Ward & Smeeton, 2015). It should be noted that some of the studies such as Rogers and Brind took place after adopters had been approved i.e. had undergone preparation. Rogers undertook a thematic analysis of posts on an adoption forum made by those who were waiting to be matched with children. It was clear that many were unwilling to change their preferences for a child, mostly wanting one who was young and healthy, and instead were prepared to wait to find a child, (Rogers, 2018). Brind surveyed adopters and social workers on why adopters would choose particular ages. It was not clear whether adopters were asked to express their own views or to speculate on why adopters might do something, but this still offers a degree of insight into thinking processes. Adopters mostly spoke about wanting a younger child. Social workers surveyed raised the point that adopters seem willing to take a risk on developmental uncertainty rather than more known risk that comes with an older child (Brind, 2008).

There is a reluctance noted in many adopters to consider adopting a child with a disability. Burge et al., (2016) surveyed adults who had registered an interest in adoption with a Canadian agency (this would be similar to seeking information stage here rather than the formal step of beginning an adoption assessment that registration indicates in UK.) When presented with a list of twenty special needs that children might have, they were more likely to say they would consider things that might have happened in child's past, such as exposure to abuse, compared to present day issues such as aggressive behaviour or a chromosomal disorder.

This theme of balancing risks comes through in Jakhara's 2014 study. He surveyed ten adoptive families at the point of registration with an agency to ask what their preferences were at that point for the sort of child they would wish to adopt. His findings indicated that people were disassociating behaviour from experience as there was a greater willingness to consider children with a history of abuse rather than children who had known emotional and behavioural difficulties or difficulties bonding. No respondent said that they would definitely want to parent a child with a disability (Jakhara, 2014). This is echoed in Tasker & Wood's study; they noted that in interviews just before placement of a child, adopters tended to downplay the impact of neglect and focused on the breaking of previous patterns and making of new family scripts (Tasker & Wood, 2016).

Other studies also provide evidence that prospective adopters change their preferences for children's characteristics over the preparation period, but this can often be for pragmatic reasons, where prospective adopters do not feel that they would be considered for younger children and as such expand their range rather than being motivated by greater understanding or altruistic reasons (Dance & Farmer, 2014). In Jakarta pilot's, a single adopter expressed a wish to adopt a child aged three to five years old, as she believed she would not be offered a younger child as a single woman (Jakhara, 2014). In a study looking at the adoption of older children within the Welsh Adoption Cohort study Palmer et al. (2023) identified that for some adopters the idea of adopting an older child was one that grew over preparation, as they became aware that an older child might not be placed otherwise, and it might be quicker than waiting for a younger child. They expressed that making these choices was uncomfortable for them (Palmer et al., 2023). This discomfort at rejecting children has been noted in other studies (Andrews-Longbone, 2020). Adopters can seem more willing to stretch their preferences with greater knowledge of the support available (Burge et al., 2016; Neil et al., 2018). In the Y&H study around 25% described that they had changed preferences. There was an association between those who had changed preferences and having a placement that was struggling, suggesting it is important that preferences are not stretched too far (Neil et al., 2018).

Summary

The profile available of adopters in the UK is that they are mostly likely to be a heterosexual couple with a history of infertility, though there are significant numbers of same-sex couples. Motivation is often driven by their own need to parent but has can have multiple layers. They wish to have a family that is their own, that is secure and permanent. They are committed, as they are likely to have been considering this for many years and have 'overcome' needing

a bio-genetic link to their family. They need to be prepared to manage the multiple needs of the children that were laid out in the last chapter. The next section of this chapter will look at what is known of the helpful qualities for adoptive parents to possess.

3.2 Qualities of adoptive parenting

The research tells us that family structure (i.e. who is parenting) is less important for adopted children's outcomes than parental processes (i.e. how they parent) (Grotevant & Lo, 2017).

This section will focus on what processes in adoptive parenting appear to be helpful for children's wellbeing. When looking at the literature, the complexities described in the first chapter about research on adopted children is only heightened here. There is the heterogeneity of placement types, and of pre-adoption experiences that was discussed previously. In addition, different researchers have studied different aspects of the parenting role (Balenzano et al., 2021). There are challenges in unpicking the interplay of the child's pre-adoption experiences, the post-adoption parenting experience, and the emotional and behavioural profile of the child as they grow. Some theorise that the child's pre-adoptive experiences and any consequent behavioural issues impact the parenting style of the parents due to stress this can cause, while others theorise that the adoptive parenting can moderate the degree of challenge the child might experience (Balenzano et al., 2021).

This area of research looking at the underlying processes in adoption is a more recent strand in the research field and not as widely covered (Palacios & Brodzinsky, 2010). As much of the literature considers children who have been internationally adopted from institutions, it is considered automatic that removal into an adoptive home will be a richer and more stimulating environment for the child, regardless of the particular qualities of the adopters or their parenting approach (van Ijzendoorn & Juffer, 2006). There are also a very small number of UK studies looking at family processes in adoption. Therefore, bearing in mind these qualifications, literature outside of the UK context of stranger adoptions from care will be drawn on to consider the role adoptive parenting plays in children's outcomes.

The focus will be on qualities identified in the literature as linked to positive outcomes for families. These are qualities that agencies might wish to encourage in adopters before placement. In a review of the literature looking at post-adoption factors, the following aspects of parenting were identified: reasonable expectations of the parenting experience, openness about adoption, a warm, child-centred parenting style, and the ability to think about the child's mental state (Duncan et al., 2021). These will now be expanded here, together with any evidence around how they can be explored or developed in the pre-adoption period.

3.2.1 Reasonable expectations

Adoptive parents' expectation of their family life has been identified in the literature as an important factor in successful adoption outcomes (Quinton, 2012). Research into adoption breakdown shows that unrealistic expectations of children can play a factor (Palacios, Rolock, et al., 2019). In one Spanish study, unrealistic expectations were cited in case notes in over half of adoption breakdowns that took place before the adoption was finalised (Paniagua, Palacios, et al., 2019). Expectations can have a wide meaning, both in terms of how the child will behave, of typical child development, and also of what the parenting experience will be like (Quinton, 2012). Foli has identified four specific areas of expectations: of self as parent, of the child, of support (from friends and family) and of acceptance from society (Foli et al., 2012). When these expectations are unmet it can influence adopters' satisfaction with the parenting role and their assessment of the children's behavioural problems further into placement (Santos-Nunes et al., 2018). In the early stages of placement unmet expectations can link to symptoms of depression, especially when the unmet expectations were around their ability and experience as parents (Foli et al., 2017). It is suggested that this is linked to the persona that prospective adopters may take on during the preparation period, under the pressure of being assessed, of being a perfect parent. They then experience a disconnect with their actual experience of being a parent once a child has been placed (Foli et al., 2017).

There has been little research in this area within the UK context of children being adopted from care to adopters who have had extensive preparation. The Yorkshire and Humberside study asked adopters whether adoption had met their expectations and found that most respondents said that adoption was more rewarding *and* more challenging than expected (Neil et al., 2018). These joys and challenges were linked to child characteristics, finding joy in parenting their child, but also finding some aspects more challenging than expected. There was also mention of accessing services being more challenging than expected (Neil et al., 2018). Moyer and Goldberg (2017) carried out a small US study around expectations of adoption in 30 adoptive parents three months after their child had been placed. They asked about how the children differed from what the adopters had expected their child to be like. Two thirds of the sample were stranger adopters of children from the child welfare system. Unmet expectations around the age of their child, and any special needs were most likely to be stressful for the prospective adopters. Special needs were especially stressful when there was a lack of adequate support for the adopters with their children's needs. The adopters from the child welfare system described themselves as well-prepared, and "realistic" about the children available for adoption, even to the point of being "pleasantly surprised" when they had a child that matched their initial preferences. This was in relation to age and race,

i.e. being matched with a younger child than they had expected (Moyer and Goldberg, 2017, p.18).

It is important that prospective adopters have reasonable expectations of their children, especially the children who have faced early adversity. They need to be able to understand their role as parents for these children, and to understand what challenges they may face. In the literature, there are links made with preparation as the space to ensure that adopters are properly aware of the reality of adoptive family life (Moyer & Goldberg, 2017; Rushton et al., 2003). Though the findings from Moyer & Goldberg suggests that expectations are formed in preparation, there is little information on how these expectations are formed.

3.2.2 Open communication about adoption.

The importance of open communication about adoption in the family unit was first noted by Kirk, based on his work researching adoptive family life in the 1960s. Kirk theorised that there is a difference between being an adoptive family and a biological family, and that parents who accepted this were more able to connect and communicate with their child (Kirk, 1984). Adoptive families could be considered on an axis of Acknowledging of Difference or Rejecting of Difference. This acknowledgement of difference (AoD) means they can attune and better understand their child (Lo & Grotevant, 2020). Brodzinsky continued with Kirk's work, first by looking at how rejection/acknowledgement of difference operates within a family. He proposed that this was not a dual position, but in fact families were on a spectrum that could be curvilinear. Where families overemphasise difference, by blaming all family problems on adoption status or the child's previous history, then this could also be detrimental. Brodzinsky termed this "insistence on difference" (Brodzinsky, 1987). This work on how communication operates in adoptive families, alongside the advocacy of adopted adults, has led to the development of greater openness in adoption practice to ensure that adopted children are able to have access to the information they need to form a coherent sense of their identity (Wenger, 1997). Increasingly this has meant contact with birth family where possible and safe (Grotevant & Lo, 2017).

There has been relatively little research looking specifically at AoD as a construct in adoptive parent thinking. One Portuguese study found high levels of acknowledgement of difference can be challenging to families, in line with Brodzinsky's thinking in this area (Soares et al., 2017). AoD and adoptive parent satisfaction with communication about adoption were linked with emotional regulation of child, but the study noted that the parent's attitude of AoD needed to translate into behaviour on the part of the parent (Soares et al., 2017). Adoptive parents' level of Acknowledgement of Difference was gathered in the first wave of the Minnesota Texas adoption study, a longitudinal study looking at contact in private domestic adoptions in the US. This data has been used in two recent studies to examine the

relevance of Shared Fate theory in placements outside of the closed model of adoption common when Kirk developed his theory. Lo, Cashen and Grotevant (2021) found links between AoD, and levels of empathy and communications later in placement, regardless of the amount of birth family contact the adoptive family held. Lo and Grotevant, (2020) used the same data and found links to attachment security in adolescence and parents' AoD early in placement. They concluded that it is important for pre-adoption training to cover the importance of talking to the child about adoption. They also note that this study is based on data where all the families were same race placements, with mostly heterosexual parents, and the theory would benefit from exploration in wider studies of the other differences in families, i.e. transracial adoption, LGBT adoption.

Though AoD has not been commonly used as a construct in adoption research, other theories that developed from it have been particularly important (Lo & Grotevant, 2020). Adoption Communication Openness was developed as a theory by Brodzinsky who describes it as "the mutual sharing of adoption information within the kinship system but also the expression and support of adoption-related emotions" (2006, p.4). Soares et al., (2017) describe Adoption Communication Openness as demonstrating the adopter's ability to think about differences in adoption and how they can meet their child's needs in this area. Brodzinsky describes Adoption Communication Openness as taking place on three levels: the interpersonal, how ideas around communication are explored internally, noting that for adopters this will begin from the point of first thinking about adoption, intrafamilial, an "open, active, emotionally attuned dialogue" within adoptive families, and interfamilial, referring to the communication with birth family (Brodzinsky, 2006, p.4).

The cognitive and emotional qualities in adoption communication openness are further conceptualised in the Contact After Adoption study (Neil, 2009) which was discussed in the first chapter of the literature. The second wave of the study used the interviews with adoptive parents and identified five key dimensions within communicative openness for parents. These are communication with the child about adoption, comfort with and promotion of dual connection, empathy for the child, communication with birth family and empathy with birth family. By the third wave of the study, when the adoptees were in adolescence and early adulthood, high ratings of ACO in parents were linked to overall adjustment and identity formation in the young people (Neil et al., 2013).

This link between parents who are communicatively open and positive outcomes in adoptive families been seen in other studies. A Spanish study looking at international adoptees found that ACO plays important part in adjustment and has a greater moderating effect on adjustment than a history of early trauma (Aramburu Alegret et al., 2020). A history of

maltreatment and low ACO were linked but it was not possible to tell the direction of the relationship. It could be that more maltreatment meant more behavioural issues in the child, which led to poorer family communication, or that the parents found it difficult to talk to the child about their early experience, which led to more behavioural issues (Aramburu Alegret et al., 2020). Other studies have found links between high levels of ACO in parents and a more positive adoption identity and self-esteem for children (Beckett & Sonuga-Barke, 2008; Brodzinsky, 2006; Le Mare & Audet, 2011). Hawkins et al., (2007) considered this from the child's point of view, rather than just the adoptive parents. They found a link between high ACO in families and self-esteem in the sample at age 11 and age 15. A notable feature in this study was the difference between how the children talked about the levels of communication openness and how their parents rated it. For example, at 15 most parents said their child showed little interest in their adoption, whereas most children reported thinking about their birth family. Another study with the same cohort showed that siblings within the same home could have different views on the levels of openness (Beckett & Sonuga-Barke, 2008). This highlights the challenges for adoptive parents in being able to meet and adapt their child's needs as they change over time and respond to the individual needs of child.

It should be noted that most of theory formation (Grotevant, Brodzinsky), outside Neil, has been developed from the experience of children in US who were privately adopted as infants or international adoptees. There may be particular challenges for adopters of children from care, with the complexity of the stories that might need to be told, especially when a child may well have been harmed by their birth family before adoption. In the third wave of the Contact After Adoption study, the adopters had to manage this tension over a number of years. For some they had been able to maintain empathy for the birth parents, whereas others spoke of sometimes still feeling anger over the impact of birth parent actions on their child (Neil et al., 2013). This complexity is demonstrated in a number of other UK qualitative studies. Adopters in the Care Pathways and Outcomes Study were interviewed about the experiences of contact. Their own feelings about their child's history and birth family also play a large part of this, with adopters describing feelings of jealousy, and also that child's story is "huge", "disturbing" "an entity that needed to be managed" (MacDonald and McSherry, 2011, p.11). In another study looking at experiences of contact, adopters spoke about the problems of trying to find child friendly narratives (Jones & Hackett, 2007). Letterbox contact was challenging due to the task of reconciling the sentimental messages contained in cards, with the child's experiences when living with the birth family. Participants described it as not helpful for the child in making sense of their past. (Jones & Hackett, 2012). In a more recent study, adopters spoke of who constituted 'family' for them. They

were able to expand family to include foster carers but struggled to accept birth relatives. There was openness to contact with birth siblings but still caution due to their connection with the birth family (Macleod et al., 2021). It should be noted in this study it is not clear how the adopters were recruited, nor is there any information on the contact arrangements in place which makes it challenging to situate in the wider literature (Macleod et al., 2021). International research also provides evidence of the challenge of communication when children have difficult adoption stories. A study of French adoptive parents who had adopted internationally noted them either downplaying or disassociating from trauma in child's past (Skandrani, Harf and El Hussein, 2019). A US study spoke to adopters whose children were conceived through rape or incest found that all struggled with how to share this with their children in the future, with some now doubting mother's narratives as they approached having to tell their children about their history (Goldberg et al., 2020).

Brodzinsky theorised that those who come forward for open adoptions may have "open, empathic" qualities, however that is in the "market" of US adoption where people have these options (Brodzinsky, 2005). Parents who had come forward to adopt for altruistic reasons were identified as being more open communicatively in an Israeli study (Sorek et al., 2020). It has also been framed as moral necessity for adoptive parents to maintain these links for their child (Palacios & Sanchez-Sandoval, 2005). However, there is little at the moment that looks at this in the specific context of parents in UK who have limited choice about openness in adoption. There are no studies that look at ACO as a construct that can be taught or developed. Most studies have treated it as a static characteristic of the adopters. No studies have examined ACO in the preparation period, though preparation is suggested as important in forming views (Neil, 2003).

3.2.3 Parenting to develop attachment security

Links have been drawn between empathy, ACO and parental reflective function (Neil, 2009a). One Italian study examined this in the first year of placement, investigating links to adopters' attachment styles and their experiences of communicating openly with the child. They found those with avoidance in their attachment style were more likely to have difficulties in empathising with their child and to find communication with them tiring (Gorla et al., 2023). Le Mare & Audet found links between attachment and a child's positive behaviour, and ACO and positive behaviour but the two concepts appeared to be contributing independently (Le Mare & Audet, 2014). This link between adoptive parenting, attachment and being able to show interest in the child's mind will now be described in the next section, as this is an area where there has been interesting work in seeing how this can be developed as a quality in the adoptive parents. This section will first set out the importance of attachment theory in thinking about the needs of adopted children. Next, parental

reflective function, and research on its importance and ability to be developed in parents will be considered. Attachment theory is key in shaping child welfare thinking in present practice (Cairns, 2002; Woolgar, 2013; Woolgar & Scott, 2014).

Attachment theory looks at how relationships between a child and their caregiver shapes the child's views of self, of others and creates expectations of what a person can expect from future relationships, known as the 'internal working model' (Howe, 2005). Attachment Theory states infants will adapt their behaviour to the caregiving they receive to ensure proximity to their caregivers and thus safety (Schofield & Beek, 2006). When they receive a sensitive, protective response, they can relax and explore their world (Howe & Steele, 2004). Within this relationship, the child learns to regulate their emotional and sensory states (Dozier & Rutter, 2016). These early interactions form the basis of the child's expectations of relationships, and these models can persist through life (Raby & Dozier, 2019). Children enter their new adoptive families with behaviour and characteristics already in place, and will influence their new home, and shape the responses they receive (Howe, 2009). Their internal working models, meaning how they understand themselves, and their relationships to others, will have been shaped by their possibly abusive or neglectful experiences of previous parenting. Separation from carers, even non-maltreating ones, will also impact on a child's attachments, as younger children will not be able to understand why this loss has happened, and to make sense of it (Dozier & Rutter, 2016). This means that adopted children are at high risk of developing insecurity in their attachment style, due to their experiences which may well have included maltreatment at the hands of previous carers and will certainly have involved separation from carers.

Attachment offers an explanation for why children do not always respond well to the caregiving environment in their new families, as they can struggle to respond to or elicit the caregiving that they need (Stovall & Dozier, 1998). These adaptive strategies of either inhibiting or exaggerating their attachment behaviours, such as crying, seeking proximity, can make it easier for adoptive parents to misread their child's emotions and behaviour (Crittenden, 2016). The child's internal working models make it difficult for them to respond to caregiving as they may not see it as safe or reliable, and they may show behavioural responses that are interpreted by adopters as rejecting, or overly demanding, or even controlling and hostile. Prospective adopters need to be aware of the possibility of these dynamics, to avoid recreating their child's view of how relationships operate (Howe, 2009). Adoptive parents need to help their children form attachments in a different way to the typical experience of a child developing a selective attachment to their parent over the first year of their life since birth, due to the fact of the child joining their home later (Dozier & Rutter, 2016). As noted in the previous chapter, some research indicates that attachment formation

in adoptions from care has some differences compared to international adoption (Brodzinsky et al., 2022) This is perhaps because attachment formation is different for children who have been living in group care and do not have a model of close relationships to build on, compared to a child who has been maltreated or had multiple foster placements, who has a dysfunctional understanding of how to maintain close relationships with a caregiver.

It has been evidenced that adopted children can build positive relationships, but their attachment relationships can remain insecure (see first chapter). The Attachment Representations and Outcomes study found links between the adoptive parents' attachment style and their children's emotional world, even into adolescence. Teenagers with high levels of disorganisation were linked with the adoptive parent having unresolved loss/ trauma (Steele et al., 2024). When considering how parents can promote attachment security, reflective function has been identified as important factor (Lo & Cashen, 2020). There are several linked concepts in the literature, such as sensitivity, mentalising and mind-mindedness. These all describe a parent who is willing to view their child as a person with a mind of their own, and to be curious about what is happening in that mind (Lo & Cashen, 2020). It is linked to the development of secure attachments in children and may be especially important for children who have faced early adversity (Malcorps et al., 2022; Slade, 2005). As stated before, children with early adversity may present behaviour that is confusing or rejecting to their new adoptive parents, and an ability to remain curious about this will be important. Parental reflective function was raised as potentially being key to ACO, as the parents will need to be able to reflect on the impact of an experience (being adopted) that they have probably not had (Neil, 2009). As such it is possibly relevant to two areas of adoptive parenting: communicating empathically about adoption and building attachment security with a child.

There has been increasing research linking higher RF in adoptive parents with better outcomes for children. Parents with higher RF, especially in terms of positive representations of their child had more positive interactions with them in one Spanish study (León et al., 2018). This study compared adoptive and non-adoptive parents, finding that the adoptive parents had higher RF. This was attributed to the preparation before adoption (León et al., 2018). Another Belgian study, Leuven Adoption Study, has examined RF over time (Malcorps et al., 2022, 2023). One paper looked at changes in RF over time finding that children with higher levels of emotional problems had parents with more challenges in RF. Fathers of later adopted children were more likely to have increased challenges staying reflective about their child (Malcorps et al., 2022). This was linked with feelings of incompetence as parents, perhaps linking to the work by Foli in challenges to expectations of self as parent. (Malcorps et al., 2022). Levels of parenting stress have been linked to lower levels of mentalising

(Malcorps et al., 2022). In another paper, they considered the child's theory of mind, and found it linked to parents with higher levels of RF. This was especially impactful for older children (Malcorps et al., 2023). An especially interesting aspect of this study is that it sought to assess the RF of parents before the children were placed for adoption, using a new measure adapted from one used during pregnancy (Malcorps et al., 2021). They found no link between the parents' RF as measured with this new instrument before and with its measurement after placement. The paper offered a number of explanations for this surprising finding: that the measures were looking at two different constructs, or that they were so closely related that it was not possible to find correlations. They also suggested that it might be that parents' reflective function is relationship dependant, rather than an innate ability, which would link to the earlier study, which suggested that parents can find RF more challenging if children have more problems (Malcorps et al., 2022, 2023). It raises the question about how RF is developed in preparation as suggested by Leon, and that this is a useful area for further research.

Several interventions have been developed to develop reflective functioning in adoptive parents for better outcomes for children. One UK study in this field was designed around a post-placement parenting course (Staines et al., 2019). It found that parent's interest and curiosity in their children was raised after the course. The parental reports of the children's behaviour varied with some reporting higher levels of emotional and behavioural problems for their children after the course, whereas for others there were less concerns. The authors suggested that this might be due to the parents seeing their child in a new light after the course. A recent meta-analysis looking at group-based parenting interventions and their impact on RF suggested that through promising, the current evidence is weak for these interventions, because of the methodological diversity (Lo & Wong, 2022). It is also noted in another meta-analysis looking at parenting interventions for foster care and adoption, that though a number of parenting interventions are based on attachment theory, they rarely contain attachment measures in their outcomes, meaning it is challenging to demonstrate their effectiveness (Schoemaker et al., 2020).

Attachment has been an area of focus in adoption research for some time. The identification of specific constructs, such as RF, which can promote security in children is an area of promising work. At present, there has been very little work to think about how these ideas are explored or even developed before placement.

3.2.4 Warmth and Child centredness

The fourth area identified in Duncan's review of post-adoption factors is warmth and child-centredness. If the section on reflective function was linked to interest in what is happening in a child's mind, and to read their needs, the skills in this section can be described as

responsiveness i.e. ability to respond appropriately to those needs (Stovall & Dozier, 1998). Children who have faced early adversity need high levels of nurture (Dozier & Rutter, 2016). This section of the chapter is less organised around a central defining theory compared to the other sections. The measures of warmth, child-centred adoptive parenting have been looked in multiple different ways, with varying elements of warm, positive parenting being measured against many aspects of child development. This means that it is a more disjointed evidence base than that of communicative openness or reflective function. What is clear is that this element of parenting is significant, especially for children who have experienced high levels of adversity.

Kriebel and Wentzel, (2011) studied child-centredness, meaning how involved adoptive parents are with their children and how much warmth they express to them. This was found to be linked to a child's social competence. They also found that this effect was highest on the children who had the most risk factors in their background (Kriebel & Wentzel, 2011). Adoptive parents' emotional availability and mental state language was found to predict children's emotional understanding, and for children who had been institutionalised, emotional availability of parents predicted lower levels of indiscriminate friendliness in children (Garvin et al., 2012; Tarullo et al., 2016). Soares et al., (2019) looked at social skills for adopted children, and found that unsupportive adopter responses, which were punitive or minimising towards the children, exacerbated the effects of pre-adoption neglect on social skills. These findings can be linked to the suggestion that children with high levels of adversity in their background are most in need of this warm, available parenting style (Soares et al., 2019). Finet et al (2020) examined responsiveness in adoptive families. This was a longitudinal study, assessed by standardised measures and researcher observations. They found no effect of adoptive parenting on the link between children's experiences before placement, and their behaviour. This finding could be explained by the sample. All were families who had adopted children under the age of 18 months from China, and at all points, the children had lower or average levels of behavioural issues, such as sleep or attention problems (Finet et al., 2020). As seen in the other studies, the effect of warmth and responsiveness seems highest for the children with the highest needs.

The Welsh Adoption Study has identified links between warm adoptive parenting and the impact of pre-adoption adversity in their adopted from care sample. They found that adoptive parent warmth linked to lower levels of emotional and behavioural problems in children over time. Parents with exceptionally high levels of warmth had the most positive effects for their children. Some of their key analyses in this area did not reach statistical significance but they reported the results as effect sizes were large (Paine, Perra, et al., 2021). They note that parental warmth was based on self-report, and that most participants had scored themselves

highly. The authors suggest that the adoption assessment process means that only warm skilled parents make it through the adopter approval process (Paine, Perra, et al., 2021).

A complication is that there are some indications in the literature that parents may need to adapt their parenting to the different needs of their children. Koss, Lawler and Gunnar, (2020) examined structure and limit setting and found that children could benefit from some flexibility in approach. They note that Audet and Le Mare (2011) found that an authoritarian parenting style, meaning strict boundaries, was associated with fewer attention problems for children who had long exposure (over 4 years) to depriving institutional care. These were children with a high level of inattention and overactivity. Children with shorter exposure to adversity and fewer issues with inattention and overactivity benefitted from warmer parenting with more flexible boundaries (Audet & Le Mare, 2011).

Other factors related to warmth could include the two following factors. Commitment, meaning the parents commitment to keep caring for the child and invest emotionally, has been found to be important for a child's sense of security (Dozier & Rutter, 2016). The parent's ability to stress regulate is also important, with one study finding that this was related to the challenges of managing the behaviour of children. This was a longitudinal study, which found that parenting stress in later years could be predicted from children's levels of behaviour early in placement (Bovenschen et al., 2023; Hornfeck et al., 2019). This study highlighted the importance of adopters being well prepared for what adoptive family life might bring.

That adoptive parenting can be an interaction between the child and the parent, rather than just about what the adoptive parent brings, was highlighted in a UK study of older children joining families (Quinton, 2012). This study concluded that discipline style at one year was a "*consequence of the interaction between the child and the parents and reflected a downward spiral in their relationship*" (p.55). Some elements of parenting, such as sensitivity and responsiveness did support stability in placement, but at later follow up, especially challenging elements of child behaviour were identified. These were when attachment behaviour had not developed, children who had overactive and restless behaviour or if children had been rejected in their past. Another study found links between adoptive mothers' understanding of birth mother mental health and hostile parenting behaviours, demonstrating the link not just to the child's behaviour but potentially the meaning the adoptive parent places on it (Stover et al., 2015).

The importance of maintaining warm, positive parenting for most needy of adopted children has been shown in these studies. The challenges of doing so for children with high levels of behavioural and emotional needs is also shown. Again, some of these studies note the

importance of agency preparation of adopters as ensuring that they can have reasonable expectations to be able to maintain these parenting approaches.

3.2.5 Bringing it all together? Therapeutic parenting

This chapter concludes with a short consideration of the concept of therapeutic parenting.

This section's brevity will partly be because at present there is little discussion in the academic literature of this idea. In a recent study looking at the experiences of adoptive mothers, 'therapeutic parenting' was identified as a concept that had helped them manage the needs of their children and promoted the mother's mental health by increasing their sense of competence (Kohn et al., 2023). Kohn suggests that some of the challenges that adoptive parents face is from the stresses of parenting in a different way to those around them, rather than from the child's behaviour.

The following description of therapeutic parenting is taken from the book, 'The A-Z of Therapeutic Parenting':

Therapeutic parenting is a deeply nurturing parenting style, with a foundation of self-awareness and a central core of mentalization, developed from consistent, empathic, insightful responses to a child's distress and behaviours; allowing the child to begin to self-regulate, develop an understanding of their own behaviours and ultimately form secure attachments. (Naish, 2018, p.13)

As seen in this quote, this is a model of parenting that draws closely on attachment theory. It has developed over time to meet the needs of children who have adverse experiences in their background, from a literature that is a predominantly practice based body of material. Several key texts were written by foster carers or adopters, drawing on their experience of parenting children with trauma backgrounds (Cairns, 2002; Donovan, 2024; Gordon & Archer, 2013). Some are written by psychologists/ psychiatrists/ therapists, based on their clinical work with adoptive and fostering families, which set out both parenting advice, and also the therapeutic interventions underpinned by the same approach (Becker-Weidman & Hughes, 2008; Golding, 2003; Post, 2024). Therapeutic parenting draws on biopsychosocial models such as attachment, development trauma and brain development, and can be described as research and theoretically based (Mitchell & Naish, 2021).

There has been little academic work which looks at therapeutic parenting as parenting approach. One US study examined parenting practices recommended in popular US based adoption manuals (Gunnøe & Helder, 2023). The study acknowledges the challenges of finding ways to measure these aspects of parenting and found mixed results over what

predicted positive child adjustment, calling for further research in the area (Gunnøe & Helder, 2023). There have been a number of reviews & meta-analyses of parenting interventions with adoptive parents. These point to the studies containing promising results in regard to adoptive parent well-being, but that evidence on child outcomes is weaker, partly due to lack of long-term follow-up. Throughout this body of the literature, they point to the methodological weakness within the studies. (Dalgaard et al., 2022; Lotty et al., 2021; Ní Chobhthaigh & Duffy, 2019; Schoemaker et al., 2020).

The theoretical basis of therapeutic parenting links it to wider concerns around how attachment theory and developmental trauma are used in child welfare work (White et al., 2019). Attention has been drawn to adopted and fostered children being treated for issues linked to attachment when other conditions might also explain and underlay behaviour (Hamblin, 2018; Woolgar & Scott, 2014). There have also been concerns raised over how social workers are understanding complex ideas, such as attachment theory and neuroscience (Beckwith et al., 2022; Plafky, 2016). White et al., (2020) describe the process by which tentative scientific knowledge is gradually translated into handbooks, which present the science as established fact, and then onto popular science, which is characterised by a lack of detail and any dissenting opinion. Attachment theory, with its accessible terminology (attachment, secure, disorganised etc.) runs a higher risk of being misinterpreted, and finer detail being lost (Duschinsky, 2020; Verhage et al., 2023). Currently the literature around this issue looks at professional understanding, and there is very little on how this understanding is either transferred to, or interpreted by, adopters. In one article adopters who are also academics wrestle with this issue. They described their concerns about the '*problematic conceptual patchwork*' they were presented with in post-adoptive training, which they also acknowledge was sometimes helpful in their relationship with their child (Mackenzie and Roberts, 2017, p.135). There is a gap for a wider understanding of how adoptive parents are presented with information on how to parent their child, and why they need to parent their child in a certain way.

Summary

There have been a number of helpful aspects identified for adoptive parenting: having reasonable expectations of their future, being communicatively open, able to reflect on what their child is thinking and feeling and being warm and responsive. Therapeutic parenting has been identified as a concept within adoption circles to develop some of these parenting factors but at present it is under-researched. Little is known of how these qualities are promoted on preparation courses, or indeed how prospective adopters use the information that is given to them on preparation courses. There are clear calls in the literature to look at

how prospective adopters can develop helpful parenting qualities in the preparation period but there is little research that is situated in preparation to look at how the prospective adopters. This study offers an opportunity to develop greater understanding in how adoptive parents develop their ideas around parenting.

4 Agency Preparation of Adopters

Introduction

As seen in the last chapter, many studies looking at adoptive parenting have pointed to the importance of preparation for adoptive parents as a space to train them for their future experiences (Neil, 2003; Rushton et al., 2003; Moyer and Goldberg, 2017; León et al., 2018; Lo and Grotevant, 2020). This task is seen as to provide both reasonable expectations of adoptive family life and develop the skills to manage the needs of adopted children, including open communication, reflective functioning, and knowledge of children's additional needs. However, there is relatively little research on pre-adoption training. In 2009, Rushton and Monck drew attention to the lack of knowledge around the content, quality, and methods of training for preparation in England. International literature reviews undertaken more recently tell the same story, showing that Rushton and Monck's summary of the field as being primarily descriptive, with little indication of what works is still the case. O'Dell et al (2015) undertook a literature review related to special needs adoption and in their findings highlighted the continued need for research around pre-adoption courses. Drozd et al (2018) undertook a systematic review, focused on training interventions for adoptive parents. They looked for studies with a control group which reported at least one outcome linked to adoptive parents. They were unable to find any pre-adoption interventions that met this standard.

This indicates a significant gap in the literature about what preparation courses do and how they do it. Much of the literature on the courses are made up of practitioner descriptions of courses run in their agency (Dubois, 1987; Horrocks, 1989; O'Hara, 1988; Smith, 1988), or descriptions of the adopters' experiences of the course, gathered as part of studies looking at other aspects of adoptive family life (Lowe et al., 1999; Quinton et al., 1998; Saunders & Selwyn, 2011). There is hardly any research that focuses on the course as a discrete part of preparation, especially in the UK context. There is need for further detail on this to look at the specifics of adopter experience on the course, especially in light of the suggestions about the key role training can play in the long-term wellbeing of adoptive families.

This chapter will start by looking at the current knowledge of the course in England & Wales, by reviewing the government guidance available, and the most recent research to describe how the course is practised in England and Wales. The second half of this chapter will then look at the multiple functions that the course is expected to play: as a space for exploring feelings about adoption, to train and provide skills, and also to encourage adoptive parents. This chapter will look at the research evidence available for these different functions.

4.1 Present-day practice in England and Wales

4.1.1 Current guidance on agency preparation of adopters in England and Wales

With the English and Welsh system, preparation for adoption is acknowledged as necessary in statutory guidance. The Department for Education (2013a) states that all adopters will need some preparation but does not define what that might be. It is described as what is “most appropriate for the prospective adopter” (p.68). Preparation should allow “adopters make an informed decision about pursuing adoption based on an understanding of the qualities they have to offer a child” (p.68.). This indicates that preparation should provide information on adoption, and also an element of self-reflection to allow prospective adopters to explore what they bring to adoption, not just what the children will bring. In this statutory guidance there are not proscriptive injunctions on how this must be done, such as this must involve a group training or what must be included. It is for the adoption agency to decide it is ‘form and substance’ (Department for Education, 2013, p.68). As all agencies in the study were based in England, the guidance available for training in England will be highlighted in the rest of this section.

Further suggestions about the content and structure of pre-adoption training can be found in the Adoption Agency Regulations (2013) and Adoption Minimum Standards (Department for Education, 2014). The Regulations, a statutory instrument, state that the following information needs to be provided to adopters:

- the age, sex, likely needs and background of any of the children available for adoption,
- the significance of adoption for the child and the child’s family,
- contact with birth family,
- the skills necessary for adoptive parenting and,
- the assessment and placement procedures.

(The Adoption Agencies (Miscellaneous Amendments) Regulations 2013, 2013)
Here, detail is being added into the considerations that prospective adopters must weigh up. This includes the idea that there are skills needed for adoptive parenting, which might be different to other parenting. It does not state how or when in the pre-adoption period this information must be presented.

The expectation that this information and preparation should entail some form of group training can be found in the National Minimum Standards (NMS) (Department for Education, 2014). These are not a statutory instrument but are used in practice as a baseline of what service should be provided, giving more detail than the regulations do. The NMS cover how the courses should be delivered, both in administration and content, stating that courses

must be organised in a way that facilitates attendance. Prospective adopters should be able to speak to all those affected by adoption- birth parents, adoptive parents, and adoptees. Quality is considered as there should be an annual review of the programme's effectiveness. It is not prescriptive over the structure of the programme, or the qualifications or experience of facilitators.

There is far more detail in the NMS on what content should be delivered to the prospective adopters. Agencies need to 'sensitively' provide prospective adopters with:

...the skills, knowledge, and practical techniques to manage the issues they are likely to encounter and identifies the competencies and strengths they have or will need to develop. (NMS, 2014, p.31).

It makes specific reference to preparation courses needing to be encouraging for prospective adopters by 'showing them positive aspects of parenting a child' (NMS, 2014, p.31) alongside also covering information such as

- traumas such as neglect and abuse, and what effect this has on children's development, and their ability to form secure attachments.
- the key parenting skills needed for children who have experienced these traumas.
- an understanding of the importance of the child's identity, birth family and the need for openness to help the child; the role of contact, including how to manage unauthorised contact through social media.

As the guidance becomes more detailed, it is notable that there appears to be a change in focus, as it moves from the emphasis on the adopters being able to self-reflect in order to decide on whether adoption is right for them, to the provision of skills, and then to provide 'encouragement'. This chapter will look at the course through these three lenses to see what is known of how the course works in practice in these three tasks, to aid decision making about adoption as the right option, to provide parenting skills, and/or to encourage adoption. Before moving to look at these areas, the knowledge on current practice will be laid out.

4.1.2 Current practice.

This section will cover two recent studies that explored the current practice around the course in England. The most detailed report on the preparation groups in England is by Selwyn and Lewis (2020). It covers five RAA's, looking at the structure and content of their courses, and also surveying prospective adopters about the course. It is part of a larger study looking at the implementation of the RAA programme across England. Agencies

provided information on their courses, and also passed on questionnaires at the end of the course to the prospective adopters. The prospective adopters were asked about their experience of the course, and to retrospectively rate their knowledge about adoption, and their matching preferences before and after the course (n=471) (Selwyn & Lewis, 2020).

Considering the loose guidance on the “form and substance” of the course, they found general consistency across the participant RAA's in how the courses were delivered, and also in the content in the courses. In the five areas, the preparation courses were all three to four days long, ranging between twenty-one to twenty-eight hours. There was variation in when the course took place during the overall process of assessment (Stage 1 or Stage 2) and in the expectations of work before and after the course. Some agencies asked for online training beforehand, or for a workbook to be completed, whereas others had no expectations of pre-attendance work. All had further training that could be taken, but this was only compulsory in one agency. There was a “*common curriculum of attachment theory, separation and loss, trauma and the impact on the adoption triangle*” (p21), with speakers with lived experience of adoption coming in. The findings relating to the prospective adopters' experience and change while on the course will be covered in later sections of this chapter.

The findings from Selwyn & Lewis's study were drawn on for the most recent policy document that mentions the preparation course (Department for Education, 2021a). In this document, preparation groups are described as both informative and providing skills, stating that “they should prepare prospective adopters for the process and realities of adoptive parenting”. This includes “a good understanding of the impact abuse and neglect have on children” and the “sensitive and reflective parenting these children need” (Department for Education, 2021a, p.27). It notes that the study found most prospective adopters were positive about the training, but also draws attention to the criticism including a wish for “more positive adoption stories” (p.28). It highlights findings about lack of information on the needs of disabled children or children of a different ethnicity, and that these must be covered on courses (Department for Education, 2021a). It is notable that these findings are highlighted, as the focus of government policy has been increasing the number of adopters willing to adopt hard-to-place children. This again situates the course as way of encouraging adopters to adopt children they had not originally considered.

Selwyn and Lewis's findings support those of this author's study into the experience of social workers who deliver adoption preparation courses (Murphy, 2019). Eight social workers with recent experience of delivering the course were interviewed across four different adoption agencies. The course material was reviewed before the interviews and found the same

shared content as Selwyn & Lewis (2020). Two of the courses were based on the CoramBAAF manual for training, which was first published in 2002, (Rushton, 2009) though additional material had been added over time. The other two were devised by the agency. The courses ranged from 4-5 days, with three agencies delivering it over a fortnight. One agency had one day per month throughout the preparation period, to allow for the assessing social worker to discuss and further explore the issues raised with the couple in the home study. It was acknowledged that this did not always work as planned as it was challenging for the assessing social workers to plan their sessions to co-ordinate with the course (Murphy, 2019).

The social workers described the aim of the course as to provide a basic understanding of adoption, so that the adopters would have a realistic understanding of their future family life, and a sense of confidence that they would be able to parent their future children. To develop this understanding, the social workers used two main strategies; experiential exercises, designed to make the adopters feel and reflect on the children's experience, and the use of lived experience, through guest speakers and video material. There was use of theory to help build understanding of child development, but there was a conscious effort to not use theoretical language in case it discouraged the prospective adopters. Instead, these theories were often described in terms of metaphors such as a 'developmental wall', that might be missing bricks due to missing experiences as a child. The social workers described adding content, such as video material, if they thought it added to the course e.g. explained a difficult concept well. They also talked about the importance of not just an intellectual understanding of the material, but also an emotional understanding of what these children had faced (Murphy, 2019).

These two studies suggest that there are similarities in the content and structure for most agencies. From here, the chapter will now look at what research is available on the course that moves beyond the descriptive to look at the mechanisms and effectiveness of the course.

4.2 The role of group pre-adoption training in the UK

4.2.1 Issues with the available evidence

Before beginning to look at the literature, it is important to lay out limitations in this field. The last two chapters have considered the differences in adoption practice worldwide, and the issues that creates for the research field have been discussed. This is again heightened when looking at the small field of work considering pre-adoption training.

A key issue is that almost of the studies gathered data from adopters about the course retrospectively, often from adopters several years into their family life. Studies that collected data closer to the time are mostly quantitative, and so do not provide rich detail into the changes that happen on the course. This is important to bear in mind when looking at this evidence as a number of studies have found that satisfaction with preparation was linked to the level of difficulty and challenge that the adoptive family were facing in the present i.e. those with more difficulty report feeling less prepared (Egbert & Lamont, 2004; Paulsen & Merighi, 2009; Rushton & Monck, 2009a). Lee et al (2018) considers that this might be a function of the retrospective research design, stating that the experience of adoptive parenting, especially of parenting a child with emotional or behavioural difficulties, will colour how preparation is recalled, and whether it is viewed as helpful or not. Research that captures the views of the prospective adopters when they are on the course is needed to offer insight into how it operates and impacts the prospective adopters at the point that they are making decisions about their adoption plan.

In the UK context, the impact of retrospective research design may even be heightened due to the nature of the samples used. Many of the studies that provide information were focused on parenting children who were considered hard to place, being either over five years old (Lowe et al., 1999; Quinton et al., 1998), large sibling groups (Saunders & Selwyn, 2011), or who had challenges in their family life (Rushton & Monck, 2009b; Selwyn et al., 2015). Only a few of the studies considered a “general” adoption cohort and the amount of detail provided about the courses varies within these studies (Dance & Farmer, 2014; Meakings et al., 2018; Mellish et al., 2013; Neil et al., 2018). These insights are important, and when compiled, provide helpful themes which will be explored later in this chapter. But it is important to remember that collecting views on the course from the adopters who have completed them do not tell us if the course is working. It tells us what they think is a good idea (Rushton, 2009). There are similar issues with the body of practitioner literature. They are mostly descriptive and have little evidence of any assessment or research into the how or why these courses might work.

In the international (predominantly US-based) research literature, ‘preparation’ is generally used as a term to describe all activity undertaken by adopters before a child is placed with them. It can sometimes be difficult to draw out specific literature which applies to group training courses. The studies are mostly retrospective, which as discussed before means the current quality of the participants’ family life might have impacted on their views of preparation. Several US studies have identified training as a helpful part of preparation with long term benefits, such as increased access to support services and good family functioning (Egbert & Lamont, 2004; Sar, 2000; Wind et al., 2007). However, these studies

were all based on data gathered a number of years post-placement and contain no detail on the content or format of the training that the adopters had received before placement. There is a sense of its usefulness, but little insight into the mechanisms that might cause this.

With these provisos in place, the rest of the chapter presents the literature thematically, looking first at ideas around course being used to help prospective adopters make an informed choice about whether adoption is the right plan for their future, then moving to providing parenting skills, and finally its role in encouraging people to adopt.

4.2.2 Making informed decisions about pursuing adoption.

It was identified in the last chapter that it is vitally important that prospective adopters have realistic expectations of adoption, both of the experience and of themselves as parents (Foli et al., 2017). This section will look at how the course has been seen as providing this. First, the practitioner views on the course will be set out, and then how the prospective adopters experienced the course. Finally, the research evidence on how, and more importantly, if the course helps people to decide to adopt or not will be considered.

4.2.2.1 Practitioner views

Group preparation was first suggested by Kirk in the 1960's (Triseliotis, 1988a). Kirk put forward that a group could help the prospective adopters to explore if adoption was right for them and develop their understanding of the different role of adoptive parenting, building on his theory around Acknowledgement or Rejection of Difference (Kirk, 1970, cited in Triseliotis, 1988). The use of preparation groups became common practice in the UK as adoption began to be increasingly used as a placement option for children in the care system (Thoburn et al., 1986a). Practice expanded from social workers assessing whether adopters had the right characteristics to parent to the idea that prospective adopters needed to be prepared to successfully parent these children (Triseliotis, 1988a). Early texts specify the change in the children being placed for adoption as the reason for this development in practice, with one text stating that parents needed to be prepared for "emotionally damaged children" (Kaniuk, 1992, p.48). The advantages of groups for prospective adopters were described as providing a less formal setting to think over adoption, broadening their perspectives, developing their understanding of the children, and enabling learning alongside peers (Triseliotis et al., 1997). Even from the earliest courses, there was content on the child's likely curiosity about their origins, on the impact of loss, and on adopter's attitudes to the birth family (Dillow, 1971; Horne, 1983). The explicit purpose of the course in some of the early practitioner texts was a vehicle for self-reflection on the adoption plan. In one agency, evidence for the course being successful was that 24% of attendees left the adoption process after attendance (Thoburn et al., 1986). Another article describes part of the purpose of the course as to "challenge" views (Kaniuk, 1992). Some agencies held

groups early as way to counsel people out, others only put prospective adopters they felt certain about forward for the course (Lowe et al. 1995). There was an early value in the importance of the course as a place where people could decide that adoption was not for them.

4.2.2.2 Adopters' views

When reviewing the literature available on prospective adopters' experiences of the course, certain themes reoccur (Lowe et al., 1999; Owen, 1999; Rushton & Monck, 2009a; Saunders & Selwyn, 2011; Selwyn et al., 2015; Selwyn & Lewis, 2020). Consistently prospective adopters have valued the opportunity to hear from experienced adopters and also to meet others in the same process (Owen, 1999; Saunders & Selwyn, 2011; Selwyn & Lewis, 2020). The value of adopters learning from those with lived experience was recognised from early on. It was felt that hearing from all groups impacted by adoption promoted learning more effectively than just hearing from social workers (Stevenson, 1991). Some courses were led by experienced adopters alongside the social workers (Horrocks, 1989; O'Hara, 1988).

A common thread in research on the course is a "focus on horror stories" or "worst-case scenarios" (Dance and Farmer, 2014, p.106). The prospective adopters describe the course as overly negative, focused on difficulties, and feeling like an exercise to discourage people from adopting (Dance & Farmer, 2014; Lowe et al., 1999; Mellish et al., 2013; Saunders & Selwyn, 2011; Selwyn & Lewis, 2020). One concern has been that the course was more focused on talking about potential problems rather than offering solutions such as advice on parenting (Quinton et al., 1998; Selwyn et al., 2006). Another view into this dynamic on the course comes from my study, looking at the perceptions of the social workers who deliver the course. They were aware that the course could seem negative. The content of the course was very influenced by the issues that current adoptive families were facing, with the social workers considering what information they would have wanted to tell families using support services now to prepare them better in the past (Murphy, 2019). The social workers were very aware of the demands of the course and spoke about having to exercise careful emotional management of the room. They knew how difficult some of the material they were presenting was, but saw this material as necessary, and tried to carefully plan the courses to manage the prospective adopters' engagement during the course (Murphy, 2019).

4.2.2.3 Research on the course's influence on decision to pursue adoption.

There is little research which indicates how the course works to help people decide on adoption. There is interesting work currently being undertaken in the US on the development of a National Training and Development Curriculum (NTDC) (Fowler et al., 2024; Salazar et al., 2020, 2023). The National Children's Bureau has funded the development of a programme that can respond to the preparation needs of foster carers, adopters (both

domestic and international) and kinship carers. There have been some early evaluations, against a control group of training as normal. It shows some promising results in relation to adopter's decision-making. Fewer people who complete the training take placements, suggesting it is helpful in allowing some people to self-select out of adoption. For those who do go ahead with placements, there is higher number of completed adoptions, suggesting it promotes the need for permanency for children. This is within the US context where there is a much higher number of adoptions by previous foster carers (Fowler et al., 2024). Some caution is needed as this course is very new, and findings are based on data gathered between Aug 2020 and Sep 2022 making any information on stability of placement very fresh.

There seems to be increased commitment to continuing with adoption post-training (Farber et al., 2003; Selwyn & Lewis, 2020). Both Farber et al (2003) and Selwyn & Lewis (2020) collected information from prospective adopters straight after they completed courses using questionnaires. Both also asked about concerns about adopting. There was a reduction of concerns for most prospective adopters, but not all. In both studies, around 10% of adopters reported increased concerns about adoption. This highlights the challenges of assessing outcomes of these courses. Looking at them from the point of view of adopters having space to self-assess, then it is not necessarily negative that some people's worries about adoption increase. Perhaps that it is the right thing for them. It's only if the course is expected to persuade people to adopt- as the guidance for the English courses suggests might the case with its "encouragement"- that some people leaving the course feeling more uncertain might be a problem.

This tension between informing and encouraging is seen in two UK studies; MacFayden (1995) and Tabuteau-Harrison and Mewse (2013). Both studies sampled people who had withdrawn from the process and those who had continued with adoption to look at factors that created this difference. MacFayden (1995) used data from eleven couples with children placed in the last three years, and seven couples who had withdrawn. The responses highlight the challenges for designing courses: an aspect that one participant described as too basic was too intense for another. A key finding was that those who went onto adopt had mostly made their mind up to do so before their attendance on the course. For those who decided to withdraw there was a mixed response, where only some of them said the course made a difference. MacFayden captures this as the course "*did not deter the determined, neither did they encourage the uncertain*" (p.146). Tabuteau-Harrison and Mewse (2013) recruited via an adoption charity and spoke to eight prospective adopters, and three who had withdrawn, alongside practitioner interviews. They looked for factors that facilitated or deterred prospective adopters. Their findings reflected that the course was a "*complex*

needs reality check" (p.41). Participants described wanting more advice on practical aspects, while also arguing that *"too much information was off-putting."* Social workers raised questions about the timing of the course, that perhaps holding this too early was likely to deter prospective adopters. This is a major change from the view of the course reflected two decades previously in MacFayden. There, someone withdrawing after the course was valued as a sign that course's role in decision-making was working, rather than a flaw to be fixed. By the time of the second piece of research, adoption had been subject to promotion by the government as described in earlier chapters (Department for Education, 2012).

While considering the course's part in allowing the prospective adopters' self-assessment, it is also important to reflect on its role in the agency's assessment of the prospective adopters. It has been debated since the earliest days of the course whether assessment processes should be entirely separate from the course, or whether information about the prospective adopters' presentation on the course should be passed to those undertaking the home study (Horrocks, 1989; Triseliotis et al., 1997). This is particularly pertinent as one of the hoped for advantages of the course was that it was not the assessment space of the home study, allowing prospective adopters to explore adoption in a more relaxed way (Triseliotis et al., 1997). O'Hara (1988) in a description of agency practice, said originally prospective adopters were promised that nothing from the course would be passed on to assessing social workers. When it became clear that discussions were taking place, the agency moved to adding a short report of how prospective adopters had engaged with this course. This reflects general practice now (Murphy, 2019), and also the perception of prospective adopters. In one study, adopters described thinking that those delivering the course might be taking "secret notes" on them (Bell et al., 2002).

The course has been conceived of as a place for self-assessment about whether adoption was right for the individual, supported by their peers. There is evidence that commitment increases and worries decrease after these courses but not for everyone who attends (Farber et al., 2003; Fowler et al., 2024; Selwyn & Lewis, 2020). It also seems that it is unlikely to change the mind of anyone determined to become a parent by adoption, which supports the literature on earlier adoption decision making that these issues will have already been considered (MacFayden, 1995; Ward & Smeeton, 2015). The 'horror stories' are not putting the prospective adopters off but are making some of them a little more scared.

4.2.3 Building the skills which are necessary for an adoptive parent.

This section will look at the evidence of how prepared prospective adopters have felt for the task of adoptive parenting, especially around specific skills related to adoptive parenting, such as open communication and understanding attachment needs. It will first describe the

evidence on overall preparedness, then move to looking at knowledge of attachment, and then skills relating to communicative openness such as positive attitudes to birth family contact. Then it will discuss aspects of parenting that adopters have said that the course did not address. Finally, it will look at what is known about how information is taken on board during the course.

4.2.3.1 Overall preparedness

Generally, training has been rated as helpful by adopters. In Quinton's study, 84% rated it as helpful. Over three-quarters of the Yorkshire & Humberside sample said that they felt prepared for adoption in general at least moderately well (Neil et al., 2018). A smaller number of adopters said that they felt prepared for their particular child, especially in interpreting what the child's history might mean for them as parents (Neil et al., 2018). Even in the Disruption Study, 80% of the struggling families said that they felt they had been well prepared (Selwyn et al., 2015). Unsurprisingly, the number was lower for those families who had a disrupted placement, where only 35% of the families felt prepared (Selwyn et al., 2015). In the Welsh Adoption Study, most were very positive about their preparation (Doughty et al., 2017). The adopters' self-assessment was supported in later papers from this study which showed these parents to be confident in advocating for their children in school, and to have a balanced approach to birth family. These qualities are attributed by researchers to their preparation (Brown, 2021; Doughty et al., 2019).

Rushton & Monck interviewed a sample of adoptive parents whose children all had elevated levels of emotional and behavioural needs. Most (65%) felt that they were unprepared and had not developed the parenting skills needed for adoption (Rushton & Monck, 2009b). In other studies adopters also mentioned not receiving some of the practical information they needed, for example, on dealing with sibling groups, or that terms like learning disability not fully explained, meaning that parents were surprised at level of children's need (Saunders & Selwyn, 2011; Selwyn et al., 2006).

4.2.3.2 Specific parenting skills: understanding attachment theory and the need for open communication.

One area that has shown development over time is the use of Attachment Theory on the course. Some prospective adopters discussed that there was no content on attachment on their courses at all (Neil et al., 2018; Rushton & Monck, 2009b; Saunders & Selwyn, 2011; Selwyn et al., 2015). By contrast, in the most recent cohort studied in depth, the Welsh Adoption Study, the adopters were described as being "well versed" in attachment theory (Meakings et al., 2018). This was the main way in which they interpreted their children's support needs, and as a framework for their child's healthy development. It was identified that they gained this knowledge from their preparation training (Meakings et al., 2018). In the

US, the NTDC, discussed above, has shown that parents' knowledge does increase in some areas, including trauma informed parenting (Salazar et al., 2023). There needs to be some caution around this. In Selwyn & Lewis (2020), all the courses they included had at least one session on attachment, and the prospective adopters all stated that their knowledge on the impact of abuse and neglect on children had increased. In a follow-up report, looking at experiences of matching and early placement, drawn from the same sample, it was noted that in the researchers' view, the adopters were not always able to apply their learning on attachment theory (Lewis & Selwyn, 2021). For example, they noted that adopters were happy that their children sat on their laps on first visits, when a fear of strangers is normal at that age (Lewis & Selwyn, 2021).

Moving onto look at adopters' attitudes to openness, in Selwyn & Lewis (2020) they found the most significant increase of knowledge was around contact with the birth family and in the child's development of an adoptive identity. Attitudes changed to be open to contact with birth family and communicating with the child around adoption (Selwyn & Lewis, 2020). In the follow-up study, they note that in the sample only a small number were having any direct contact, but that a number of the adopters were unhappy with this and asking for more information, especially in relation to sibling contact (Lewis & Selwyn, 2021). This is interesting in light of two older studies that are both qualitative and look at the role of the preparation course in preparing adopters for face-to-face contact with birth families (Logan, 2010; Turkington & Taylor, 2009). Turkington and Taylor (2009) interviewed four prospective adopter couples who had attended a preparation course. They could speak positively about the importance of identity work for their future children but remained deeply uncertain about the idea of face-to-face contact with parents. They would have welcomed a birth parent to speak on their course. Logan (2010) spoke to adopters who were having some direct contact with a birth family member. They reported hearing "horror stories" about difficult contact arrangements. Adopters described that though they were told on the course of the importance of contact, and could grasp this intellectually, it was different when they had to face the reality of contact arrangements, and their feelings about them. This suggests that the course increases knowledge but might not provide space for the emotional side of contact to be explored.

The emotional impact of adoption on adopters has been identified as possibly something that they are underprepared for (Lowe et al., 1999; Saunders & Selwyn, 2011). A more recent study on the experiences of international adopters in Canada explored the experiences of transition to parenthood, considering all aspects of preparation (not all participants would have had pre-adoption training) (Pagé et al., 2021). It found that parents felt the need to set themselves high standards when child arrived, needing to follow all advice

to build the child's attachment. This study suggested that perhaps other important elements of adoptive family life, such as adopter wellbeing, are being overlooked with the focus on the needs of child (Pagé et al., 2021).

4.2.3.3 *Missing skills*

It also needs to be considered what parenting skills are being covered on preparation courses. In the Welsh Adoption Study, the adopters reported feeling unprepared for tasks such as foster carer contact and how to use lifestory books (Meakings et al., 2018). A study looking at sub-sample of the Welsh Adoption Study, who had all adopted a child over the age of four, found this group was in need of support with talking to their child about adoption from early in placement (Palmer, 2020). This echoes similar findings around lifestory books, suggesting there is an issue around support with talking to children about adoption (Watson, Latter and Bellew, 2015). Another gap is identified in Hamblin (2018), which examined the placement of disabled children, and found that the knowledge that training provided was not enough to give a full insight into disabled children's needs.

Jakhara (2018) interviewed adopters at the point of approval and then after a child was placed. This method allowed him to compare views of the course before and after children had been placed. The adopters described the course less useful after the children were placed. This was also noted by a parent in another study looking at transition to adoptive parenthood, noting they did not use the advice from the course in their day-to-day parenting (Andrews-Longbone, 2020). One particular issue that came up on two studies was the lack of preparation for the legal process post-placement (Doughty et al., 2017; Jakhara, 2018). However, this particular issue may be due to the timings of these interviews. Both were within the first year of placement, at a time when the legal issues might have been forefront of the interviewee's minds. Another factor, the prospective adopters' ability to recall or apply their training will be considered next.

The literature raises some questions about how adopters absorb the information on the course. The Welsh Adoption Study notes that legal information was covered on at least some courses their adopters attended, with one participant stating she had enjoyed her course "*apart from the boring bit about the law*" (Doughty, Meakings and Shelton, 2017, p.482). However, as seen in the previous paragraph, not all were able to recall this (Doughty et al, 2017). Early practitioners of the course moved from purely educational approaches to an incorporation of experiential learning, primarily as it was noted that adopters did not fully retain information provided to them on the course (Horne, 1983; Smith, 1988). This led to approaches that included more games and more visual material (Horne, 1983). The course has been described as draining with a large volume of material to absorb (Dance & Farmer, 2014; Selwyn & Lewis, 2020). Adopters may not absorb all of the information given, and/or

that they may hear the positives, not negatives (Selwyn et al., 2006, 2015). Some adopters express the view that *no amount of training can prepare* you for the experience of children in your home (Palmer, 2020; Saunders & Selwyn, 2011). It is a challenge for the course and those running them to decide what needs to be covered. It may also need to be considered not just what is covered, but what is emphasised or highlighted to the adopters as important.

Overall, the prospective adopters describe the course as helpful, but there is little which looks at their development of particular skills, or how they apply the learning from the course. Almost all the evidence in this section is from qualitative studies with small sample sizes. What is clear is that the course is already challenging for the prospective adopters to take on board all the information that is needed. There is no research on how they are processing and making sense of this information.

4.2.4 To give encouragement.

This final section will look at how the course has been seen to encourage adoption.

Encouragement is not necessarily a standard part of these preparation courses. For example, the course in the Netherlands was designed explicitly to be neither encouraging nor off-putting about the idea of adoption for attendees, describing its role as raising awareness (Duinkerken & Geerts, 2000). As the first section “to inform” looked at its role in helping prospective adopters decide whether to go forward with adoption or not, this part of the chapter will look at what is known of the course’s role in encouraging prospective adopters to think about adopting harder to place children.

There is a perception among social workers that there is a mismatch between the wishes of prospective adopters and the children available for adoption, *“the initial hopes and expectations of adoptive parents were perceived to be often at odds with the needs of waiting children and work is required to help adoptive parents consider parenting a harder to place child”* (Dance, Neil and Rogers, 2017, p.20). In Dance’s study social workers wanted to find prospective adopters who were open to considering “hard-to place” children, but realistic about their capacity. They needed to be resilient, able to accept uncertainty, and with a capacity for therapeutic parenting. To achieve this was felt that the prospective adopters need *“to be trained, and trained quite hard”* (Dance, Neil and Rogers, 2017, p.20).

Edelstein et al., (2017) is one example of this kind of training. This US study looks at one course aimed at increasing willingness to adopt children with a family history of substance misuse. It has gathered data from 1836 attendees of the course between 1996 to 2013. They reported that following the course, an increased number of attendees were noted to be willing to consider a child with a history of substance misuse in their family. This willingness

was associated with the prospective adopters increased knowledge from the course. However, there was little change in expressed preferences on age, and disability.

This reflects a trend in the literature that training can help to increase prospective adopters' willingness to consider children with special needs, but there are some limits to this. Farber et al., (2003) surveyed prospective adopters following pre-adoption training, mostly around their acceptance of birth parent characteristics, which reflects this research being undertaken in a US agency which placed infants. It found that acceptance scores increased post course, but even with this increase participants were still cautious around adopting a child with a family background of disability, mental illness, or substance misuse. Selwyn & Lewis (2020) also asked prospective adopters around their preferences. Participants were quite open before the course, and afterwards rates of those who would consider adopting hard-to-place children went up in all areas. The greatest change was seen in willingness to adopt a child with attachment issues, or who had been sexually abused. However, even with this increase, over a third were still unwilling to adopt a child who had been sexually abused, meaning that it was the adverse experience about which the prospective adopters were most concerned. Even lower was the number of people willing to adopt a child with a disability (32%) (Selwyn & Lewis, 2020). More realistic expectations and promise of lifelong support were described by the participants as important in helping people shift their views on who they could adopt. This included people realising what experiences they did not think they could manage as well as what they could. In common with the literature already reviewed, there was no change in the maximum age of the child that they would consider (Selwyn & Lewis, 2020).

On the limited evidence available, it seems that information may increase prospective adopters' willingness to adopt children with some special needs (Edelstein et al., 2017). This does not seem to stretch to issues such as disability or expanding the age of child. Jakhara (2018) found that adopters stated that they avoided children with challenging histories because of the information they heard on the course: *"Because of the adoption course we were quite strict on what we could and couldn't deal with. We steered clear of any history of drugs, alcohol, sexual abuse or anything like that"*. (Jakhara, 2018, p.120).

It is clear that the pre-adoption training can influence prospective adopters to consider children they would not have before (Edelstein et al., 2017; Farber et al., 2003; Selwyn & Lewis, 2020). This seems to be through providing information on specific topics such as attachment, impacts of substance misuse etc. But certain characteristics such as age, or disability status seem unchanged in these situations. There is a gap to look more closely at how the information received on pre-adoption training influences prospective adopters.

There is a need to increase knowledge on what is the information that prospective adopters are basing their decisions on, and why there seems to be little movement in some areas.

Summary

Adoptive family life can be challenging. The children have experienced, at the least, separation at a very young age. It is likely that they may have some insecurity in their attachment, struggles in school and a higher level of emotional and behavioural problems. Alongside supporting children to manage these needs, prospective adopters also have to support their children with their identity needs. In this chapter it has been set out that at present there is little information on how they come to understand the tasks of adoptive parenting in the pre-adoption period. With the literature on adoptive parenting, there are multiple references in the implications for practice sections to the importance of pre-adoption training to develop skills, but there is a significant gap for research that looks at how pre-adoption skills can be developed.

Pre-adoption training has been a standard part of the adopter journey in the UK for around forty years now. Most of the material on it is descriptive and retrospective (Andrews-Longbone, 2020; Jakhara, 2018; Logan, 2010; Lowe et al., 1999; Meakings et al., 2018a; Mellish et al., 2013; Rushton & Monck, 2009b; Saunders & Selwyn, 2011; Selwyn et al., 2015). There are certain core descriptions of the adopters' experience of the course that remain the same. The courses are broadly useful, they enjoy meeting peers, they value hearing from experienced adopters, and they find the courses emotionally gruelling and full of horror stories. There is not research that provides detailed information on how the course is influencing their thinking. Other studies have gathered data close in time to the course but with a focus on other areas of adoption practice e.g. matching (Dance & Farmer, 2014) or contact (Turkington & Taylor, 2009). The few which have gathered data close in time to course attendance have mostly gathered quantitative data (Edelstein et al., 2017; Farber et al., 2003; Selwyn & Lewis, 2020). These provide clear evidence that prospective adopters do change their thinking and perceptions following pre-adoption training, most probably by developing realistic expectations of the children available for adoption. There is a gap for a study which can look at the detail of how this change in thinking takes place.

It is known that there is a mismatch between the children available for adoption and the wishes of prospective adoptive parents. This chapter has presented the evidence that the course can increase willingness to adopt children with special needs, but also evidences that it does not expand their age range. There is a need for research that examines why this is by looking closely at the adopters' experience of the course to identify what changes their thinking and in what ways.

5 Methods

Introduction

This chapter describes how the study was designed to explore the role of pre-adoption training in changing prospective adopters' thinking. The literature review has identified that there is change in the prospective adopters thinking in this early stage, but there is a lack of detailed knowledge of how and why these changes are happening. The decision to use a qualitative longitudinal method will be described. Access to the sample, recruitment, and data collection will then be outlined. Data analysis, and the challenges of managing a qualitative longitudinal dataset, are described, before the researcher's positionality are considered in the last section.

5.1 Study Design

My interest in adoptive parenting comes from my background as a social work practitioner. Research inspired by a practice background can bring a high level of commitment to doctoral studies, being driven by the knowledge of work on the ground (Lotty, 2021). I qualified as a social worker in 2003, and my career involved a number of roles across fostering and adoption. My last role before starting the PhD was in an adoption agency who offered a range of post-adoption services, including a therapeutic parenting course. It was there that I became interested in how adopters understood ideas around attachment, and the impact of their children's experiences before coming to live with them. In particular, I was interested in how this understanding was integrated into their parenting practices, and their identity as parents. When considering how these ideas could be explored, the preparation course was identified as a potential area. This is the only training that adoptive parents must attend, at a point when they are learning about potential differences between adoptive parenting and biological parenting.

I undertook my PhD as part of a 1+3 programme, where I was funded to undertake a Masters in Research first. This developed my research skills and also aided my transition from social work practice into research. For my MRes study, I examined the experiences of social workers who delivered pre-adoption training, interviewing eight social workers from four different adoption agencies. The findings from my MRes project are discussed within chapter three of the literature review.

The research questions were based on my findings from my MRes project, and the identified gaps in the literature review. The following questions were developed,

- To what extent and in what ways do prospective adopters' perceptions and expectations of parenting change over the course of the adopter preparation period?

- How do they see the role of preparation courses in the adopter preparation period?
What do prospective adopters perceive as the helpful and challenging aspects of the course?

5.1.1 Rationale for Qualitative Longitudinal Research

The identified gaps in the literature led to using a qualitative approach to the study. The majority of the previous studies are either quantitative, or only feature the preparation course as part of a larger journey. There was a need for a study that could closely examine the prospective adopters' perceptions of adoptive parenting and how these change over preparation, to supplement the already existing evidence that they do change over preparation. A qualitative approach allows for exploration of how prospective adopters were constructing meaning from the information on the course. My previous study interviewing social workers who delivered the course illuminated the idea that each course is different, with the content being delivered and received in new ways each time dependant on the dynamics between those attending the course. There were certain "basic facts" that social workers wished to get across, alongside the idea of a 'realistic understanding' of the adoptive journey (Murphy, 2019). This study has to balance the challenges between capturing the prospective adopters' experience in their own words, and also recognising the structural elements through which these experiences are created. Though this study explores the preparation course through the subjective descriptions of the prospective adopters' experiences, I was also interested in building insight into how the material presented on the course impacted the prospective adopters. Here the interviews with the prospective adopters will be used to give insight into the mechanisms of change through the process, with recognition that this can only be a partial view based on their interpretation and own meaning making (Kimura, 2023).

Another aim for this study was to explore change over time, in the set period of agencies' preparation of adopters. A qualitative longitudinal approach offered the opportunity to walk alongside the prospective adopters as they underwent this process, and to capture this change (Neale, 2021). Qualitative Longitudinal research (QLR) looks at the experiences of participants over time through the repeated episodes of qualitative data collection. It was chosen for this study because it has a focus on exploring change, particularly the how and why of its occurrence (Corden & Millar, 2007a). This method came to prominence in the early part of this century with the publication of key texts in the UK, US and Australia (McLeod, 2003; Neale & Flowerdew, 2003; Saldana, 2003). In the UK, the Timescapes project was key in drawing together several QLR studies to provide methodological insight

(Neale et al., 2012). Since that point, it has developed for use in the social sciences and is also increasingly used in health research (Sheard & Marsh, 2019; Solomon et al., 2019; Winskell et al., 2018). QLR is not a defined methodology, though many studies will share an interest in process, and the influence of time (Sheard & Marsh, 2019).

The QLR methodology has an interest in process, and how causal explanations can be developed, recognising the complex interplay of time and multiple factors in any change (Neale, 2021). This study was interested in how the prospective adopters' received information about adoption and how this information interacted over the period of agency preparation with their own personal understanding, experience and hopes for the future. This method allowed me to look closely at the experience of preparing to be adoptive parents, by following them through the process as they experienced it, rather than looking back as most other studies have done. The strength of QL research as a method for looking at change and process over time lies in its ability to develop the connections between personal experience and social contexts (Lloyd et al., 2017; Neale, Henwood and Holland, 2012). The use of in-depth interviews with the same participants, repeated at key points along their journey means that researchers can discover continuity and change in a 'close-up' way (McLeod, 2003). Within the existing literature on the preparation course, there is evidence of change, however what is lacking at the moment is detail on why and how those changes happen.

5.1.2 Rationale for Interviews

Interviews work well in studies about experience, to gather "*understandings, perceptions and constructions*" when the participants have a personal investment in the topic being studied (Braun and Clarke, 2013, p.31). This makes them well suited for an exploration of the adoption process. It is a common form of data generation in QLR as it seeks this rich detail into the experiences of participants (Neale, 2021). It also allows for recursive interviewing, where participants can reflect forward and back "*re-visiting, re-envisioning and updating a life journey*" allowing in this study for the prospective adopters to reflect on their understandings at various points in relation to the course (Neale, 2021, p.177). This section will now cover the rationale for the timing and design of the interviews.

A key part of designing a QLR study is deciding on the structure, especially when looking at a specific period of transition in the participants life. There is no defined length for a qualitative longitudinal study. The key is that change must be expected to happen in period studied (Cameron et al., 2019) but equally studies should be short enough to keep momentum for participants and researchers (Solomon et al., 2019). This is demonstrated in the following studies which both followed transitions in young adults. Taylor (2009) studied

the move between school and work for vulnerable youth. Their data collection was four months long, as past research predicted that change might well occur in this period for this group. Five interviews per participant were held in this time, with additional telephone contact in between (Taylor, 2009). By contrast, another study examined the impact of school culture and class on adolescent identity. This study followed a cohort through the Australian high school system for six years. Interviews were six months apart throughout the entire period of the study, which McLeod acknowledges would miss some of the finer detail of change as it happened but allowed them to capture the adolescent's reflections on their younger selves (McLeod, 2003). For the first study, the focus was on one key transitional period, so it was a shorter, focused look at this time. For the second, it sought to capture change over an era of an adolescent's life, where the ability to reflect back on past presentation added a valuable lens to the project. The importance of a QLR study is not the length, but the consideration given to how the group or phenomenon under investigation will best be explored.

An adoption agency's preparation of adopters is a process designed to take around six months. This study has a focus on one particular element of this, the preparation course, which normally takes place early in the process, lasting around 3-5 days (Selwyn & Lewis, 2020). Decisions on when the interviews should take place were based on this knowledge. The first interview was planned to take place just before the prospective adopters went on the course. It discussed the prospective adopters' knowledge and expectations of adoption. The second was within two weeks of the preparation course ending to discuss how they found the course. The third interview was planned to be about four months later, towards the end of the home study, to talk about their experience of the preparation period overall. The prospective adopters' expectations and understandings of adoption were revisited at each interview. These timings allowed the study to look at the adopters' expectations and ideas around adoption at this early stage of the process, and to examine how these develop over the preparation period. It allowed the course to be situated as part of a process and connected with other aspects of preparation rather than standing alone. The interviews were semi-structured. Effective QLR interviews have a balance between covering the ground of the previous interviews to capture change and developing new themes as they arise. It is an iterative process with each interview cycle building from previous one, carefully planned to ensure that the interviews develop and are not too similar to each other (Corden and Millar, 2007a; Hermanowicz, 2013). A model question sheet is attached (appendix F).

I stayed in contact with the participants between interviews by email or text (dependant on participant preference). Participants were contacted at least once while on the course itself i.e. between the first and second interviews. They were then contacted monthly from the

second to the final interview. Frequency of contact is a common recommendation in the methodological literature to avoid attrition and to build trust; multiple studies describe contacting participants in between interviews to thank them, to check in with their lives, and ensure that they were still willing to be involved in the study (Brandon et al., 2017; Lloyd et al., 2017; Taylor, 2009). For this study, this allowed insight into the on-going detail of the change that people were undergoing, especially around the intense period when they were attending the pre-adoption training.

It was decided to offer the participants the possibility of telephone or video interviews, after an initial interview in person. This was due to demands on the prospective adopters of being available for three interviews (and also to allow the researcher to manage their travel budget). It is recognised that telephone interviews are now commonly used in research (Braun & Clarke, 2013; Bryman, 2016). Research has indicated that there is no significant difference in the material gained from face-to-face interviews compared to telephone interviews (Bryman, 2016), and that the basic interview process remains the same (Braun & Clarke, 2013). Interviews conducted via Skype or similar services allow the benefit of extending the geographical reach of a research project (Iacono et al., 2016). Concerns with these methods often centre on building rapport without face-to-face contact and that subtleties of communication may be missed (Yeo et al., 2014). It was this reason that it was initially planned for the first interviews to be face-to-face. However, these plans changed due to the Covid-19 pandemic, which will be discussed in the next section which looks at the research process.

5.2 Research Process

This section will describe the research process, beginning with the ethical considerations. It will then describe how the participants were accessed via their adoption agencies. The structure of the courses offered is described to add context to the data collection. Next the recruitment and data collection will be described, including the organisational challenges of a QLR project in a relatively short timescale as a solo researcher.

5.2.1 Ethics

The study was approved by the UEA School of Social Work's Research Ethics Committee, in May 2020 (appendix A). I submitted and was granted a further amendment in July 2020 to allow for solely online interviewing as a Covid-19 precaution. One agency required that I went via their research governance process, and all the other agencies were able to agree to recruit for my study via internal sign-off.

The challenges of QLR methodology, especially the ethical considerations, are best described by Millar and Corden (2007, p.587) as similar to those faced in other forms of research but heightened. One of these was the consideration of the management of the research relationship, which is longer, and more intense than in designs with a one-off interview (Corden & Millar, 2007b). The researcher may build up a close relationship over multiple interviews. This can be seen as advantageous. A greater level of trust between participant and researcher may yield more interesting data but this comes with a greater awareness of the needs of the participants for the researcher (Cameron et al., 2019). Framing the interaction carefully as a research project is necessary, but it must be with the awareness that the interpretation of the relationship by the research participant cannot be controlled (Brandon et al., 2017).

For my study, a number of particular ethical complications were identified, linked to the process that the prospective adopters were going through. Adoption preparation is a process that can be stressful and intrusive. Concerns were that a) prospective adopters might develop a degree of emotional dependence on the researcher, during this challenging period for them, b) that interviews might touch on emotive and sensitive topics, and c) there might be a blurring of role between social worker and researcher, heightened by my former position as a social worker. Several safeguards were put in place to manage these risks. The role of the researcher was made clear in the paperwork given to participants to explain the project (appendix C, D, E), establishing that I was not involved with or employed by the adoption agency. A debrief sheet was given to participants (appendix G), and I also drew on my experience and skills as a social worker to appropriately support participants when needed, and to signpost to more appropriate supports. I maintained and reflected on my interaction with participants after the interviews. This is further explored in the section on positionality.

There were some ethical issues specific to research of the adopters' preparation process. One was managing any concern the prospective adopters might have about the impact of taking part in the study on their approval as adopters. This was in two forms: that they might feel they should take part to appear better in the eyes of agency, or that criticisms of the agency might be passed on to them. To manage this, it was made clear, in both writing and verbally, that the study was not connected to the agency, other than asking them to pass on information to potential participants. It was made clear that information would only be passed to the agency if there was a safeguarding issue. As an additional layer of confidentiality, the agencies were not told if their adopters were taking part in the study. They were not provided with any information, not even how many participants had been recruited from their agency. The agencies were asked to send information leaflets out with the sign-up email for the

course (Appendix B). Participants could then contact me directly if they wished to take part in the study.

Writing up was also a consideration in ensuring that participants could not be identified by their agency. Anonymisation is a challenge with the quality of detail that can develop over multiple interviews (Taylor, 2015). Identification by the adoption agency was a concern raised by some participants, in case this had an impact on their assessment. When these issues were raised, I discussed with them what information that they were happy to be disclosed and what needed to be further disguised. I also reassured them that their adoption process would probably be faster than my writing up of my thesis (and based on the occasional emails I received from participants to let me know when they had a child placed with them, this does seem to have been the case!).

When writing up the data, I have taken care to ensure, as far as I am able, that it is not possible to identify participants through linking the information and quotes on each individual in the study. I considered which quotes to use, and whether they contained information that might be identifying. Participants' professions have been referred to in terms of the general fields they work in, rather than the specific roles. I also made the decision to not refer to which agency each participant attended, or where a participant was in a relationship with another participant. Where demographic information has been provided (age, education) it is not linked to specific participants. This process was kept in mind throughout writing up and was discussed in supervision as an active topic.

Interviewing couples was an unforeseen ethical issue that came up during data collection. During interviews it was not unusual for participants to ask what their partner had said, or more commonly, to ask me why I was asking them something, when they knew I had interviewed their spouse beforehand. I was clear that I would not be sharing information on what their partner had said, and that I was interested in hearing from them separately. This boundary-setting never presented an issue in the interviews.

Informed consent is a cornerstone of research ethics (Landau, 2008). However, the nature of longitudinal studies means that this must be consent that it is ongoing throughout the study. These studies are recognised as being more demanding of participants time and energy than a design using surveys or a one-off interview (Lloyd et al., 2017). An additional factor is that participants were entering a process, agency preparation of adopters, where they could not know the outcome, whether it would be successful or not, and what this would mean for their feelings about being part of a research project. People cannot know how their journey will turn out when they consent at the start of a study (Miller & Boulton, 2007). It is important

that participants know that they are able to leave the study, and that they are in control of their story. Consent to continue was checked at the start of each interview.

5.2.2 Recruitment

The initial plan was to recruit prospective adopters from three to four adoption agencies. This was to have a wider view of the course than just one agency could provide while also lessening the burden of recruitment on an individual agency. It was also decided to recruit across both the voluntary and statutory sectors. This was a personal decision, as I have work experience in both the voluntary and statutory sectors and wanted to include both in the study.

The criteria for participants were that they were first time adopters, registered with an adoption agency. Participants with biological children were included. Second time adopters or people with experience of being foster carers were excluded as they would have already attended agency preparation. Participants were recruited individually i.e. it was not required for both partners in a couple to agree to be in the study. It was planned to recruit a varied sample of adopters, including those adopting in a same-sex partnership/marriage, or as a single person. The study was planned to be inclusive and to reflect modern adoption in England, and these families make up around a third of adoptive families.

In September 2020, the first agency recruited was a Local Authority (A). One month later an RAA (B) and VAA (D) agreed to take part. I recruited my first three participants by the end of 2020. Another RAA (C) joined the study in January 2021. In March 2021, I recruited the last agency, another VAA (E) as so far there had been no recruits from the first VAA.

In April 2021, I asked the agencies to include a note from myself when sending out the information sheet, asking for same-sex, single or BAME prospective adopters to take part, as at that point they were not included in the sample. At this point I had one BAME participant and wanted to include further voices from this group. In May, I asked the agencies to only send invites to prospective adopters in those groups. This led to the final push of recruitment, which finally closed in July 2021.

5.2.2.1 Impact of Covid-19

Recruitment and data collection took place entirely during the Covid-19 pandemic. Due to the nature of the existing study design, there were only minor changes needed to ensure that my research remained safe for myself and participants. The original plan for the first interview to be face-to-face was changed to allow for all data collection to be virtual. This was in the context of many common interactions moving online for safety reasons. Indeed,

the adoption agencies were also adapting at the same time to managing their own services to the new situation (Neil, Beek, et al., 2020). What was not clear in the first months of the pandemic was whether I would have a sample, as I did not imagine that many people would plan to become adoptive parents in the midst of a pandemic. As we know now from the data, the highest number of people in several years decided to move forward with adoption (The Children and Social Care Secretariat, 2022). The move to online data collection meant that I was not restricted by geography or budget in terms of which adoption agencies I could approach for recruitment.

5.2.2.2 The Adoption Agencies

Agencies taking part were asked to include the information sheet for the study with the email they sent when confirming prospective adopters' place on the Preparation course. It became apparent that many agencies sign people up very close to the course, which gave me a relatively short period between initial contact with participants and their first interview.

The five adoption agencies used for recruitment cover a range of models of service delivery. As already stated, I had wished to ensure that the voluntary sector was included. Agencies were recruited via contacts I had following my MRes, and also contacts in the School of Social Work at UEA. One was a local authority adoption team based in a rural area. Two were Regional Adoption agencies, comprising several local authorities who had joined their adoption services together, including their preparation courses. One was based in the north of England, around a major metropolitan area, and the other was based in a large urban area in the Southeast. Lastly there were two Voluntary Adoption Agencies, both long-established agencies, one covering the north of England, and one the South.

5.2.2.3 The courses

All participants attended courses in 2020/ 2021, during the Covid-19 pandemic, and therefore all courses were held online. The only information the adoption agencies provided was the dates that courses were taking place to allow me to schedule interviews. All other information on the courses is drawn from the participant interviews.

All agencies offered the preparation course in Stage One. Three agencies (both VAAs and one RAA) had further training in Stage Two. For one agency, this was a suite of courses from which prospective adopters had to choose a minimum of one. For the other two agencies, there was a further compulsory one-day course. As the additional training in Stage two is not universal for all courses, analysis has focused on the longer course in Stage One.

Table 1: The course structures

Agency	Structure	Course	Timing
A	LA	In 2020: 12 x 1.5-hour sessions, two mornings a week, over 8 weeks In 2021: 6 x 3-hour sessions, one morning a week, over 8 weeks.	Prospective adopters completed workbook, and interviewed by social worker, before attendance on course.
B	RAA	4 days – 9.30 to 3.30pm, two days per week, with a week between sessions.	Any time in stage one
C	RAA	Three consecutive days 10am-2.30pm.	Any time in stage one. (One day additional course in stage two.)
D	VAA	4 days, two days per week, on consecutive weeks	Any time in stage one (One day additional course in stage two)
E	VAA	4 days, two days per week, with a week between sessions.	Any time in stage one. (Suite of available courses to choose from in Stage Two. Attendance at one of own choosing was mandatory).

The shortest course was Agency C which was around 13 to 14 hours long. Most courses had around 24 hours of content. Agency A had around 18 hours of direct sessions, and they

also expected homework, such as watching videos, and preparing exercises outside of the course, so that this did not use time in the course hours. The organisational challenges of managing data collection with these varying course structures will be discussed in the section on data collection.

During the recruitment period I continued to be in contact with the adoption agencies to ensure that they were still sending the information sheet out, and to answer queries they might have about the study.

5.2.2.4 The Prospective Adopters

The original aim was to recruit between 9-10 prospective adopters. This aim developed and grew over time, and by the end of the study I had recruited 19 prospective adopters, from ten different families. One reason for this increase was that a number of the participants were in a relationship with another participant. Those participants where both halves of the couple were interviewed often described similar overall journeys, which, while good news for their relationship, did mean that I decided to continue to recruit to ensure a wider range of voices in the study. The other reason was my wish to be inclusive within the sample of the range of adoptive families in the UK today, to be able to hear from varied voices on this journey. For this reason, targeted recruitment was undertaken to ensure that there was representation from single adopters and same-sex couples in the sample (Braun & Clarke, 2021).

Nineteen prospective adopters were interviewed as part of the study. Of these nineteen, four withdrew after the second interview. Unfortunately, this included the only single adopter I had recruited. For two of these participants, their withdrawal was linked to their agency's decision to not continue with their adoption assessment at that point, but to ask them to undertake further work before they could begin Stage 2. The other two participants withdrew of their own accord, with one stating that they were too busy to take part any further.

The fifteen participants who completed all three interviews comprised of nine women, and six men. All male participants were in a relationship with another participant in the study. Their ages ranged from 32 - 44 years old at the time of first interview. The mean age was 37. Ten participants had a post-graduate qualification, three had attended university, and two ended their education at secondary school level. Thirteen participants were of white heritage, one was of mixed Asian/ white, and one was Asian.

All the participants were planning to adopt with a partner. Twelve participants were in heterosexual relationships, and three in same sex relationships. This represents ten families, as in some cases I interviewed both halves of a couple. In these cases, data was still analysed as an individual case. The majority were married at the start of the adoption process. Two participants married (each other) during the study, and one was in a long-term

relationship. Two participants (not in a couple with each other) had biological children already.

5.3 Data Collection

The main challenge of data collection was organisational. The use of QLR meant managing relationships with five adoption agencies, and nineteen participants over nineteen months.

The timings of interviews needed to be flexible to reflect the structures of the courses, and also the journeys of the prospective adopters. The courses' variation in timings, between three days to eight weeks, meant in some cases I had little time to transcribe and analyse material ahead of the second interviews. An outline interview schedule had been prepared for all three interviews while the study was being designed. Interview schedules were developed and used in all interviews. Following the first interview the schedule was updated for every subsequent meeting, with further questions from the previous interviews, and from the Keeping in touch contacts, to allow recursive interviewing where the participants could reflect on their previous views (appendix H). To manage this where the interviews were very close together, e.g. Agency C where I had less than a week between some interviews, I relied on listening to the recording and using notes made during the first interview.

Another reason for flexibility in timescales was that the participants did not all travel through the adoption assessments at the same pace. Some took a break of several months between Stage One and Two. Others took much longer in Stage One than the two months suggested set out in the guidance (Department for Education, 2013). This meant my plan to interview four months after the course soon changed to the third interview being at the end of the home study instead. The monthly keeping in touch emails were invaluable to stay abreast of these changes in the participants' plans. This enabled me to plan the final interviews at a time that worked for them, and to gain reflections on the full preparation process. If a participant took a planned break from the assessment process, the emails would stop, to pick up at the point they had said they were returning to the process.

Most first interviews took place on a video call, then moved to either telephone or video depending on participant preference. For a few participants it was easier for them to have the all the interviews via telephone. Data collection took place over nineteen months. In total just over 68 hours of interview material was gathered. This does not include the additional keeping in touch material of emails, texts, and phone calls. Interviews ranged from 31 mins to 122 minutes. Generally, the second interview, which focused on the course, was the longest interview for all participants, with a mean length of 93 minutes.

5.4 Data Analysis

This section will outline the approach to data analysis in this study, beginning with a key decision on what data was going to be subject to in-depth analysis. It will then look at the stages of analysis, as I sought to provide a telling of the data that included both thematic depth, and reflection of the temporal aspects of the data.

In-depth analysis was only undertaken for data from those participants who had completed all three planned interviews. I wanted to be able to follow the journey of the adopters throughout the preparation process. This focus on change and journey was why decision was made to use completed interview sets, alongside pragmatic reasons of the amount of data. For those who had withdrawn, data was only used to construct descriptions of the course material. The analysis in the Findings section thus draws on fifteen participants who completed all three interviews. They attended courses across four agencies.

The first stage of the analysis was to transcribe all the interviews. Calman, Brunton and Molassiotis (2013) mentioned the challenges of completing transcription and preliminary analysis of data ahead of interview rounds. The structure of my study, and some of the adoption agencies' timetabling for the course meant that the first two interviews were often very close together (less than a week in one case). As a solo researcher this was a challenge with which to keep up especially when more than one participant had attended the same course. I had included consent to use a transcription service in my ethics application and made participants aware that this was being used. The transcription service I used was GDPR compliant and used a secure upload service for data transfer. In all cases the transcripts were read several times to familiarise myself with them.

The volume of data created with QLR has been described as '*the delight and challenge of this method*' (Lewis, 2007, p.550). A common theme in the methodological literature is that a data analysis plan must be considered early, or the researcher risks being overwhelmed by the data (Solomon et al., 2019). As stated before, there is no defined methodology for analysis in QLR. However, there is a general agreement in the field that analysis must consider the cross-sectional data and the longitudinal data i.e. looking at where participants are at each stage of the interviews, but also looking across the data set. A use of case histories or pen portraits is common (Neale et al., 2012; Sheard & Marsh, 2019) with these case histories being placed in conversation with each other to develop senses of atypical and normative trajectories of change, and key turning points. Approaches that structure the material into "*analytical building blocks*" have been used in many studies (Brandon et al., 2017; Cameron et al., 2019; Solomon et al., 2019; Spencer et al., 2003). Studies commonly

use a mixture of inductive and deductive strategies, partly using pre-identified themes to make the data set more manageable. (Brandon et al., 2017). Thematic analysis allows for a flexible approach to data, using both inductive and deductive strategies to code the data, drawing on knowledge built during my previous study and from the literature review. (Braun & Clarke, 2022).

The data required an iterative and flexible approach to analysis, as commonly used methodologies have been noted to struggle in fully representing both the richness of the data, and the journey through time. Braun and Clarke (2022) note that commonly used tools in QLR, which take a codebook approach, the '*analytical building blocks*' mentioned above, can produce material that more resembles topics, rather than themes which represent patterns of shared meaning. Neale (2021) notes that thematic analysis cannot always represent the role of time in the processes of change. My data analysis plan used drew on a number of analytical methods and moved between approaches that focused on change, and those which focused on capturing the experience of the participants at defined points on their adoption journey.

Initial ideas around data management were drawn from the Frameworks approach. This is a tool developed in the 1980s for use specifically in social research (Spencer, Ritchie, Ormston, et al., 2014). This uses the idea of coding data common to thematic analysis approaches but adds in the idea of data summary and display, most commonly via developing matrices that can used to look and compare data easily (Spencer, Ritchie, O'Connor, et al., 2014). For this project I developed a deductive thematic framework to code the data to investigate my research questions, and displayed this in a coding grid that allowed comparison of a participants journey over time. First the thematic framework will be described, followed by the coding grid.

To plan coding, I first returned to my research questions, to ensure that I was focused on analysing data in a way that would allow me to answer these questions.

- To what extent and in what ways do prospective adopters' perceptions and expectations of parenting change over the course of the adopter preparation period?
- How do they see the role of preparation courses in the adopter preparation period? What do prospective adopters perceive as the helpful and challenging aspects of the course?

The first topic was '*Adoptive parenting cognitions*'. This topic explored how adopters think about adoptive parenting, broken down further into looking at their preferences for which children they want to adopt, their ideas on parenting and adoption communication openness,

and understanding of the needs of the children. These sub-topics drew on several ideas from the literature around adoptive parenting. One was adoptive parent cognitions as described in Cashen & Lo (2020), including Kirk's theory of Shared Fate, to look at if they view adoptive parenting as different to biological parenting, and how this was expressed (Kirk, 1984). Adoption specific elements of parenting such as managing contact, promoting adoptive identity, and telling a child about their birth family are included in this. Here it drew on Neil's (2009) definition of five identifiable elements of communicative openness. It was recognised that the participants could only talk in theory about these elements, rather than their practice, due to the stage of adoption process that was being examined in this study. These were tracked over the three interviews to see where there was change and what remained the same, providing key information to answer the first research question, about their expectations.

The next topic was named '*Interventions*'. This area of coding looked at any sources of information that prospective adopters received during the preparation process, including the content of the course, the relationship with social workers, and their own reading and research. It recorded the information that the adopters named as influential, such as specific exercises and sessions from the course, books or podcasts they had consumed, and recommended inputs from the agency. This allowed me to look across the dataset and consider at what time points people's ideas changed and with what interventions. It allowed identification of exercises that were included across various courses. This area of coding linked with research on courses and agency preparation more generally to gain a more detailed understanding of how they influenced change in prospective adopters' thinking. It provided data to answer both research questions.

The final topic in the framework was *Experiences*. This dataset contained rich information about how people experienced agencies' adopter preparation, the issues they faced and the benefits that they drew from it. It allowed an understanding of the variety and similarities in the journeys of individual participants, providing evidence for the second research question.

These three topics were displayed in a 3x3 grid, with each column representing the interviewing timing, and each row representing a theme. In completing them, I followed the model of the Framework approach and strove to remain as close to the data as possible (Spencer, Ritchie, O'Connor, et al., 2014). Once the grid was completed, I asked two key questions that were recorded at the bottom of the grid: what had changed for this participant, and what was the role of the course in this change? An example of a coding grid is shown at Appendix J. The first two topics are shown. The experience topic contained detailed description of journey to adoption so is not included for confidentiality reasons.

These grids were several pages long, so as a next step, I developed pen pictures for each participant to synthesise the key analysis from each. In my analysis of change I was guided by the analytical questions developed by Saldana (2003) in his book on QLR. He has devised different levels of questions for use with QL data. Firstly, framing questions, which located the data in the process being considered: e.g. “*what is different from one pool to the next? When do changes occur?*” (pool meaning period of data collection). The next level, descriptive, generated information to answer the framing: e.g. “*what increases or emerges through time? What kind of surges or epiphanies? What is missing through time?*” (Saldana, 2003, p.63-64). These allowed me to think about each participant’s change over the process, and how these interrelated and differed across the group. Analytical memos helped me to explore these issues. These allowed me to identify areas for closer analysis, to examine what was happening in these moments of change. Other data management tools which helped me to compare and contrast the data across the sample included making timelines for each participant to track through their journey and compare with others, again allowing for analysis of how the passage of time, individual journeys and agency practice interacted. There was also a grid looking specifically at key changes i.e. views on contact before and after course, and the adopters’ views on which children they would like to adopt which compared trajectories across the cohort.

For the research questions it was also important to keep a close analytical focus on the course. Early on, I created a course analysis sheet, to capture the information from the prospective adopters on each course, and how they spoke about the course, change, and experience. This allowed for comparison for the prospective adopters to look at how different events were recalled, and what was given importance by them (appendix K- as with coding grid, some information has been redacted for confidentiality purposes). One recommended approach to QLR data analysis is case analysis followed by thematic analysis, which is then synthesised (Neale, 2021). In line with this, and to develop richer themes, thematic analysis was undertaken of all the second interviews to allow close focus on the experience of the course. Thematic analysis was also applied to topics identified from previous analysis as being key areas of change: how they thought about issues linked to the adoptive child’s identity and about parenting. This approach of using certain parts of a dataset for thematic analysis has been acknowledged as a valid approach to data sets (Braun & Clarke, 2022). In these subsets, I undertook line by line coding in this section, chosen for its ability to allow the researcher to take apart what is familiar, and to detect patterns and connections in events (Charmaz, 2014). From these codes, there was then a process of comparison, checking and revision to construct second level themes to map the data.

This move back and forth between case analysis, and thematic analysis, while moving

backward and forward in time is a key aspect of data analysis in QLR, to synthesise and develop processual understandings of the data set (Neale, 2021). In this study, this has resulted in three findings chapters to present that data analysis. (There is an initial findings chapter that presents context for the rest of the chapters). One chapter looks at the prospective adopters' experiences of the course, which draws heavily on the thematic analysis on the second interview. The other two chapters are looking at the journey of change identified, through the case analysis, and the focused thematic analysis on the participants in two particular areas, thinking about parenting and thinking about contact and openness.

5.5 Positionality

I entered this research project as a social worker with practice experience in adoption work. Managing and reflecting on this identity and the ways in which it interacted with the study will be considered here.

With qualitative research, it is necessary for the researcher to be aware of their own role within the research, that it is not a neutral role, but one to which you bring yourself, history and position (Berger, 2015). One way of considering this is through the lens of being an insider or outsider to the research topic. An insider researcher is often defined as an individual with prior intimate knowledge of the community they are researching (Hellowell, 2006). This prior knowledge can have a wide definition with some theorising that this question is best approached as a continuum (Chavez, 2008). The role of researchers with 'insider' knowledge of the subjects that they are studying can be seen both positively, in that they are able to build greater trust with their subjects, and negatively, with concerns about bias (Hanson, 2013; Hockey, 1993). My role as social worker positioned me as both insider and outsider. Professionally, I have never worked in a team that undertook approvals of adoptive parents and have limited experience of delivering Preparation to Adopt courses, only ever filling in a handful of times for other colleagues. However, I undoubtedly have more knowledge of adoption and the process of assessment than a researcher new to the field. For this section, I will focus on how this position played a factor in both the interview process and the analysis.

As seen in the ethics section, the confusion of possible roles between researcher and social worker was something that was anticipated. Even with this awareness, it was still something I needed to reflect on following interviews. During data collection, I found that I was valued by the participants as someone they could talk to outside of their assessment, but who understood what the adoption process involved. They could use this as a space to vent

frustrations and also reflect on the process in a new way. One prospective adopter stated that this informed listening ear should be something that all prospective adopters were able to have. This role of listening ear as benefit has been noted in other studies (Brandon et al., 2017; Rossetto, 2014).

One recommendation for insider research can be to limit self-disclosure and expression of opinion (Van Heugten, 2004). This can be more challenging with the repeated interviews of a QLR study. Limiting self-disclosure was a position I felt more comfortable with, as it was in line with my professional persona as a social worker. This was a persona I drew on in the information sheet for the study set out my professional background to present myself as a trustworthy researcher. During the interviews, I found prospective adopters asking me questions during the interviews, as if I was judging them (asking if I had noticed any “red flags” in their first interview), or if I had access to special knowledge i.e. one prospective adopter asked me if I knew how many children were currently waiting for adoption in their local area. These questions I found relatively easy to manage in an open and honest manner, reaffirming my role as a researcher, not part of their approval process.

What I found more challenging in interviews was my own feelings of wanting to reassure or offer guidance to the participants. When they expressed worries about forthcoming events, or were uncertain about elements of the adoption process, I had to prevent myself from answering these (often unasked questions) or to reassure them they were doing well. Sometimes, this was in relation to things I thought they had misunderstood on the course. For example, one participant talked about Theraplay being introduced on their course as something to aid people who don't know how to play with children, but that was not something she needed. I have been trained in Theraplay and had to bite my lip to not explain to her how Theraplay can be useful, not just as a way of playing with children. This was the challenge I found between a researcher role and social worker role, complicated for me as I did have the information that they might find helpful, but felt constrained by role as researcher to not provide it. This was linked to my awareness of the impact of the research on an individual's process of change. The mere presence of the invitation to reflect on experience may alter the experience that is being considered (Calman et al., 2013; Miller, 2015). In my study, I sometimes felt unwilling to ask follow-up questions to further my understanding of inconsistencies, for example, in understanding of contact and risk. I was concerned about interfering with a participant's process of making sense of adoption. This was managed by awareness of the issues, and acknowledgement that being part of the research, being asked to reflect on their learning, would have some impact on their learning. For me, this self-awareness was facilitated through journalling and reflection after each

interview, which was prompted by the nature of QLR interviewing as I revisited previous interviews to prepare for the next one.

As noted, this potential entanglement of identity was something I was aware of from early on in the study design. Its impact on data analysis was something I found myself more surprised by. This perhaps should have been something I should have foreseen. One of the reasons I became interested in adoptive parent thinking was after undertaking a short literature review in my last social work job. I was asked to look at the concept of 'Blocked Care,' an idea developed by Dan Hughes, which theorises some parents, due to the stress of caring for a difficult child, can present with very low levels of empathy (Agius et al., 2023). In looking at this concept, I came across an internet forum where a group of adoptive parents were discussing their experience of blocked care. One talked about being diagnosed with blocked care, by CAMHS. I found this a deeply concerning misinterpretation of the ideas around blocked care (there is no official diagnosis). This story is shown to illustrate that one of the reasons I started this PhD was because of a concern about how theoretical ideas were being used and interpreted by adoptive parents. Attachment theory has been foundational since my training in my understanding of work with families. It was a topic I had led sessions on when delivering a therapeutic parenting course and supervised/ trained other staff in its delivery. In the first year of the PhD, I greatly developed my own understanding of the current state of attachment research from the working knowledge I had as a social worker. In some of my early data analysis, it was picked up by my supervisors that I was writing from a perspective of evaluating the knowledge levels of the prospective adopters, especially around attachment, rather than an exploration of what sense they were making of it. Reflection in supervision was vital here in helping me to be aware of what I see as a social worker and what the prospective adopters were describing as their understanding. Unpicking my views and understanding of attachment from the descriptions of the prospective adopter's understanding of attachment required constant reflection on my own positioning within the data. For this process, returning to the data was helpful; the line-by-line of the coding process assisted in this by enabling me to look closely at their understanding.

Conclusion.

This study was designed to be able to provide greater detail in the changes in prospective adopters thinking over the preparation period, with a focus on the role of the pre-adoption training in this. In this chapter, I have set out the rationale for using a qualitative longitudinal method to provide data for the research questions. The data analysis strategy was also discussed, showing how case and thematic analysis was combined to provide a telling of the

data that provides both insight into their experiences, and also how their thinking changed. These findings will now be presented in the next chapter.

6 Findings Introduction

The findings will be presented in four chapters. The first findings chapter provides context for the following chapters. It sets out the details of the prospective adopters and their journey to adoption prior to attending the Preparation to Adopt training. The following chapters then outline how the prospective adopters described the experiences of the adopter preparation period, with a focus on the course, and how their thinking changed over this period. This is divided into three chapters, as follows:

-Chapter seven: How prospective adopters experienced the adopter preparation period, focusing on the uncertainty of this period and how the prospective adopters manage this uncertainty.

-Chapter eight: looks at the process of how they develop their understanding of the needs of adopted children, and their capability to parent them. It also examines how they use the information received throughout the adopter preparation period to make decisions for their future.

-Chapter nine: how prospective adopters develop their understanding of the parenting tasks related to supporting adoptive identity, their attitudes to birth family and maintaining relationships with them.

Quotes indicate the name of the person the quote is from, with the number afterwards indicating from which interview the quote is taken.

6.1 Adopters' journeys and motivations to adopt.

This overview covers the fifteen participants who completed all three interviews, where a thematic and case analysis of data was carried out.

6.1.1 Reasons for adopting.

Nine participants had applied to adopt following infertility. All but one of these participants (or their partner) had undergone some form of medical treatment for infertility. Three participants were building a family as a same-sex couple. Three were choosing to build their family by adoption by choice. Two participants who were pursuing adoption by choice also mentioned environmental concerns as a secondary motivation

6.1.2 Choosing an agency

Once the decision was made to approach an agency, some participants then had to choose which in their area was the right one for them. There were practical reasons, such as a belief

that a RAA would be more likely to have young children: *"I don't even know how much truth there is in this, but that local authorities, there's a greater chance that you might adopt a younger child"* (Isobel, 1) or the promise of post-adoption support from a VAA. For some, it was more ephemeral, and they described just feeling the agency felt right. By contrast, participants from one agency in a rural area did not discuss thinking about another agency during the early stages of planning for adoption, possibly due to a lack of other accessible options.

6.1.3 Timelines for moving through the adoption process.

Once they had contacted the agency, not all registered as adopters straight away. For some prospective adopters, attending the information evening prompted them to make changes in their living situation such as moving to a larger property or buying a home rather than renting. On their first application to the agency, six participants described being asked to wait and reapply in six months or a years' time. For one prospective adopter, this was because they were about to move to a new area for work and the agency suggested they needed time to establish local support networks. However, for the other five who were asked to reapply, this was connected to their emotional or physical health needs. Being requested to reapply was described by prospective adopters as a difficult process which made them feel unsupported. Some felt unhappy with how this was handled by the agency. For instance, one described finding it difficult that the social worker phoned in the middle of the workday to tell them they would need to wait, when they had requested to be contacted first via email. The experience of this "Stage Zero" will be explored in the next chapter.

Some of the agencies required participants to complete a workbook/ questionnaire during Stage One (the initial period after registration for background checks and initial training). The workbook covered multiple areas such as the prospective adopter's own upbringing, their thoughts on contact with birth family, and their support network. One agency required this workbook to be completed and reviewed by a social worker before they could attend the Preparation to Adopt course. Other agencies allowed the prospective adopters to attend the course before completing the workbook, but it must be completed before they could move to home study. The workbook was drawn upon in the home study as a basis for discussion. Prospective adopters described it as an onerous task. There also appeared to be variation in how much time people spent upon it: *"I must have spent at least ten hours on it in over several sessions."* (Natalie, 1) *"I think we probably went overboard with our workbook, but ours was like 90 something pages, and other people are saying theirs was 20 or 30."* (Tania, 3). One agency asked for written work during the home study instead, to be completed in-between social worker visits.

This writing prompted self-reflection for those who completed them in the early stages *“When we did our workbook, that going back through our parenting experience as children, and I was like ‘oh yeah I kind of get that’”*. (Sophie, 1). Some questioned how the material in the workbook was being used, especially when it came to the home study. Some found the questions asked by the social worker repeated information they had already given in the workbook. Some prospective adopters theorised that this repetition was part of social workers checking that they had told the truth in the workbook. Others questioned if the social worker had read their original work:

Or she hadn't read the workbook, which I suspect may be the case and obviously I know social workers are very busy. That's fine, but, you know, we also have busy jobs and busy lives as well, so it's a little bit frustrating when we're expected to do all of this preparatory work, and then it felt a little bit like it wasn't really being used.
(Catherine, 3)

Most agencies allocated a named social worker to the participants only when they had begun the home study in Stage Two. One couple described having the same social worker throughout their preparation period.

Participants reported that it took between seven to fourteen months to complete their adoption assessment from registration to panel. This variation between adopters can be partly explained by the possibility of taking a break of up to six months between Stage One and the home study in Stage Two. Five participants took this opportunity: one was recommended to do so by the agency as their biological child was transitioning between school stages. Others chose to take a break to make space for events in their personal lives. For participants who took a break, the process lasted between ten to fourteen months. For those who did not take a break, the length of time ranged from seven months to twelve months, with most of the time being in Stage One as participants completed the paperwork and checks. During the adopter preparation period, life carried on for the participants; they described seeking promotions at work, possible house renovations or moves. These were often linked to the adoption process in some way e.g., getting the house ready for children or trying to achieve a more child-friendly working pattern.

The development of understanding and feelings about adoption that is described in the following chapters needs to be seen in terms of the journeys that the prospective adopters had before coming to adoption. They described many years of planning before applying to become adopters. This included pauses and setbacks, such as *“Stage Zero”* when the agency said that they were not yet ready to become adopters, or when they made that decision, perhaps related to their housing situation. They had moved through all this and felt

ready to become parents. They brought different sources of knowledge to adoption preparation, and they moved through the process of developing understanding at different timescales. This must be borne in mind when considering their responses and experiences to the Preparation to Adopt Course.

6.1.4 The adoption offers: starting and end points

Prospective adopters are approved to adopt children within certain limits (age range, number of siblings). Broadly, over adopter preparation, their age ranges remained the same, or were slightly extended, and the decision to have siblings or a single child did not change.

However, this bald description of start and end points does not reflect the complexity of the journey the prospective adopters went on. The second findings chapter will explore the emotional experience of choosing what child to adopt. The third chapter will look at how the prospective adopters drew on the information they heard about adopted children to make these choices.

6.2 Course content

As explained in the literature review, though there is a requirement for training of prospective adopters within national guidance, the agencies have latitude over how they run adoption preparation courses and the content they cover. This chapter will provide an opening guide to the course, as perceived by the prospective adopters, ahead of the more detailed analysis in the following chapters.

The prospective adopters reported variation in when during Stage One they attended the course. Two people were given a place on the course before their registration had been formally approved (as the delay was due to staff in the adoption agency being unavailable). Another adopter in the same agency did not attend the course until after they had started their home study. As stated above in the section on workbooks, one agency only allowed people to attend the course once they had completed the workbook.

When considered overall, the prospective adopters described very similar topics and exercises across the various courses. There was content on the child's experiences, and the impact that might have on them, focusing on attachment, trauma, and loss. There was information on parenting children with these experiences. There was material on the importance of the child's story, the birth family and what the prospective adopters might

need to do to maintain these links. All had content on the work of foster carers, how children moved between their foster home and their new home with the participants. They provided information for the prospective adopters on the foster to adopt process and the importance of accessing post-adoption support. One agency had information on post-adoption depression. There were varied exercises used on the course, which both provided information on the topics above, and also built empathy with those affected by adoption. The impact of covid meant the presentation had to be adapted as they were no longer in the same room. Specific exercises will be discussed at relevant points in the findings.

7 “It’s like everything else, it is all unknown”- the journey through Preparation for Adoption

This chapter considers the experience of prospective adopters during the preparation to adopt process. The focus will be on the role of the course in this journey but will draw on other aspects of the adoption period to illustrate key themes. Uncertainty was identified as a key theme running throughout this period of the adoption journey. For prospective adopters, this uncertainty is prompted by two key questions: will I become approved to become an adopter, and if so, who will my child be? During the adopter preparation period, the prospective adopters perceived the agency as having the power over their ability to fulfil their adoption plan. This meant that the prospective adopter was placed in the position of hoping for a future that they were actively pursuing, but where they were not in control of the final outcome. This resulted in emotional challenges during the process, as they were placed in the position of decision making about their future children in the midst of uncertainty.

This chapter consists of three sections. The first will explore the uncertainty that prospective adopters feel about their present, the experience of being assessed by the adoption agency as prospective parents. It will look at the following themes: *the awareness of scrutiny*, *adoption as a new world*, and *control over the stages of the journey*. The second section will look at how they manage future uncertainty, and not knowing what the needs of their potential adopted children will be. This will be explored in the following themes: *Being overwhelmed by the information*, *The course raises questions*, *Time and space to process the course* and *Discomfort at choosing*. Thirdly, the chapter will identify what support adopters drew on for guidance during this uncertain time by looking at the roles played by 1) experienced adopters, 2) other prospective adopters and 3) social workers.

7.1 Uncertainty in the present: the experience of adopter assessment

Most participants felt ready to be parents. As described in the previous chapter, this was something that they had considered extensively and resolved before approaching the agency. For prospective adopters the adoption agency was therefore both gatekeeper and guide to their goal. To achieve their goal of becoming a parent, prospective adopters needed to navigate both aspects of this relationship. The nature of their relationship with the adoption agency created emotional challenges, tensions and sense of uncertainty explored below in the following themes: ‘*awareness of being scrutinised*’, which examines the sense of being assessed, ‘*adoption as a new world*’, which looks at needing to be guided to

through the adoption experience, and '*control over the stages of the journey*', which looks at their experience of control and lack of control through the adoption assessment journey.

7.1.1 Awareness of being scrutinised

Prospective adopters are aware that they are being assessed as a future parent. This theme explores their experience of assessment, and how this coloured their relationship with the adoption agencies. Firstly, their understanding of why this assessment was needed was explored. Then the theme examines how feeling scrutinised plays out on the course and impacts on the exploration of difficult topics.

Prospective adopters described agencies presenting a clear message that the purpose of the adoption system was to find families for the children, not to fulfil their hope of parenthood. Here James described what they were told explicitly on the course by the social workers: "*our primary concern is the child, not you. The child's welfare, not you. We are not doing this for you. We are doing it for the child.*" (James, 2). It was this framing that meant the participants described feeling that the assessment process did not have their needs at the centre, and instead was focused on ensuring that they would be suitable for the task. The participants did sometimes raise in interview the idea that biological parents are not assessed or prepared. This was framed as something that they 'used to think' or a question 'others' had raised with them. The participants then stated that they understand why assessment was necessary. The prospective adopters' understanding of the need for assessment was framed in terms of the need to protect children and generally accepted that it was driven for the right reasons. However, they also experienced assessment as threatening to their plans, as they were in a position of feeling they needed to demonstrate suitability to agency, without control and with their entire life up for scrutiny:

I found it very confronting that I would be assessed. ...it's going to be hard for people to look through your bank account and stuff, like, and just decide if you are a good enough person. (Isobel, 1)

This perception that the process was not designed around them being able to become parents, but instead designed to check if they were going to be suitable parents led to the prospective adopters feeling under scrutiny during the preparation process. It coloured their relationship with social workers due to their awareness of the power dynamic inherent in working with them. The social workers were not only the people approving them, but also controlled access to the children once approved:

As much as they are very welcoming, very lovely with the social workers there's a huge power dynamic there because they've got a large impact about how we will be perceived at panel, you know? So, they're writing a big chunk of your PAR [prospective adopter report] that's going to all these professionals that are going to decide if you're suitable to adopt or not, and then they will have access to the children that you might be adopting, and they might put you forward for ones and not others. (Sophie, 2).

Here Sophie expressed that the social workers were not just assessing them on the course but would also be responsible for how they were perceived by others later on in the process. On the course this dynamic played out in the prospective adopters being hyper-aware of what they were saying in front of social workers, and how they were perceived. The prospective adopters reported that they were told at the start of each course that there would be feedback to their social worker about how they were presenting on the course, though they were not to worry about this. One prospective adopter said they were told that the course was meant to have open discussion. Participants rarely believed this:

You do kind of get a feeling that you are just kind of being watched all the time. Like, don't worry, you can say whatever you like, but within reason. But at the same time, you are constantly thinking. Am I saying the right thing? (Greg, 2)

..... definitely, definitely, definitely always have a pen and paper, always be engaged because when the Social Worker manager is on there and people are watching you, there is an observer there for a reason. They are watching. (David, 3)

Even when it was explained that the observer's role was there for their own professional development, participants often still felt under scrutiny. As in David's quote above, this was not read this way by the participants, even when it was explained to them. The stakes were too high, and the uncertainty around what was expected meant that the prospective adopters felt they had to demonstrate their attentiveness at the same time as learning and exploring ideas around adoptive family life.

Being perceived to be conscientious and committed was felt to be required, with full attendance expected, regardless of other commitments. Prospective adopters felt that any intrusion of everyday life into the sessions was being perceived as a sign that they were not committed to the adoption process. For instance, one prospective adopter was told that they could not join five minutes late to allow for school drop off, and others felt criticised for work commitments during the course:

Quite early on the course, (husband) took a phone call, and got very told off about it and then a couple of times he went to the toilet during sessions and then when we had our conversation with our social worker on Tuesday, she said she'd had feedback from the social workers that (husband) perhaps wasn't very engaged with the course. (Natalie, 2)

This experience of criticism led to Natalie reflecting on the relationship they would be building between themselves and their home study worker, and the need to be aware that it was a professional relationship:

I thought that was a bit unfair and perhaps reminded us that we need to - we're constantly being observed every time we talk to a social worker. We're, even in the training, we're being observed. And I think with the home study because we'll be talking to this person two hours at a time for ten weeks. It's not that you have to keep a guard up, because obviously we're not gonna lie about, you know. We need to be honest about stuff, I suppose you just keep in your mind that they're not just a friend, they are- it's a formal kind of process. (Natalie, 2)

The prospective adopters' understanding that the course was an assessment space could impact on their ability to explore ideas. Some participants talked about the idea that there are right and wrong questions that can be asked:

We did ask about changing the first name, and that didn't go down well at all. There was a very firm answer back, and I thought, I just felt like— are they judging us, are they going to think us bad for having some of these ideas? (Tania, 2)

Adopters perceived the power as resting with the social worker who could ultimately stop them from becoming parents. However, the prospective adopters did not know what the ideas might be judged as “wrong” by the social workers, as it was the first time they were experiencing this process. The social workers, with their expert knowledge of adoption, were seen to have more power. Isobel talked in her first interview about being concerned when talking to agencies about what age of children were being placed. She worried that this might be judged as her only wanting a certain type of child. This concern about judgement and the idea of questions that were unacceptable to ask ran through the experience for prospective adopters. For example, a few participants discussed being drawn to certain social workers when they delivered training on the course and hoping that they would be their assessing social worker. Sophie describes her thinking about her own control in this:

On the course, other social workers would come in. Each time, I'd be like, oh I gravitate to them, or I don't ... So yeah, it will be interesting to see who our Stage 2

is. I really want to put in a request, be like 'Can I have her? They were really nice', but I don't think it will be suitable to do so. (Sophie, 2)

Here Sophie demonstrates the uncertainty that prospective adopters feel over their own agency in the process, not knowing what they are allowed to ask for or not, or how such requests will be perceived. When there were disagreements with social workers, prospective adopters often decided to not pursue the issues raised as it was seen as threatening to their chances of adopting. During the course, Louise, who had experience in working with children, disagreed with the parenting philosophy put forward on the course, as she felt it dwelt too much in the past, rather than on the present experiences of the children. However, she did not feel able to raise this during the course: *"I had quite strong opinions about some of the things. I was keeping quiet and just trying to get through it."* (Louise, 2). Similarly, Isobel described an ongoing disagreement about the understanding of trans-racial adoption during the home study. The social worker understood it as meaning the adoption of a Black child by adopters who were not Black. Isobel understood it to mean her adoption of any child who was not the same race as herself. When it was not possible to come to a shared understanding of the term, Isobel decided that this was something she would have to be prepared to let go:

I think we tried to push back as much as possible on defining the idea of transracial adoption, but also keeping in mind that we are being assessed. And if our social worker, in her view on generally what defines it, is shared by those on the panel, then I think that maybe we just, we say what is true to us but like let's not push the issue just on principle. (Isobel, 3)

Here, Isobel viewed the social worker as having power due to her greater knowledge of adoption. This experience is further explored in the next theme, which looks at the prospective adopters' experience of learning about adoption.

7.1.2 Adoption as a new world

The world of adoption was new to prospective adopters, even for those with some knowledge of child welfare. This heightened the power imbalance between them and the adoption agency, as represented by the social workers with whom they worked. It placed them in the position of needing to trust their agency as their guide to adoption without feeling that the agency had the same level of confidence in them. They needed information on the children available, their experiences, and also the adoption system. For example, few had any knowledge of the foster care system and would often describe their future children as if they had come straight from the birth family's home *"if they've come from a place where they are not getting fed or love or attention"* (Tania, 1). The course was a major learning

opportunity in prospective adopters' understanding of the child's experience and the role of the foster carer:

When they're with the foster family what I didn't realise...was that they do a lot of work with them when they come straight out of the situation at the beginning and then obviously done quite a bit of work on routine and feeling safe. (David, 2).

Even participants who had a prior knowledge of child welfare systems found that this experience and knowledge still needed to be assimilated; a process described by one participant as "*seeing through an adoption lens*". Their existing knowledge needed to be applied in a different manner. Prospective adopters with professional experience of child welfare described needing to consider the difference between working a role that it is left behind at the end of the day, and the consuming role of parenting a child. Their work knowledge had often provided them with knowledge about how children entered the care system, and the issues birth parents might face, but gave them little information on the long-term impacts. Those who did have some knowledge of long-term impacts, for example, by working with children affected by Foetal Alcohol Syndrome, often expressed that they did not wish to adopt a child with these kinds of needs.

For some, this meant realising that their own knowledge was limited. One participant had attended situations where children were removed from their home. On the Preparation to Adopt course, they discovered that this was not the only way that children entered the care system, expanding their view of what experiences their child will have undergone. For others, it was more of a perspective change on how this knowledge would impact life moving forward: "*That was definitely something that I got from the course. Yes, I know about the different types of abuse, but really thinking about it from an adoption perspective, I really need to review it in such a different way*" (Josh, 2). Josh reflected that they will be "*immersed*" in their child's story (Josh, 2) and must engage with abuse and its potential long-term impact in an entirely different way. Their initial knowledge became less useful than they thought it might be in thinking about future parenting. Participants with birth children mostly framed their knowledge in being able to see how the parenting will need to be different for an adopted child.

7.1.3 Control over the stages of the journey.

The nature of adopter assessment and preparation in England & Wales is stage based. This theme looks at how the prospective adopters experienced moving through these stages, emphasising the control/lack of control in this journey. The suggested time frame for agency preparation of adopters is six months long but despite this statutory timeframe, none of the

prospective adopters reported feeling rushed through the process or under pressure to move through the stages faster than they wished. As shown in chapter one, several took considerably more time to complete preparation. They had some ability to set the pace of the journey, for example, several decided to take a break between the course and starting their home study, but they did not have the agency to control when the journey started or finished. The adoption agency retained overall control of whether they will become adoptive parents.

In this atmosphere of uncertainty about moving forward, the stage-based nature of the adopter preparation period gave some reassurance to participants that they were making positive progress. The course was especially prominent in this:

It was one of the first times in the process where we could say 'we've done that'... There is still a long way to go, but it was, yeah, one of the tangible part of the process, because up until this point, like up until we registered, it was, everything just felt very up in the air. (Isobel, 2)

They also discussed using the course to assess whether the agency was trustworthy and able to guide them through adoption:

I feel very confident in (agency) the way they're doing things.... I think they've done a very good job on the course and everything and I'm really happy with everything they've done so far. So, I'm confident they will continue to be very high-quality things going forward. (Simone, 2)

There were certain key points where lack of control over the process was felt by the prospective adopters. For example, some prospective adopters were asked by their agency to wait and reapply after a few months, "*Stage Zero*" as one participant described it. For those participants who were asked to wait before registering with their agency, they found themselves powerless to move forward. They had judged themselves ready to move forward with their plan for parenthood, and now the agency had refused this. This was for reasons that were sometimes out of their control. The agency held power- there was little they could do other than seek another agency, or wait, reinforcing the uncertainty in the process.

The ending of the adopter preparation process was also something that the participants found themselves out of control, after navigating the agency assessment to then have a further test of panel:

You feel confident because people say you're not going to be this far unless, and the adoption worker says we are not going to take you to panel unless, you know, and we haven't had any red flags as such come up in anything. But until I hear that yes, I can't quite relax yet. (Melanie, 3)

Once they were past this, and successfully approved by their agency, they then entered the uncertainty of matching with a child. Some prospective adopters looked forward to this as the time that they could finally see the children who were available for adoption and have a clearer sense of their future. But for a number, it was a time where they found themselves outside of the agency's bubble and into the wider world of adoption, where they felt again that they had little control over their fate:

Initially we thought it was like it was the Holy Grail. That was going to be the big challenging thing was getting through panel. And of course it is a significant milestone, but now we appreciate that the next big stage is even bigger is having the sharp elbows and the strength of character to cope with rejection from children. Well, you know, their social worker. (Charles, 3)

I was saying you know, how quickly do you think we'll be matched after Panel and she was saying 'kind of prepare yourself for a bit of a wait' so it feels a bit like oh, we've done with this work, but actually we're going potentially going back to normal life, potentially for quite a long time, before we are then matched, and I do feel a little bit like almost like I can't get excited about it because, could be another six to twelve months before we adopt. (Catherine, 3)

During this process, progress was something the prospective adopters experienced as out of their control. At each stage, they were dependent on the agency for the decision to move forward. They had the power to say no, and slow down to match their own timescales. Time was not a factor that added pressure, instead it was the movement through the process of agency preparation and the uncertainty of outcome that they found challenging.

7.1.4 Uncertainty in the present: Summary of theme

Throughout the preparation period prospective adopters find themselves absorbing information in a new role, that of prospective adoptive parent. They do this while feeling under scrutiny. Those who are guiding them through this process are also explicitly assessing their performance and control their movement through the stages of adopters' preparation and assessment. The next challenge for them is that they are being assessed for a role as parents in an uncertain future, as they do not know who their children will be, or what parenting challenges they will face. Though this is true for all parents, the stakes are raised higher in adoption due to the challenging circumstances of these children's early life.

7.2 Uncertainty in the future- who will my child be?

The other major source of uncertainty for prospective adopters was around who their future child might be. As Greg explains here: *“we’ve got this abstract thought of this happiness and fulfilment, we just can’t attach it, or we haven’t met that person yet, they might not even be born yet, they might here already, and we just don’t know”* (Greg, 1). This again was something which they had little control over yet were asked to make important decisions about who they might be prepared to adopt.

Preparing for adoptive parenting in the UK system presents participants with the need to make decisions in a way that it is entirely different to biological parenting. They are asked how many children they might like to adopt, of what age, which are choices not possible for a biological parent (it’s always a newborn!). Prospective adopters are able to consider what backgrounds of children they are willing to consider or what needs they feel able to cope with. A key challenge as they absorb this information is that they do not know which needs, or combination of needs their future child might have. The course provides space to contemplate these issues but is not able to provide certainty for the prospective adopters’ futures: *“They’re preparing you for all these things that you’re hoping you won’t have to deal with, but you just don’t know.”* (Natalie, 2)

In addition, as laid out in the previous section, they are making these vital decisions in a situation where they do not have control of the outcome, both in terms of completing the adopter journey, and what their future might hold. Making decisions about their preferences is emotionally challenging for prospective adopters due to this uncertainty. They need to consider if they can cope, without knowing what they will be coping with. These challenges will be described in the following themes: *‘Being overwhelmed with information’*, *‘The course raises questions’*, *‘Time and space to process’*, and *‘Discomfort with choice’*.

7.2.1 Being overwhelmed with information

The prospective adopters found that the preparation process was one that provoked emotion, both positive as they looked towards their long-held hopes of parenting, but also more challenging emotions. This theme looks at times when contemplating the needs of adopted children became overwhelming, and the strategies employed to manage this.

Many prospective adopters described having periods of being overwhelmed with the information they received, which some called “wobbles”. These occurred when they had an emotional response to information about children’s experiences and had to process what this information might mean for their future. These “wobbles” occurred at different points of the

adoption process, when prospective adopters were faced with the potential complexities of adoption. Here Isobel describes this experience during her early research:

There was a webinar with an adoptee who was in her 30's... she felt that her parents could have done things a lot differently, her adoptive parents, and she didn't explicitly say, "I don't love them", but it was then I just had this revelation. I know it's not about me, but it would be really shit if my kids didn't love me, and then so I was like, take a break. Just take a break, like you are not even started stage 1, you don't have anywhere to put this information, so it wasn't a deterrent. It was just enough for now. (Isobel, 1)

Isobel saw a potential future in which her children might not love her. That felt overwhelming, and crucially at this point, out of her control. She described this happening early in her adoption process. At this point in her journey to adoption she felt she could not exercise her agency to create a future where it was more likely for children to love her. Another participant described a similar feeling when reading the course material before it started, specifically the case studies on managing children's behaviour:

I flipped through and just read the case studies, and I think I maybe freaked myself out a little bit. Just reading those without the context, perhaps that they'll be introduced in the training, or you know, unpacking what that means for how would you parent a child that's been through something like that. (Natalie, 1)

Another participant described a "wobble" during the home study, when she was considering the possibility of foster-to-adopt. Here, the additional uncertainty of foster-to-adopt highlighted for her the lack of agency and control that was a factor throughout all adoption decisions: "*We are just having to trust her [social worker]*" (Louise, 3). For those who had wobbles at this point, there was little they could do, and they often described a strategy of withdrawal and avoidance at this point, seen in for example in Isobel deciding to take a break from her reading, or Louise placing her trust in the social worker. If early in the process this could mean pausing research at that point. Later on, it was around trusting the professionals around them and handing decisions over to fate i.e. which children will be available for matching when they reach that point.

Most wobbles were prompted by the information received about the challenges of adoptive parenting. The majority of participants had wished to be parents for some time, with around half having a journey of infertility treatment before considering adoption. Therefore, the question of whether they were ready to become parents was settled for them. Tania stated that herself and her husband viewed themselves "*as sort of parents without kids basically*"

(Tania, 1). For the majority of the prospective adopters, the uncertainty was instead around whether they could parent a child who has experienced early adversity.

A smaller number of participants questioned whether they would be able to parent at all. Though insecurity about parenting was less common, when it occurred it was often highly significant. Participants who spoke about this did not talk about discussing this issue with their partners. Concerns about their own ability to parent in general were framed in “I” statements (in contrast, when thinking about the challenges of parenting adopted children “we” was common): *“I definitely played way too much emphasis on ‘this is the course to make me a good parent’ ”*. (Greg, 2). Greg described how he realised that this idea was not realistic, but that the course had introduced him to helpful concepts like attachment. The course provided Greg with a clear way to think about the parenting, and reassuring messages that this was possible.

For another participant, whose insecurity was rooted in issues from childhood, the process of resolving concerns about parenting took longer. They were aware of their insecurity from early on in their adoption journey and expressed concerns about not having a *“conventional upbringing”*. These questions continued throughout the preparation to adopt process. Hearing about therapeutic parenting helped them to reflect on the parenting they had received, along with their social worker providing reassurance that they had faith in their ability to parent, allowed them to resolve this insecurity. By the third interview, they could reflect with compassion on the choices their mother made, and to feel confident that they would be able to break the cycle of poor parenting.

7.2.2 The course raises questions.

This theme explores how the course operated as a space for the prospective adopters to face new information and made them reflect on their future. The large quantity of information the prospective adopters had to take on played a part in this: *“The training had been so intense, and it had made you feel so, sort of, not incapable, but it did make you feel a little bit like that”* (Melanie, 3). This “wobble” discussed in the previous theme could come up at any point in the prospective adopters’ journey. However, the course seemed almost designed to force this reflection as it was a concentrated period of time when these questions about adoptive family life were given undivided attention by the prospective adopters. They were placed in a situation where they must consider what adoption will mean for them, as guided and curated by the agency. This was complicated further by the fact the course did not provide any easy answers for the prospective adopters: *“It’s the course has prompted these conversations rather than solving them”*. (Josh, 2).

Though all had some knowledge of modern adoption in the UK before they started the course, the course was a time that they were not in control of the information that they were receiving. Josh described *"I think it's quite easy when you're doing your own preparation, where...you will skim over certain things if they're quite difficult for you"* (Josh, 2). Once on the course, the agency selects material that adopters must hear, including the impact of abuse and the role of birth family, that prospective adopters had not previously thought about in depth. Some of this was difficult material and was hard to contemplate: *"trauma week was, you know, traumatic"* (Natalie, 2). Their awareness of agency scrutiny meant that the prospective adopters felt the need to be attentive to the material. Prospective adopters had to begin to find their own position on what they had learned, and what it meant for their future family. This could feel overwhelming:

It's just emotional because you've got to process so much stuff, all the difficult stuff, you got to process it now and think about years of the future in terms of what you are going to, you know, what your life would be if you take on a child that has x, y, and z and that's quite, sort of too much. (Louise, 2)

The course seeks not just to inform, but also asks that the information is absorbed. It was destabilising for the prospective adopters, as social workers often presented a picture of a challenging future. This led to them to reflect on their vision for their future family, such as how many siblings can I manage, what age of child is best?

This is a bit more concern there, that probably wasn't there in- the issues that you are likely to encounter seem to be amplified, the older the child is, the more trauma they have been exposed to, the more profound the issues are. I think that's something we are in discussions about at the minute and it is a concern. It is a bit of a worry. (James, 2)

The information that led to these concerns will be unpicked in chapter 3 of the findings. The prospect of adoption was described as a daunting one in a number of areas both in the experience of preparation: *"the first session we were terrified, you just had no idea what to expect"* (Sophie, 2) and in the prospect of parenting: *"suddenly having two, well, a stranger or two strangers in our house"* (Charles, 2). The wobbles on the course caused people to ask, *"is this [adoption] 100% for us?"* (Catherine, 2). Some had already asked that question, for example, Stephanie, who took six months to research adoption before committing to contacting an agency.

Only one participant, Tania, ended the course without a firm commitment to adoptive parenting, which was a stance she maintained throughout the process:

I don't think we will have clarity until, when we probably start the meeting, start Linkmaker and start seeing who we match with, and the reality of all of this, yeah, I think we will continue going through the process and see what that means at the end. (Tania, 2)

Tania had read extensively about the challenges that can come with parenting adopted children and was cautious the entire way through about what she would be able to manage. She never described a “wobble” where she moved through this to commit to adoption as the way to parenting, but instead maintained openness to the idea that adoption might not be the route for herself and her husband, even as she progressed further. The lack of knowledge about which children might be available for Tania meant she left the possibility open to not becoming a parent. All others, either through a long journey of infertility, or considered choice, stated that adoption was now the only route to parenthood: “*I've made the decision. This is what I want to do.*” (Natalie, 3). This commitment did not reduce the level of questioning they could have about their offer. Part of the reason the course cannot answer the questions raised for the prospective adopters is that these questions need to be answered individually, as the prospective adopters weigh the information given with the hopes they have for their future. The next theme looks at some of the ways the course can help and hinder in weighing that information.

7.2.3 Time and space to process the course.

This theme will look at how prospective adopter couples processed information from the course together. It will also look at how time factors, such as the structure and delivery of the course impacted the prospective adopters in processing the course. The sample unfortunately did not include any single adopters who completed all three interviews, so it has not been possible to include the experiences of single adopters in the analysis.

Participants described the one benefit of the course was that it ensured conversation with their partners happened about adoption. For prospective adopter couples, dialogue between them had been an essential part of moving forward with the adoption process. During the research interviews they recalled significant conversations from the preliminary stages of their adoption journey: “*It was one of the things that (we) discussed on our first date.*” (Josh, 1), “*We went on a big walk because it's between lockdowns.... and we just talked about it again.*” (Natalie, 2). Some couples talked about researching together: “*But I bought two books, I can't think what they are called now. But he's reading one at the moment, and I'm reading the other and then we are going to switch.*” (Melanie, 1). But the course was

regarded as a clear set aside time that both partners would need to focus on the topic, rather than being something that fitted into life around them:

I'm quite looking forward to all the training because it just gives us a chance to sit as a couple and sort of think about things and check we are on the same page with things and just have open discussions. It's probably quite a healthy thing to do before you become a parent. (Louise, 1)

Louise gave an example of her husband, in the first session of the course, asking about feelings about the birth parents. This was something she had not considered, and she did not know that he had thought about either. Isobel found similar insight into her partner's thought process here, and again how this fed back into helping her own thought process:

He'll ask a question about schools and if we adopt a child that is of school age. That does help me think oh, of course we could adopt a child of school age. Like, he does influence me with the things that I'm unsure about. And I mean, I guess it means that a lot of the things I'm not sure about is because I don't know how he feels about it. (Isobel, 2).

Negotiating a partner's feelings while also managing your own feelings during the intensity of the course was not straightforward. Charles described agreeing to not have discussions with his partner while the course was running: "*because it was just, that was lot to process, we need to chill out and watch something on Netflix*" (Charles, 2). The importance of this communication about communication in this uncertain, high stakes time was emphasized in this quote from Greg, who had not agreed with his partner before about how to communicate:

What I wasn't very good at was (partner) was trying to have these little conversations every day, actually what I found was the thinking about the course and doing the homework and just being introduced to these new concepts and these new ideas is quite initially, was quite heavy..... So she was getting very frustrated because she was just like 'you're not talking about these things, I don't know where you're at, I don't know if you are excited about this anymore, you just seem so stressed about that or worried about the course and doing the homework' (Greg, 2)

Here the discussion was around the information they were receiving and the impact on them. For others, such as Natalie, it raised core discussions around what they wanted from adoption, and the need for negotiation between these views:

It's brought up conversations around those kind of elements and me thinking well if a baby is less likely to have had some negative experiences, perhaps it's not so bad

having a younger child. If, in the long run, that child develops more normally or is able to, you know, to develop normally. Whereas he's still very much, we came into this to not get a baby. So that's a bit of an ongoing conversation at the moment.

(Natalie, 2)

The point at which these discussions happened was partly dependant on the structure of the course, and the individual relationships of participants. The structure of the courses also impacted on their own individual processing of the information.

The courses were organised in different ways. One held morning sessions over a number of weeks, but the rest used longer days, over a shorter period. Participants on the shorter courses described the course as intense and exhausting: "*Both of us, me and (partner), were going to bed at 8 o'clock at night, because we're tired from the intense focus on the course.*" (James, 2) "*It was quite draining, we would finish the session and might have a nap.*" (Isobel, 2). The agency which held the course over a longer period asked the most of participants in terms of homework: "*You were tasked to do more reading, answer more questions ... all the case studies that I was talking to you about.*" (David, 2). For all participants, the course represented a time of immersion into thinking about adoption that absorbed their time and energy as they were confronted with a vision of their potential future lives. Courses which allowed some time in between sessions were valued:

Giving space in between the sessions is a good idea to allow people to process the things we discuss.... but each little item becomes a world of emotions, of things to think about, it opens up all kinds of questions and generally, it takes time for each question to come up (which they usually do randomly when you are doing something else) and it also takes time to process it all, to internalise it, understand it at an emotional level, accept it and truly 'wrap your mind around it'. Bruno (email)

One agency planned homework activities to prompt couple discussion around areas such as managing behaviour and choosing a child. This gave valuable space for the prospective adopters to reflect on the material, away from the scrutiny of the course. The other side was that it was very demanding on their time:

I mean, our homework took us hours, each week, hours because we were just constantly like, process, constantly reflecting and right, what if this was us, what if these children were presented to us? How would we go about it? And we could be a lot more honest, I think amongst two of us than we potentially might been in real life. (Sophie, 2).

Shorter courses did not give as much space for processing while on the course: *"I'm a little bit panicked, shall we say, it probably is, it's just a panic that kind of needs to work its way through and, you know, process it all."* Stephanie, 2. The challenge for prospective adopters lay not just in hearing this distressing information on what might have happened to children, but also in the process of assimilating the information and making sense of what it meant personally.

The act of processing information about what your future child might potentially have experienced, and the impact of that on future family life stirred deep emotion for the prospective adopters. Time and space on the course to allow this processing was helpful.

7.2.4 Discomfort with choosing between children.

Another area where intense and challenging emotions were described was at the prospect of having to choose between children. This theme looks at how this was expressed early in this process, and how the prospective adopters found a way to manage their discomfort.

Discomfort at having to choose between children ran strongly through the first two interviews, as the prospective adopters grew their knowledge around the children available for adoption. As they learnt more detail around children's needs, they adjusted their ideas about what future life might be: *"We've gone from the ideal of a brand-new baby, and everything is rosy and lovely, to now we're thinking between the age of 3 to 4 and a half."* (Charles, 1). The emotion prompted by the prospect of making these decisions was strong, as shown in these two quotes from Greg:

There will be a website with just profiles of children on, like some twisted dating website ... that's going to take us a long time to recover from, from seeing that. Even the thought of it now is quite upsetting and the idea that actually we're going to be dismissing children is almost, it's so, that's such a horrible feeling already. (Greg, 1)

There is going to be a point where you are saying no to children, that guilt, has already, you are already thinking about that... you have to frame it as in like you're doing a good thing for that one child, and that's really special but it doesn't take away from the horribleness of the saying no to others. (Greg, 2)

For some prospective adopters, such as Greg, this was an issue that they were aware of from early on in the process, whereas for others it was something they spoke about later in the process as they came closer to the reality of setting boundaries over the children they wished to raise. Greg's quotes also illustrate how the prospective adopters managed this

guilt. It was framed as an essential decision that was made for the good of their child, rather than one that was made entirely for themselves.

Some prospective adopters reflected that it was the ability of adoptive parents to form their family in this way that created this dilemma. Adoptive parents were offered choices in a way biological parents were not:

We can say that we want a child of this age or without certain disabilities or what gender we want? You know, we can be very specific, which is a privileged position to be in because biological parents can't. Often issues and problems aren't known about until birth. So, we are in a privileged position to be able to rule those children out, and I think it's just natural to feel bad for saying it. (Charles, 2)

This adds a moral dimension to adopters' decision-making, not just one of practicalities. *"We've had the age discussion as well. Are we being selfish, you know? Is it wrong to say that we'd only want a toddler? Do we want younger than that? Do we want older than that?"* (Stephanie, 2). This is highlighted by the adopters' perception of public attitudes to adoption as a generous, altruistic act: *"The attitude still is in general culture to give a medal to adopters"* (Bruno, 2) *"they just think that giving somebody that chance, just very sort of admirable."* (David, 1). The reality of learning about adoption means that they are putting themselves in the position of making decisions that seem counter to that:

You feel like the whole process you're supposed to be putting yourselves up for, you know, a loving home for a kid and then to choose the kids that you would and wouldn't take feels like it goes against the, you know, the spirit of adoption. You're supposed to, you know, not just pick the cutest, littlest ones, you're supposed to sort of be there to help kids that need it. (Tania, 3)

Here we can see how prospective adopters' early experience of adoption, as something that they are being praised for and which raises them in the esteem of their community, changes as they gain greater insight into the challenges adoption poses. These children may have significant additional needs, and the reality is that prospective adopters have to choose which children they are not prepared to care for, based on their own understanding of their future life. When looking at this decision, the prospective adopters often spoke not just of "what can I provide for the child?" but also what life they saw themselves having, and how much they were prepared to compromise these aspirations to accommodate a child who may need significant additional support.

The prospective adopters required support in being able to manage these dilemmas, which was provided by the agency. The prospective adopters described clear messages on course that it was not just okay to make these choices, but essential:

They say in the training session if an adoption goes forward and then it fails that's actually just devastating. More devastating all round for everybody. So, they were saying, 'you've got to just be really harsh', as hard as that sounds. (Melanie, 2)

Following the course, many prospective adopters, like Melanie, had acknowledged that this was a necessary task. Some still required support into their home study, with their social workers helping them to say no to children, as explored in the next section. All needed to find a way to manage this strength of feeling around choice, to be able to move forward in the process.

7.2.5 Uncertainty in the future: Summary of theme

The prospective adopters described the process of learning about adoption as one where they could be overwhelmed and question if this was right for them. The course was a period of concentrated intensity on adoption. This raised many questions for them, which they needed process. During this time which destabilises them and asks them to make challenging decisions while feeling under scrutiny, there are certain relationships that are built that support and guide through this time. The next part of the chapter will explore these.

7.3 Searching for certainty

In the midst of uncertainty, the prospective adopters drew on relationships for guidance and support during this period. This section looks three groups and the roles they played: experienced adopters who provided a guide to the future, other prospective adopters who were 'fellow travellers', and social workers who were valued as experts.

7.3.1 Hope for the future: Learning from experienced adopters.

This theme looks at learning from experienced adopters. On all courses, hearing from an experienced adopter was built into the programme. Three agencies had an adoptive parent come and speak during at least one session of the course. The fourth agency gave the prospective adopters contact details of a range of people they needed to speak to as homework; an adoptive parent, someone who adopted via foster to adopt and a foster carer. Prospective adopters also used their own networks to speak to adopters, or sought out media featuring adoptive parents, such as podcasts and social media: *"That's been really helpful, because it's in my everyday then, it just appears on my Instagram every day."* (Sophie, 2).

Of the multiple ways that the prospective adopters learnt about adoption, many expressed a preference to hear from adoptive parents about the "first-hand" issues related to parenting

adopted children: *“On the last day there was an adopter on the call and he took questions, he pretty much spent the entire day with us on Zoom... that was another thing that put our mind at rest.”* (Charles, 2). It was felt that this could reveal the reality of what adopting would be like far more than being told by professionals.

I guess after being told this what it should be like, and this is what it might be like, people can actually say no, this is what it is like. Because they're living it, they're in it... it's so much more relatable and it's so much more helps me create that picture of what it might be like. What our day to day might be like. (Sophie, 2)

Speaking to experienced adopters gave the prospective adopters a guide to what their life might look like, and what the challenges they were hearing about in the course would feel like in their future family. They consistently identified hearing from personal experience as the most effective way of learning about adoption: *“I remember more. I remember more about that personal side, like when they are talking about their children. It really resonates.”* (Josh, 1). The idea of resonance is important, as it suggests that there is an emotional component in why hearing from adoptive parents is so effective. As identified earlier in this chapter, the prospective adopters have to manage the emotions prompted by the adoption process. Speaking to experienced adopters appeared helpful in this regard as it enabled prospective adopters to picture the emotional rewards of parenting. Listening to experienced adopters helped them to recognise that while parenting an adopted child might be more challenging, it would still be satisfying. They could still have the family life they entered the adoption process for. Experienced adoptive parents were seen as giving a more balanced message about adoptive family life than social workers did:

When you hear the social worker talk, you hear them say “oh yeah that was a very difficult case, and very challenging and very...” because they have all the black and white story, don't they? And then when you speak to the parent, they are just a family, they are just like this is my life, this is not negative list of things that have happened, this is just life and I love my children. They were really positive. It's very different. (Louise, 2)

This positivity provided a reassuring message at a time when the prospective adopters were being bombarded with material from the course about how challenging adoptive family life can be. They valued this, providing a counter-narrative to the bleak story that the social workers painted of the child's previous experience. This made the adopters seem more trustworthy as the information seemed more rounded, more in line with the prospective adopters' experience of life “they are just a family”.

One element that was particularly valued was the ability to ask questions of the experienced adopter about their story, especially for those where the agency asked them to contact people as homework. For these adopters, they felt the conversations went well because they were able to have honest conversations, and had greater openness to ask questions as it was a more intimate conversation than having a group discussion:

I don't think you would have had that personal relationship had they come in and just done the talk to group. And you can kind of really ask, It's weird you ask quite nitty gritty questions, and they are so open, like literally ask us anything and really, yeah, I think everyone is just been overwhelmingly positive. They've certainly not gone in and- there's no rose-tinted glasses by any stretch. But, still overwhelmingly like 'my kids are the best thing ever'. (Sophie, 2)

The importance of someone that it is possible to have a connection with, and for their story to resonate is highlighted. Alongside this, the prospective adopters want to be able to ask questions, rather than being presented with packaged information from an adoption agency. As they learnt about adoption, they wanted to be able to feel free to ask questions in real time, to dig into the emotional experience of being an adoptive parent for which they are preparing. Here James discusses the conversations he had with a colleague who had adopted. *"But I know (friend), I know how he works, I know he is a really good guy, balanced individual, just a very normal guy"*. Later, he contrasted this with sources of hearing from adopters where he did not have this interaction or trust:

If you do the e-learning, or you see a video on some website, you can't go 'yeah but what if' or 'what do you mean by' all you've got is what they are giving. You can't probe it. You can't find out someone's background feelings as easily as you could if it's a real person. (James, 1).

Being able to ask questions means that you can build trust with the experienced adopter, and with the messages they give you about adoption.

Sometimes, the messages that the prospective adopters received from experienced adopters contradicted the information that they had got from social workers. In these situations where the messages contradicted, the view of the adoptive parent would be weighed more highly than the social worker. They were used to check the veracity of the social worker's information:

For example, the situation with the ... birth grandmother and mum that had that really good close relationship.... when the social workers were like yes, this is normal and everyone's doing it. Actually, when you speak to anyone, we've asked

every person we've met ...is this what you're doing? And they are all like, 'no'.
(Sophie, 2)

Here, the agency sought to give a clear message on the importance of direct contact for children, and to stress that this was the expectation of the agency, which was then undermined by their own adopters who contradicted them. This allowed Sophie to feel more relaxed about the prospect of contact, and to consider it with less pressure, but this was not always the case. For Tania, hearing from adopters on her course who had been upset by a letter from a birth mother that was signed Mummy, contributed to her caution about what she perceived as the risks of letterbox contact. Due to the value that the prospective adopters place on the views of experienced adopters, information received from them will have more weight than that of the social workers on the course. For agencies seeking to change or move forward in practice this could present a challenge if the experienced adopters reinforce the status quo.

Not all voices from experienced adopters were welcomed through. A few participants had moved onto social media and internet forums to find information, for example in a Therapeutic Parents Facebook group. Posts there which were seen as overly negative e.g. when people asking about adoption were advised not to go further, were seen as poor behaviour. The situation was made sense of by the prospective adopter as a sign of the parent struggling. *"The people that you are going to get on there are the people that are experiencing problems, and they want help."* (Stephanie, 2). James went onto Stage Two training, which was led by an adoptive parent who he described as going 'off-script' and giving examples from their life which did not match the slides being shown. Messages that were seen as realistic about the child's needs but overall optimistic and positive were what was sought, and those who moved outside this narrative were taken as providing less trustworthy accounts of adoption.

One area where the prospective adopters took onboard negative views from experienced adopters was when they spoke about their relationship with social workers. *"people who had adopted, fostered ...lots of them are very cautionary about social workers"* (Greg, 2). People were prepared that the relationship with the social worker could be unpredictable and could be negative, especially in the home study stage.

7.3.2 Fellow travellers: Relationships with peers on the course.

This theme looks at how the prospective adopters viewed their relationships with other prospective adopters on the course, and the role this played in them processing the information received on the course.

The course is a group process, and for most of the participants in this study, it was the first time they had met other prospective adopters. Group size per course ranged from four families (couples or single people) to ten families. The courses could contain second-time adopters, as well as foster carers who were adopting the children already in their care. One person reported being on a course where after the first session, the group was split in two, into one group who were first time parents, and the other who had parenting experience.

Some participants described adoption as a lonely process that few people in your circle can understand:

It's not an easy thing to go through as a couple. You can't always support each other. You need to have other people. And people don't know you are going through it, because you are not pregnant, so people don't know. Some people ask, some people don't, and some people ask the wrong thing and make you feel more upset. It's not an easy process to go through, you definitely need peer support. (Louise, 2)

The course offered potential fellowship with other people on the same journey, who would be able to understand, and provide life-long support. This message was reinforced by experienced adopters who had been enthusiastic about finding this network while on the programme.

One of the reasons we went for the local authority is because we, I want to meet people to form a network with and just hopefully, make friends that we'll keep in touch with, and we'll go through a similar thing and we will just keep going through similar things forever. (Isobel, 1)

Participants entered the course with this expectation of forming friendships, with most stating this as something they were hoping to come away with, while a few others were expecting it but not hoping for it, as they did not feel the need for this peer support. As the course started, the relationships between the people on the course were generally described as supportive, though this was complicated by the factors such as Covid-19, and competitiveness which will be examined further on.

People described being reassured by their peers on the course as "*our feelings and anxieties are matched by everyone else*" (Charles, 2). In an intense, emotional, and isolating process, where their typical support networks were unable to understand what they were experiencing, finding solidarity with others in the same process was helpful. Their questioning around adoption, as discussed earlier in the chapter, became more normalised. Hearing from peers also allowed them to reflect on their own decisions, and to explore possibilities that they had maybe not thought of earlier by giving new perspectives on the

questions that adoption was posing for them: “*just having other opinions, other people’s questions, really helpful. It didn’t necessarily mean I always agreed with them*” (Catherine, 2). Here the group element of the course was allowing a wider view of parenting and adoption to be explored than would be possible with one set of prospective adopters and a social worker. Participants noted learning by reflecting on what others talked about. Tania explored that impact in this quote:

Some people were looking to adopt one rather than two kids, and in the smaller groups you can find out more about them at that personal level and learn a bit more about oh, so you want twins or you want a single and it prompts ideas amongst us and it did start, we did, my husband and I did talk afterwards about should we be thinking 1 vs 2, and it’s just helpful insight into different people’s journey’s and it helped you reflect on what we are doing ourselves. (Tania, 2).

These themes of reassurance and providing new perspectives were common across the cohort, with peers being valued on the course. However, there were other more complicated themes, such as peers as competition. This manifested in two ways, firstly that the others on the course were performing better than the participant:

I felt competition with the other people on the call. I was like they seem so much better or they seem so much more prepped. And so, I had like real insecurity complex of you’re all going to be better parents than me. (Sophie, 2)

Other participants talked about similar fears in terms of seeming less impressive than the other prospective adopters, especially on the course which set a large amount of homework. One prospective adopter noticed that people were often mentioning their childcare experience and wondered if this was to seem more appealing to the social workers leading the course. This form of competition links to the second way it was demonstrated, in the awareness for some participants that they were likely to be looking for children to match with at the same time as the other people on the course: “*These are the other people that I’m kind of, you know, in competition with.*” (Stephanie, 2). This was pronounced following a session on matching at one agency:

That does feel a little bit cold and a little bit competitive and suddenly we saw each other as rivals rather than a support group. I say it in jest, but it very much was that feeling (Charles, 2).

However, this feeling of competition with their peers did not prevent the prospective adopters from wanting these relationships. The study took place in a period of practice change due to the Covid-19 pandemic. All agencies in the study had moved their courses online only. The

participants felt that this had a significant impact on their ability to make connections on the course. From speaking to experienced adopters, they were aware of the depth of friendship that could be built up, and that this happened often outside of the training room: *"They talked about even going to the pub after one week and that just, it did sound really nice."* (Natalie, 2). This was felt keenly by the participants who were hoping for these links: *"I imagine it was a pale shadow of what it could be if we were there."* (James, 2). This was somewhat dependant on timing - those interviewed earliest, during periods of lockdown, described what felt to them as the least strong links, whereas those interviewed later had been able to meet in person and envisioned on-going friendships.

Another crucial difference related to how the course was facilitated. Most courses used break out rooms for discussions on case studies or certain exercises, which gave the participants the chance to speak to each other away from the social workers. This gave them the chance to know each other, and also speak more openly without concern that they would be judged for saying the wrong thing.

We got to ask questions that we might not have felt comfortable asking in the bigger group, like you know, those questions that you think are stupid or you didn't quite understand, or someone made a comment and it kind of sat in your mind. Then in the safety of the smaller group, especially if you feel that friendship, that trusting relationship you can ask, so I found it easier to raise those questions with them.

(Tania, 2)

The prospective adopters were keen for more of this: *"Where you sat there for 9:45, it's 15 minutes where you could actually be chatting to your course mates ... And instead, we just sitting there waiting for the screen to go to the meeting."* (Stephanie, 2). The presence of social workers and need to perform in front of them, limited the ability to form relationships with peers, as well as fuelling competitiveness between them. One course did not use break out rooms at all, with case studies given instead as homework that needed to be reported back on in the training room. In this situation some participants set up their own ways of speaking without the social workers. Participants on one course set up a "drinks" evening over Videoconferencing, whereas as others talked about direct messaging and forming a closer relationship that way: *"We're all on the group chat so we could see each other's numbers. So, I think one of us ended up texting us aside out of the group chat to ask the question about the training session and then we just literally have been texting from then on."* (Melanie, 2).

7.3.3 Looking for guidance: Social Worker as expert.

The role of the agency has been discussed earlier in this chapter as representing both guide and gatekeeper through the new world of adoption. This theme looks at how prospective adopters saw individual social workers as expert guides, both to adoption, and also to what might be best for their future. They were seen as being able to guide the prospective adopters onto the right path, steering them to the type of children that they should adopt, being expert in both knowledge about the children and the ability to assess and support adopters. Their role as experts was reinforced by the course, which was described by the participants as being led by social workers. Stephanie was "star-struck" by the social workers presenting on the course: *"there was no question that from us or anybody else that went unanswered. Their answers, they gave me great faith in them as well. They knew their subject matter, they knew everything that was going to go on."* (Stephanie, 2). Social workers were literally presented as the experts with the knowledge that the prospective adopters will need.

At the end of the course, prior to being allocated a social worker, a number of the prospective adopters looked forward to the relationship with the home study worker. They saw it as one that would help the prospective adopter's make sense of the deluge of information they had following the course, to answer their questions, and guide them through the difficult decision making: *"I think we've got the information for sure. We've got the information; we don't have support really."* (Louise, 2). The course being a group approach meant that though they valued meeting and learning from peers, there could be what some described as a 'one-size fits all' approach. Some were surprised at there was less space for self-reflection than they had expected. As such, the time they would spend with the social worker in the home study was positively anticipated.

There was confidence placed in their ability to assess, and to know which children would be right for the prospective adopters: *"They did their assessment of us, and they gave us like a bracket, and you got to trust their judgement a bit, they have done this hundreds of times, you'd be mad not to listen to them"* (Greg, 2). This is in the context of the lack of control that the prospective adopters felt in this process (they have to let the social workers guide them) and the negative views of social workers that they may have received from experienced adopters. This meant the prospective adopters needed to trust the social workers to be able to guide them in the morally challenging business of choosing a child. Some people were happy for the social workers to tell them what to do as the experts: *"We both were very much quite happy to listen to instruction... If they said we've observed you for so long, and we think actually you'd be better suited to look after children of this age, then that's fine."* (Stephanie, 2). Others saw it more as a conversation between them, guided by the social worker's

greater knowledge of the field: *“When we have more discussion with our social worker, I’ll feel more confident, with knowing what support and training there is for these sorts of different scenarios”* (Josh, 2).

For many they did find the support they wanted in the home study

We really trusted her opinion. So, when we were like, well, what do you think if this situation was brought to us and she would kind of be like, well, you know these things, I think, are your real strengths. These are some of the things that I think you know that may need to be considered. (Sophie, 3)

For some, this meant the social worker giving them permission to say no to challenges like children with extreme behaviour needs, or difficulty attaching, as seen here with Isobel: *“She wasn’t even like ‘I don’t think you could handle this’, it was more, ‘I know this is not what you want’.”* (Isobel, 3). For Tania, who had struggled with the scrutiny on the course, appreciated not feeling judged for the boundaries that they had set around a child with disability, while also being gently pushed in other areas e.g. their social worker would ask them if they were happy with a four-year-old, would they consider a five-year-old? The support of the social worker meant that they had outside validation of their skills, gentle challenge to stretch themselves, and permission to say no if they felt pushed too far.

This gentle challenge and encouragement can be seen in Simone’s journey. Simone had been open to adopting three siblings, but following the course, and hearing from a sibling adopter, was thinking that adopting two was a more sensible offer. Over the course of the home study, Simone returned to the idea of three siblings, with the encouragement of her social worker, who put her in contact with a family who had adopted three children. The social worker also referred back to the idea of three siblings during home study:

When she did the home survey thing walking around our house we have, it’s a four bed and so she was looking round at the rooms and she was like “Four bedroomed house, so you could definitely cope with three. In fact, you could take four, but I won’t push my luck on that one”. So, that was kind of how conversations went really. She has very much encouraged us to keep open to the idea of three.... now this idea of three has been in our heads for a few months now. It’s very difficult to knock that out. (Simone, 3).

The wobbles and questioning that were raised by the course, began to resolve with the support of the social worker in the home study. Here the prospective adopters could begin to find the answers to the questions they had.

The social workers' interpersonal skills were also valued. Most kept the sense of professional relationship in their mind: *"We couldn't have been given a more lovely adoption worker but obviously you are still being assessed. At the end of the day it is still a professional relationship, isn't it? As much as you get on"* (Melanie 3). But some embraced the idea of the close relationship that was built: *"She said, very early on this will go better if you treat me as a member of the family or just as a really close friend. We just kind of bought into that really easily"* (Greg, 3). Some prospective adopters described the home study as being like therapy, a chance to talk about yourself. All of the prospective adopters who used this comparison did qualify it by saying that they had not had therapy. For others it was a process that must be gone through *"it's just dragging up all your past, dragging everything up. And we've already done that. It feels like we are doing it all again"* (Louise, 3). Throughout the past is something that is reflected on but for a specific purpose. It is for the social worker to better understand the prospective adopters, to be able to write a report that will mean they can get through panel.

Some prospective adopters experienced the home study as if they were a passenger, with the social worker in charge, guiding them with what they needed to do: *"We just, you know, we put the sessions in the diary and then we had the session and it felt very, very smooth"* (Isobel, 3). This is another role of the social worker as expert, as someone who can take them through the bewildering new world of adoption. This was valued even if sometimes the prospective adopters did not agree with some of the conclusions that the social worker came to, i.e. issues being raised in the home study that they didn't agree with: *"I did feel like they needed a negative, like I had to give something that wasn't fully positive"* (Natalie, 3) or being told to narrow down their offer *"She was kind of pushing us towards a, yeah, be more restrictive in the profile, and not too open to everything"* (Bruno, 3). The power imbalance discussed earlier in this chapter meant that few could challenge where they thought the social worker was wrong. The perceived experience and expert knowledge were both reassuring to the prospective adopters and reinforced the power that the social workers had in this process.

Towards the end of the home study, some prospective adopters described a process where the social worker's belief in them, helped them feel confident in their capability. Melanie described feeling dispirited by the course: *"They never let you think it would be OK, that you would be good parents. It's very much just how hard it's gonna be and it just made us feel like we weren't good enough."* (Melanie, 3). She found her home study worker offered a more balanced approach in terms of what the challenges of adoptive family life might be, which gave Melanie confidence that the future would be okay for her family. Others described their social workers boosting their confidence in their own abilities as a parent.

For the prospective adopters, the social workers were their guides through the process. The trust placed in them allowed the prospective adopters to find their way through the uncertainty, to what might be the right answers for them.

Searching for certainty: Summary of chapter

Moving through the adopter journey means managing uncertainty in multiple ways. The prospective adopters are aware that the outcome is not certain, nor something of which they are in control. They are being provided with enormous amounts of emotionally stirring information, which they need to process to be able to make decisions about their future. To manage this, they need time to process the information, and draw support from others along the process, be that either experienced adopters, their peers or the social workers.

Some of these dynamics can be seen in James' case. He entered with a degree of confidence due to his own work knowledge, but on the course found that this did not provide a full understanding of adoption. After the course, he was questioning some of his decisions before the course, in particular whether he should look for younger children. However, his hope for adoption was siblings. Over the home study, with the guidance of his social worker, he began to consider an older age range, and agreed with the final recommendation of siblings, up to four years old. He was also influenced by a podcast about adopting an older child "Adoption Adventures". This vision from an experienced adopter helped him to see positives in adopting older than infancy. Another major influence was his understanding of trauma and its impact on children, which is knowledge he took from the course. The next chapter will look at how prospective adopters develop and apply this understanding of the needs of adopted children.

8 Prospective adopters thinking about parenting

This chapter looks at the prospective adopters understanding of the needs of adopted children. It will look at how these understandings are formed, and the influence this has on their sense of their future parenting and their decision making around matching preferences.

The first part of the chapter will look at their growing understanding of the needs of the children. It opens with their positions at the start of the adoption process, looking at their thinking on matching '*Keeping an open mind*', on impacts of abuse and neglect '*Adopted Children have difficult experiences*' and on parenting '*They need different parenting*'. It then moves on to look at '*Understandings after the course*'. Over the course, their understandings become more detailed, as they were presented with experiential exercises to help them empathise with their children's experiences. The concepts of attachment and trauma are used to present a framework for the children's experiences in the past, and their future in the adoptive home, which will be explored in the following themes: '*Trauma is inevitable*' and '*Using attachment to understand adopted children's relationships*'. Finally in this section, will look at how the ideas around attachment and trauma made the prospective adopters carefully consider any additional needs they could consider parenting. This will be described in the following themes: '*Younger children have less trauma*', '*Concern and discomfort: Understandings of abuse and neglect*', and '*We want to be parents, not carers: thinking about health issues*'.

The second part of the chapter will explore the ideas that gave the prospective adopters confidence about adoptive parenting. Firstly, that '*Science shows the children can recover*,' which draws on the positive material people heard about brain development. Secondly it will look at the introduction to '*Therapeutic Parenting*'. The prospective adopters described two major understandings of what therapeutic parenting means. One was the importance of '*Building security for the child*.' This is linked to their understanding of attachment and the challenges of building relationships with adopted children. The other was a rejection of traditional discipline, as potentially damaging to the already traumatised children, and instead understanding that behaviour has roots in the child's past. This will be described under the theme '*Thinking about the child's behaviour*'. It will explore the importance of the prospective adopters having '*Opportunities to practice parenting skills*' on the course.

The final section of the chapter will look at how information is used to inform their thinking about matching with a child. It will first look at how the course explores matching in the themes '*Practising decision making*' and '*Insights into matching*'. It will then explore their

position at the end of the home study, and how they are using the information from the course to inform their matching preferences in 'Tools and Information' and 'Case-by-case'.

8.1 Prospective adopters' growing understanding of children's needs.

This section of the chapter will look at the prospective adopters' understanding of children's needs, and how this grows and develops over the preparation period. It will look at their beginning stance of a 'keeping an open mind' about what child they might adopt. At this point, they had an awareness that the children available for adoption will have had adverse experiences, and this gave the prospective adopters a sense that they might have to parent in a different way. However, understandings at this point were varied, based on previous work experience or levels of research. On the course, the prospective adopters were given information on attachment and trauma which developed a common understanding and language. But this knowledge also raised questions for them about what they would be able to manage. This was explored from an emotional perspective in the last chapter. Here, it will be explored from the perspective of the prospective adopters' understandings of the needs of the adopted children and their assessment of own capacity to meet them.

8.1.1 Thinking at the start of the adoption process

All participants had done some research on adoption before registering with any agency. At the minimum, this consisted of attendance at an agency's information session. Some agencies required their prospective adopters to undertake online, self-guided training by First4Adoption. Many of the prospective adopters accessed adopters in their own network *"We read up about certain things, we questioned whether it was for us. We spoke to other people that we knew had adopted"* (Stephanie, 1) or looked into established support networks for adopters such as Adoption UK and New Family Social. Others undertook their own research: *"Best part of two to three years, we've been watching documentaries"* (Simone, 1). Participants also drew heavily on their professional experience, especially if they worked in areas that touched on child welfare such as education, health, or criminal justice.

8.1.1.1 Keeping an open mind at the start.

Before attending on the course, most prospective adopters' discussions around the children they wished to adopt were influenced by their own hopes and dreams for family life, alongside a readiness to change their ideas based on what they would learn in the preparation process.

Prospective adopters mostly described their children in terms of what age they wanted to adopt, and whether they wanted to adopt siblings. Emotion/personal led reasons often came to the fore: *"I would love a baby... it's such a special time in their lives and your lives."* (Greg, 1). *"I feel quite nice at the thought of adopting siblings."* (Isobel, 1). The majority at this early stage before the course, expressed that they were open to changing their minds at this point. They had some sense of the needs of the children from their own research and early information from the agencies but were aware that they had much to learn: *"I think it's going to be an evolving idea, because we may get the preparation training and actually wow these emotional needs are way more than we ever realised"* (Greg, 1)

We have heard a few times this story where 'oh we were adamant it was going to be a three-month-old baby, and we ended up adopting a teenager'. So, you know, we are, it's not so much about being open to that, but open that we might change our minds (Bruno, 1).

Only a few clearly stated that they were cautious at this point, again for personal reasons, perhaps driven by work knowledge or personal circumstance. Other prospective adopters talked about approaching adoption with their *"eyes very wide open"* (Louise, 1) or not having *"rose-tinted glasses."* (Natalie, 1). These prospective adopters had often either undertaken extensive research, and/or had a professional background that had brought them into contact with the child welfare issues. They understood how challenging it could be, and the experiences/ family backgrounds that children might come from: *"some of the children, they are going to need a lot of help growing up. But you know, we are prepared for that."* (James, 1). This attitude involved drawing on knowledge that others may not have access. James formed this view through professional experience, and also from extensive conversations with adoptive families when he was considering adoption.

8.1.1.2 Adopted Children have difficult experiences.

Prior to the course, most prospective adopters described thinking about the children's experiences as something that would impact on the children and mean that they needed to be parented in a different way. These experiences were thought about in concrete terms, such as being possible parental neglect, due to drug issues, mental health, or just not being able to manage the care of the child. Some raised the possibility that it might be just young parents, or people who *"just can't afford"* (Melanie, 1) to raise their child. Abuse was also mentioned, but some named this as a rare or extreme reason for children to be removed from the care of their family. *"Then neglect ... wouldn't necessarily be a sole thing, perhaps*

neglect and drugs, but um, I think drug abuse was essentially there, the most common cause of things... child abuse of course. But I think that's the lesser." (Bruno, 1)

Some prospective adopters described expecting additional needs for the children: *"we know these children are going to come with extra needs, they could be physical, they are definitely going to be emotional, psychological, we know that"* (Greg, 1). Issues that the prospective adopters thought that adopted children may potentially have included ADHD, sensory disabilities, and FASD. Prospective adopters were less likely to talk about specific behaviours that they may need to face at this point, unless they were able to draw on knowledge such as previous experience with children: *"I know how much attention a baby requires. If they haven't had that, that will have an impact"* (Natalie, 1) or extensive research: *"...when you read about, you know, kids who are violent or defiant, and it's not just sort of the aggressive behaviours, but then like hiding food or throwing faeces."* (Tania, 1). They had a sense of what will have happened to the children but were willing to learn more. There were still questions about what the extent of the impacts might be. The concept of trauma was already present as a way to understand and describe the children's experiences.

I know that they have said about a baby can still suffer trauma in the womb, and then there could be alcohol, foetal alcohol syndrome is that? But as a baby there is, I'm assuming, less problems than obviously a toddler who had actually experienced certain things. (Melanie, 1)

Here we can see Melanie, who hoped to adopt an infant, trying to establish and make sense of what the idea of trauma and what this might mean for her. This is new knowledge picked up in her pre-training research ("they have said") linked with her current understanding of child development (the toddler will have "actually experienced things", unlike the foetus in the womb) but without certainty ("I'm assuming").

Attachment was also something that the prospective adopters mentioned in the first interview as being important for understanding adopted children. It was recognised that attachment was linked to relationships, with a particular relevance for adopted children because of the ending of important relationships for the child, from the birth family and from the foster carers: *We have learnt they will have attachment issues. Even children removed at birth will have attachment issues.* (Isobel, 1). Some participants were able to draw some links between behaviour and attachment. For example: *"aggressive behaviour to ask for attention"* (David, 1) or *"they are fearful that this attachment is going to be broken again"* (Stephanie, 1).

This was significant for the prospective adopters as they were looking forward to their relationship with their future child. They placed an importance on building attachment with

the children, be this in their consideration of foster to adopt as being good for “*early attachment*” (Sophie, 1) or a knowledge that they may have to work hard to build a relationship with a child who is untrusting as they think “*you will just leave me like everyone else has*” (James, 1). Here Isobel describes attachment as a key parenting task.

It’s very important to establish a positive attachment because they’ve had so many broken attachments before, and um, I can’t really imagine the damage that has done to them but, it’s so important that they can realise that it is forever. Not sure yet how I’m going to do that. I’ll re-read the books. (Isobel, 1)

There were few ideas about how to manage attachment issues at this point, other than spending time with the child. Further knowledge on how to build this relationship was something that the prospective adopters wanted from the course.

8.1.1.3 *They need different parenting.*

Before the course, the prospective adopters sensed that parenting would need to be different, because of the child’s experiences. However, at this early stage their understanding of what this would mean for their parenting was varied in description.

The prospective adopters used varied language as they tried to express in this first interview what would need to be different in their parenting. Most identified that they would need to be more patient, and that they would need to try to understand what was happening for the child more than they would need to with a biological child. “*The way we’ve thought about it is that we are going have to consciously parent rather than necessarily intuitively parent which we may be able to do if it was our own child*” (Sophie, 1). Some discussed the idea that there were extra or special skills that they needed to be able to provide for adoptive children:

It sounds so similar to all of the other general parenting stuff I’ve been reading.... So, yes there are extra skills to put on top of it. It’s not just like there’s one parenting style for a normal child, a biological child, and then there’s this completely different parenting style for someone who has been through neglect, and then there is someone different if they have been through physical violence. (Greg, 1)

Some prospective adopters had come across the concept of ‘therapeutic parenting’ and had specifically identified that as a way forward with their children, though again there were diverse understandings of what this would entail. Josh described it as “*the new way of supporting and educating and bringing in discipline with your children who have experienced trauma*” (Josh, 1). He pictured a style where the parent is in charge, moulding and guiding the child, whereas Louise spoke of parents she knew “*they are led by the child, it’s very therapeutic parenting*” (Louise, 1). Another understanding is shown in the quote below,

which links therapeutic parenting directly to ideas around attachment. *“It seems quite straightforward to me... just be nice and just understanding why certain behaviours might occur, like why there might be a bit of anxiety around attachment and how you maybe build on that.”* (James, 1)

At this early stage the prospective adopters described bringing their own hopes and ideals into their parenting, with imagery of providing love and a supportive upbringing for the child as what they were looking forward to. Some participants identified this as being their main approach to caring for an adopted child: *“But yeah, generally I think I am a warm and loving parent and that’s what I think that the child probably needs the most.”* (Natalie, 1). Two-thirds of participants said that on the course they wanted to learn more about how to parent a child with adverse experiences, with some specifically talking about therapeutic parenting. A few participants stated they wanted to know about discipline.

I’m hoping to find out how to manage things like even things like how do I discipline children? Because I know, you know, you shouldn’t do time out because there’s abandonment issues. You shouldn’t leave them in their room with the door shut, you can’t withhold toys, because they’ve had a history where they’ve gone without, so that’s not really a punishment, so I’m hoping that it will prepare us with those sorts of skills. (Tania, 1)

This information on parenting was seen as essential for the prospective adopters as they entered the course.

8.1.2 Understandings after the course

This section will discuss how their understandings of trauma and attachment were expanded over the course and became foundational ideas in their understanding about their children. As stated by Bruno (2) here: *“Attachment and trauma are the biggest hot topics now in adoption.”* Others described them as *“buzzwords”* (Josh, 1).

Prospective adopters all talked about content that helped them understand what children’s experiences had been. This was explored in taught sessions often early on the course, covering material such as what is abuse and neglect and its impact on children. Case studies were used to build empathy with the children in at least two agencies. One example described was a case study that covered three siblings of varying ages, whose mother was a drug user. The prospective adopters were asked to put themselves in the shoes of one of the children. The impact of the children’s early experiences was covered, with the majority of agencies including information on effects on brain development. Attachment was also covered, often illustrated with video material to emphasise the importance of early relationships to infants, such as the ‘Still Face experiment’, or clips of the ‘Strange Situation’

(Ainsworth & Bell, 1970; UMass Chan Medical School Psychiatry Dept, 2022). One participant described an exercise where they had to identify a child's attachment style from case studies. The other common exercise to explore a child's loss was the 'String exercise' which walks the prospective adopters through the experience of a child coming into the care system:

They said that had we been in a physical environment, we would have done the whole tying pieces, holding onto pieces of string, having someone at the centre holding onto pieces of string and then cutting the various ties and then tying together ones that reform in some format or another. (Simone, 2).

As the courses were all online, this was recreated by either description alone, or one agency asked the participants to diagram the child's relationships as they listened and then cut them up with scissors.

8.1.2.1 Trauma is inevitable.

Post-course, prospective adopters expressed the idea that 'any adopted child will have experienced trauma'. They moved from talking about trauma in an uncertain way or not at all, to trauma being a concept that would help them understand their children and the behaviour in the adoptive home. It was a concept that allowed links between the child's past, and their future in the adoptive home: *"Everything makes more sense once you understand about the trauma"* (Greg, 2).

The prospective adopters described trauma being covered in early sessions on the course:

The first few weeks was just trauma, abuse, neglect, trauma, abuse, neglect, really getting your head around the fact that these children, that it's the worst-case scenario that they have been taken off their parents.... it's all about loss and grief and loss and grief. (Louise, 2).

The prospective adopters described a clear message that removal from family is a trauma at any age, even at birth:

It'd been talked a lot about 'these kids all experience trauma'. Even if they have the most routine postnatal care, you know, go either straight to a mother and baby placement or, you know, always have their needs met. They would still have experienced some kind of trauma. (Sophie, 2)

The prospective adopters talked about the description of trauma they got on the course as being unsurprising (given their previous research) but being more in-depth than they

understood before: *"I think the course kind of consolidated and gave me more specific details on it."* (Simone, 2).

The course clarified the impact of trauma for those who might have been uncertain before. Melanie, who before the course questioned the extent of pre-natal trauma, spoke after the course about *"the baby getting toxic stress from being in the womb"* (Melanie, 2) and she had explained about trauma to family members who were uncertain about how this could happen. Trauma was described as something unavoidable- even if you adopt an infant, they would have at least two traumatic moves in their lives. Adopting a newborn might still bring pre-natal trauma into your home.

The learning about trauma was reinforced with case studies or experiential exercises that helped the prospective adopters put themselves in the shoes of children having these experiences: *"They did something where you had to think about your most traumatic moment, and feel it in your body, and just close your eyes."* (Louise, 2) or provided clear metaphors for them to picture the effects:

They used this like metaphor of a wall for basic needs. So, your basic needs, like the lowest level of the wall are shelter, food, water. The next set of bricks above that would be like more affection, nurturing, and things like that and it sort of showed how if you don't have those foundations, right, you can't really build anything on that? And I thought, yeah, that makes sense and, so there's like, complex social skills that are lost. (James, 2)

Prospective adopters used 'trauma' as a word to describe the impact of any adversity on their future child. This definition encompassed almost all experiences a child might have before moving into an adoptive home, prenatal trauma from substance misuse or maternal stress, trauma from their experiences in their birth family and from the ending of those relationships. They also learnt about the possible trauma a child might have from moves in foster care, including their final move into an adoptive home. From this learning, prospective adopters distilled a key piece of learning: that it is not possible to adopt a child who has not been traumatised.

Trauma was also a concept that helped make sense of the child's behaviour post-adoption too. The prospective adopters described learning about how trauma could manifest in the child's behaviour in the adoptive home: *"It was all about the worst-case scenario, what could happen if a child is neglected, what behaviour could come out, how that can affect you"* (Louise, 2). They talked about learning that even if a child does not appear traumatised, behaviour could emerge later.

We could very well take on a child that appears, relatively to other adopted children, mild mannered and naturally just fits in with our family straight away. But then it could be seven years before they get a sudden smell of someone's aftershave or whatever, and it triggers them, and it knocks them back six years. (Charles, 2)

With this wide definition of trauma, there was a similarly wide range of responses that prospective adopters might expect from a child. The prospective adopters talked about trauma making children extremely sensitive, with aspects of daily life challenging: *"Is this going to be triggering for them? Are they going to find this hard? We like to... go on holiday. Is that going to be very traumatic for a child that's had lots of moves and different bedrooms?"* (Natalie, 2). The prospective adopters talked about trauma and its impact on the child's wellbeing as unpredictable and long-lasting. *"They did say that it's not always till later down the line... you know how it has really impacted."* (David, 2). The prospective adopters needed to adjust to the idea that the effect of trauma was something they (and the child) might live with for a long time.

It seemed like these children will always have trauma, and I know that there will be some kids who have ongoing needs that need to be met and addressed. And then there'll be different issues at different aspects of their life in different transition periods. (Sophie, 2)

Avoiding re-traumatisation was therefore a key concern. Here Josh reflects on parenting a child who might have lived in a home with domestic violence:

It's so easy to raise your voice for example, and not really understand the impact that has on child from a traumatised background and that the trust you have with them of being calm and mellow, and just you shout at your husband, that could set you back so much (Josh, 2).

This quote shows how delicate they see the child, and also their relationship with the child, as being. This leads to the next theme around their understanding post-course: of thinking of relationships with the child in terms of attachment.

8.1.2.2 Using attachment to understand adopted children's relationships.

As with trauma, attachment was an idea of which the prospective adopters were already aware. This theme explores how they understood attachment theory and its relevance to their future family life. Throughout the chapter the phrasing "attachment" will be used, rather than attachment theory, as this is how the prospective adopters described it.

All of the courses asked the prospective adopters to reflect on *"The sheer amount of loss that a child will experience just to get to the stage of being adopted"* (Simone, 2). This

reinforced their early ideas about attachment as way of describing the impact of those losses and the effect it would have on children's ability to form a new relationship with them as adoptive parents.

Obviously, there is an awful amount of loss and then you get kids won't attach because they don't want to lose that person again or they expect that this person is only going to be in my life a short amount of time. (Stephanie, 2).

The conceptualisation of attachment was still mostly in relation to the loss of relationships: *"whatever the background of our child there will be some impact of at least disrupted attachment that we will have to deal with."* (Natalie, email while on course). Two prospective adopters explicitly used bereavement as a model to understand attachment. Some prospective adopters described length of relationship as more significant than quality of relationship, for example when a child had lived with foster carers for longer than birth family. *"The attachment issues there probably would be even worse from beyond the six months that they had with their birth parents"* (James, 2). A few did describe attachment in terms of behaviours: *"the outward emotion, there is a symptom of the inner kind of emotion, the failure to attach, to be secure to a primary caregiver"* (Greg, 2)

Attachment was also used to describe a positive relationship with the child. This was linked to some of the video material that was used to illustrate attachment on the course, such as the Still Face experiment.

There was one that I found quite sad. When they were showing what happens when, like, say, your mum's playing, then she ignores the child, like it's an experiment and they then started to get really distressed and like reaching out.... I think it was quite distressing actually seeing that, as that is how a child might feel like in an environment where there's not the same care, neglect happening. (David, 2)

The prospective adopters who said that this video explained attachment for them described it as being "horrible" to see the child's distress. They went on to be able to link what the impact would be if that were regularly happening, with one making a connection to a child's ability to emotionally regulate being impacted *"The baby was able to feel more regulated once her mum returned. Whereas I imagine that wouldn't be the case with a lot of our children."* (Isobel, 2). This child's return to calm was characterised as being a positive attachment for this participant. Some described being able to understand or "see" an attachment between parent and child straight away. Simone stated, *"I can't remember how attachment was necessarily explained, but I feel like it's one of those things, just a bit innate, isn't it, when you see an attachment between a child and parent, you can tell that there is an*

attachment." (Simone, 2) The importance of the child having an attachment, meaning a positive relationship with them, was clear to the prospective adopter.

The understanding of attachment as being around the breaking and making of relationships meant the prospective adopters were expecting challenges building attachments with their children, even if they were planning on adopting very young children. Creating an attachment with a child was understood as a task that would take time and could be demanding. However, in a change from the first interviews, many understood it to be an achievable task that they felt able to do. This was linked to the material on the course about parenting and will be discussed later in this chapter. Expectations of timescales for attachments to form were varied but were also generally thought about as long term.

We are actually more prepared now, that there probably will be more trauma, more of the behaviours in relation to, you know, loss and it might be harder to form that attachment because they've had it broken so times, (Stephanie, 2)

Stephanie was preparing to take at least fourteen months off work, so that she could be at home for as long as possible. Sophie also talked in terms of years for this trust to happen: *"Until you develop that trust and connection and that can be a long time for these children, you know, a year, two years."* (Sophie, 2). The development of attachment was understood as a task for the adoptive parent, not for the child. *"What I need to do in the future, so I guess it was around forming positive attachments."* (David, 2). The prospective adopters talked about receiving messages from the social workers delivering the course that attachment was vitally important, and needed to be prioritised:

Some of the early sessions, they were talking about how you need to, what you can do to build that attachment and how it's kind of constant eye contact and constantly you have to just clear the decks. Don't do anything else. Just focus on this child and then towards the end they were like, but actually children do need a bit of time to themselves, they do need a bit of independence and things, and I was like phew like we can actually, I will be able to just turn around, do the washing up. I don't have to be like staring at this child constantly. (Natalie, 2).

Some had less certainty about what they needed to do. Tania also described not knowing what to do despite content on attachment: *"We got to read about different kids, and then think about what attachment style they might be showing. So not a lot of how to deal with this."* (Tania, 2). As will be explored further in the theme about therapeutic parenting, this is an area where it was helpful for the prospective adopters to be able to have practical sessions as well as theory.

8.1.3 Reasoning about children based on understandings of trauma and attachment.

In the last chapter, the theme of *'The course raises questions'* was explored, in terms of the emotional overload and uncertainty that prospective adopters experienced from contemplating adoption. In this chapter, that experience is examined in terms of the information that had raised these concerns. The messages around trauma and attachment meant the prospective adopters questioned their capability to meet any additional needs that children might have. If all the children will have trauma, and be challenging to parent, what capacity could they have to take on a child with any additional needs on top of this? After the course, they found themselves moving from a position of keeping an open mind, to a place where they were beginning to make clearer decisions: *"maybe I've opened up to some other ideas, some ideas that I wasn't open to, and then also become more firm about what I don't, I'm not able to take on."* (Louise,2).

First this part of the chapter will look at this process, by looking at the adopters' understanding of the impact of trauma on older children, and how this interacted with their hopes for a future family in the theme *'Younger children will have less trauma'*. It will then look at two additional elements that the prospective adopters learnt more about on the course and needed to consider: *'Understandings of abuse and neglect'* and *'Understandings of developmental and health issues'*.

8.1.3.1 Younger children will have less trauma.

Though the message around all children having trauma was clear, the prospective adopters interpreted this as still in gradations of effect, with younger children often being less affected. A common response to this knowledge was for the prospective adopters to want to adopt younger children: *"The main reason, we prefer younger is just to reduce the number of moves that they've had. And obviously I know there might be pre-birth trauma but reduce the amount of post-birth trauma and neglect."* (Catherine, 2). The message that all adopted children have experienced trauma was a worrying one. For example, here Natalie reflected on her thoughts following the course: *"I think understanding more about trauma and attachment perhaps made me a bit more open to having a younger child"* (Natalie, 2). She had been considering a child of around the age of eighteen months, demonstrating that this message influenced the adopters to consider children outside of infancy as more challenging. The information about trauma was worrying, and beginning to think of a younger child was a natural response to this. It was not for all though. For one person, concern over developmental delay remained higher, and so they always wished for a child over the age of two, to have greater certainty about their health. This was not driven by information on the

course, but because of personal experience of the impact of caring for someone with a significant disability . To resist the call of moving in the direction of wanting a younger child required strong influences, such as described above.

Those considering siblings were left with a challenge of how to move their window of consideration younger, without ruling out taking a sibling group. For some, one way to resolve this contradiction between wanting a young child and wanting siblings was to say that they were open to adopting a second child from the same birth mother. *“If we adopted one and then found out later the birth mother was pregnant again, and that child will go into care, that we would be open to having, to taking that child and bringing into our family”*. (Josh, 2). Some prospective adopters had discussed this practice in the first interview, but it became an actively thought about option for the prospective adopters’ post-course:

I was quite happy from anything from twelve months say, for example, to three years. And I don't know whether to say I would prefer, say, nine months to eighteen months as child and then if another child comes along, I'd like to put in to adopt that child ... But there is obviously risk with foster to adopt as well.... it's made me think a little bit and I'm a bit undecided. (Stephanie, 2)

This was not the only reason that adopting one child at a time from the same birth family was an appealing way of family building for some of the prospective adopters. One prospective adopter described the idea of adopting from two different birth families as potentially “messy” (Catherine, 3). For those who were interested in parenting siblings, but who were also concerned about their ability to manage the needs of older children, the possibility of having a second or third child later on, offered a solution to meeting both these needs. In this post-course period ideas of what is possible, and what is right for their family formation are up for grabs.

8.1.3.2 Concern and discomfort: understandings of abuse and neglect

This theme explores how prospective adopters thought about children who had experienced maltreatment. As seen in previous themes, trauma covered multiple experiences children might have had. This meant that maltreatment such as abuse or neglect became seen as on top of the already existing trauma around loss of relationships. Of these experiences, neglect was seen as less worrying than abuse. Abuse was both linked to challenges to parent, in terms of expected behaviour from the child, and also challenges for the prospective adopters to even contemplate what might have happened to the child.

Here, Louise associated abuse with severe behaviour problems, with neglect as a secondary thought: *I think I would struggle with a child with severe behavioural problems, which would probably mean abuse. It could be neglect*. (Louise, 2). Abuse was a more challenging

experience for the prospective adopters to contemplate: *"I was also dreading the section on abuse in its various different forms, particularly sexual abuse, ... just because it's impossible for any right-minded person to actually think about that and have to deal with the consequences of it."* (Charles, 2). This challenge in even thinking about abuse was compounded by the exercises they described on the course. The material they spoke about was more likely to reflect situations of neglect, for example, in a case study used on at least two of the courses about three siblings whose mother was drug addicted and neglectful. Parenting a child who had been abused was covered, often in the sessions about managing behaviour, but this did not soothe concerns. This was especially around parenting a child who had been sexually abused. Prospective adopters reported still being concerned about supporting a child with those issues:

It is such a sensitive discussion, I think you really need to know, like really be supported. ... if the question was can you adopt this child, who has been sexually assaulted, now my feeling would be no, but with the right training possibly, yes. (Josh, 2).

Josh's reference here to training is interesting, as this interview was post course. He saw sexual abuse as needing more input than was covered in the initial preparation course. For other prospective adopters, sexual abuse remained outside of their comfort zone, despite reassurance from the social workers:

At one point in the training and we've asked like which one would you find difficult? And we said, 'oh, the sexualised behaviour' and then the trainer said 'it is interesting you say that that's one of the most easiest ones to deal with'.... And we were quite shocked, like you are saying it's easier, but I guess it depends on what you as an individual are comfortable with. (David, 2)

For a number of the prospective adopters the idea of parenting a child who has been sexually abused, required not only additional support but also the adopters to have the ability to be "comfortable" with the idea. Only one prospective adopter said they would feel able to parent a child who had been sexually abused. *"It could lead to behaviours that are perhaps uncomfortable and need to be addressed but we both think we can manage that, and again I think partly as well we have an advantage in being [professional role]."* (Simone, 3). The concerns about parenting a child who had been sexually abused were around the child potentially having sexualised behaviour or the challenges of discussing their experience with them. Simone was able to see the "behaviours" of the child as uncomfortable, rather than the entire idea of parenting a child with these experiences. She expresses her confidence based in her professional background. However, this is not a merely a function of their professional

role. Another prospective adopter who worked in a similar field said they could not take a child with sexualised behaviour due to the risks to their career.

Similar challenges came up when thinking about adopting a child conceived through incest or rape was discussed. This was discussed in the third interview, when social workers had raised it in the home study, suggesting it was not covered in the course. These scenarios came as a surprise for some. *"Oh, my goodness, we hadn't even considered that, actually. No, that would be just that bit too difficult for us."* (Catherine, 3). Louise found discussion of this with her social worker challenging:

After that session, I was in my head thinking, could I have a child whose dad was a rapist? Literally, like that's the decision that I've been trying to make, going 'it's not the child's fault their dad was a rapist'. Then thinking how to you explain that to a child. A complete, I don't want to swear but, headfuck. (Louise, 3)

Though this thought exercise was difficult for her, she was willing to engage with it. She managed this challenge by moving to a position of *"I'm choosing the child, not the story"* (Louise, 3). Other prospective adopters who spoke about this issue had less debate and spoke about giving it as an immediate reason to rule out a child. *"I really don't know, it just didn't sit well with us and so we were a no on that one."* (Tania, 3). Some backgrounds were too challenging for some of the prospective adopters to be able to consider.

These kinds of reaction were not seen when experiences of neglect were raised. Melanie discussed a child that had been suggested to her as a possible match *"she's got no health issues that they know of. No developmental issues that they know of. She was just, she had young parents, she was neglected"* (Melanie, 3). Here neglect is presented as nothing to be especially worried about and can be explained by the youth of the girl's parents. It was discussed as a given that the children were likely to have experienced neglect: *"The information that we've had from the training ... saying that I wouldn't take on a child that's experienced neglect I would, I assume, wipe out pretty much any child to adopt at all"* (Simone, 3). The prospective adopters were well prepared for neglect to be a feature of their child's background. Like trauma, it was seen as an experience that the prospective adopters could not avoid.

It appeared possible for the prospective adopters to hold the experience of neglect in their head, in a way that was more challenging when thinking about abuse. When picturing her future child, Natalie envisioned the child as being in a neglectful setting:

It's a difficult thing to think about especially when you think about the age of child that we're adopting probably is alive now. So, they're here somewhere and the idea that they're potentially cold and hungry and being neglected is very difficult. (Natalie, 3)

This was distressing for Natalie to consider and demonstrates her empathy for the child. The experience of neglect was not minimised as a traumatic experience for the child. The experience was thought of in concrete terms "cold" "hungry" that will be alleviated by the child being given the care the prospective adopters can provide. The prospective adopters had information of the possible wide-ranging impacts of neglect, with James discussing one example he heard on the course as being about a child who experienced severe neglect where their "*legs atrophied*" (James, 2) but it was also characterised by him as *extreme*, and as such atypical of the impact of neglect. Later in this chapter, the messages of hope that the prospective adopters were given about brain development were easy to link to experience of neglect, i.e. stimulation that children did not receive before leaving their birth family. This gives a clear message of recovery that will be further explored in '*the science shows children can recover*'. It seemed more challenging for the prospective adopters to make the leap to understand the possibility of recovery with experiences of abuse.

8.1.3.3 We want to be parents, not carers: thinking about common health issues.

This theme looks at how the prospective adopters thought about common health issues that adopted children might face. Each course contained information covering health issues commonly faced by adopted children, such as Foetal Alcohol Spectrum Disorder and global delay, sometimes delivered by the Medical Advisor to the agency. The prospective adopters had to consider their hopes for their family life. This was in light of the information on trauma, which made the baseline of parenting they were expecting challenging. They now had to consider if they were able to consider children who had additional needs.

The prospective adopters in this study set out their views from the first interview. None of the participants in this study were willing to consider a child who had a significant disability, with many saying that that their key wish was for a child who would be able to live independently as an adult. Some were able to say that they just did not feel that was right for them: "*We heard a phrase that we actually really liked and thought it pretty sums us up pretty well, which is that we wanted to be parents not carers*" (Simone, 1). None of the prospective adopters planned to give up work to be a parent full-time, both for their own wishes/ desires and for financial reasons. After the course they realised this would perhaps put greater than expected limits on the children they could adopt. "*We both want to work ...*

we want our lives to continue. And life will be different, but it's not the kind of sacrifice that we're ready to make at this stage." (Charles, 2)

Some prospective adopters had been presented with a list early on to say what characteristics of children they would be willing to consider. This was when a number said they could not consider children with disabilities. However, the course opened this possibility up for them by providing further information on disability, and guidance around what questions to consider:

We were 'oh, don't know about developmental delay', but actually so much of that can be because they haven't been nurtured. So, it's then rather than that being like 'No, red flag, it's not something that we want to enquire about', how have they developed in the foster care placement? Is that getting better?... we just kind of realized the developmental delay is just a huge umbrella to and actually there's a little bit more that needs poking into it. (Sophie, 2)

As the prospective adopters have learnt more about the children and their backgrounds on the course it raised some concerns for them, but also gave them some reassurance.

An exception to this appeared to be Foetal Alcohol Spectrum Disorder. They did not develop as hopeful a view of this condition as they did around the impact of other traumas. The prospective adopters spoke about it as an organic issue that will be lifelong for the child. *"Alcohol use terrifies me. I think just because of the long-term implications of foetal alcohol syndrome"*. (Sophie, 2). The information on foetal alcohol syndrome was significantly worrying for the prospective adopters,

Being not just a little bit behind, but really behind the development age of the actual age, so it could be 50% less than what your normal age is. So, you could be a five-year-old and have a two and half year old developmental age... and how you can support that. (David, 2)

The prospective adopters did not always describe messages around helpful strategies: *"We didn't get a lot of guidance on how to handle that, we got a lot of information that it happens and that it exists"* (Tania, 2). Their awareness was raised around FASD, but they were not provided with answers, just information that complicated an already worrying picture.

FASD continued to be a concern for the prospective adopters in the third interview as they considered matching. It presented two major issues. Firstly, it was challenging to find hard facts on the likely impact of FASD. The adopters described websites full of 'alarming' information, aimed at promoting abstinence for pregnant women, and a struggle to find something that was aimed at those parenting children with FASD. When they did find this

information, it was still not helpful: *“It was so broad that it was almost listing a million different things. But it didn't really help me because I was just like, well, they're not going to have all those things.”* (Sophie, 3)

As well as the lack of clarity around the science, prospective adopters also spoken about the uncertainty of being able to know the “truth” of what happened to your child before they joined your home. Some participants did report their social workers giving them guidance on how to think about the information about a child's past, often in the context of trying to get them to think more widely about their offer. Here the expertise of social workers was helpful in giving skills to navigate the system (how to read reports) but not in predicting the future (what if mum has not provided full information). David was clear about not being prepared to parent a child with FASD. During the home study, his social worker talked about questioning the information they were given about a child, that some information may look bad on paper but have relatively little evidence behind it. In some situations, *“no-one knows for definite.”* (David, 3). Some prospective adopters saw future health issues as something they might not know before they adopted the child, if *“their foetal alcohol syndrome doesn't show up until later in life”* (Charles, 3). For Charles, this was a possibility he was prepared for. The prospective adopters had different understandings and tolerances of developmental uncertainty for children, based on their own hopes and expectations for the future. This will be further explored at the end of this chapter, looking at how they moved to matching.

8.1.4 Growing understanding of children's needs: Summary of theme

This section of the chapter has explored themes around how the prospective adopters developed and then applied their learning. It introduced how trauma and attachment were used as key concepts that underpin understanding of the children's experiences. This understanding led to a sense that parenting would be more difficult for *any* adopted child, leading to worries about parenting a child who had any sort of *additional* needs, be that a background of abuse, being older, or having a disability or health condition.

In the next part of the chapter, we will look at how the prospective adopters built up confidence that the parenting task was achievable.

8.2 Hope for family life.

Alongside this challenging message about the damage their children might have experienced, prospective adopters also talked about information that gave them hope for the future, helping them feel that parenting adopted children was possible. This focused in two major areas- messages around brain development that spoke of recovery, and an introduction to a parenting style that the prospective adopters were told would facilitate that healing.

8.2.1 The science shows that children can recover.

The information on attachment and trauma was linked to information on brain development, and the possibility of recovery with the right parenting. For the prospective adopters, this provided a hopeful message that their children's potential issues could be overcome. For some participants, the "science behind it", meaning the information on trauma, attachment and brain development helped them to make sense of what would be happening for their children and their role in helping them recover. It made the parenting of children affected by trauma appear achievable:

This is doable and you know this is really all the kids are going to have this just at varying degrees, and varying points in their lives. So, I think that shift, yeah, that attachment work and the science aspect of it, helped me piece everything together.
(Sophie, 2)

For some, the content on brain development was key to this understanding. The prospective adopters were presented with information that talked about the impact trauma can have on the brain, but also, what positive impact parenting can have:

Even if children have suffered trauma to the extent that their brain has not developed at the normal, to the normal age that we would expect, they can recover. And so, their brain can physically recover from that if they have the right parenting, possibly not fully, but to enough of an extent to have a healthy, happy life. I think it would be difficult to go into adopting if that weren't the case. (Simone, 2)

Though this information was helpful for some, it could be overwhelming for others: "*it's 9 o'clock. This is a bit, bit heavy, some sort of brain biology and psychology.*" (James, 2). Prospective adopters described that they did not want to learn in as much academic detail as social workers or therapists would. The prospective adopters wanted to be able to use knowledge around trauma practically to support their children, which did not, in their view, require the same level of knowledge as a professional.

This learning about brain development was often linked to information about parenting, and about how prospective adopters could help, particularly through therapeutic parenting techniques. For example, James, who had struggled with the content on the course, was guided by his social worker during the home study to further material on brain development. With the freedom to learn at his own pace, he drew helpful information around the impact parenting has on brain development:

It basically says bits of the brain end up not developing if you don't reinforce it but that can also be a good thing because it's not reinforcing the trauma etc. and all the

bad experiences. You think you can actually make a fair difference here, don't you? I think part of the concern is "am I going to be able to help this person?" And you can. This is how it works and why it works. (James, 3)

Prospective adopters were given the message that their parenting will make a positive difference for the children, and as such, some agency over the future of their family.

8.2.2 Therapeutic parenting

Therapeutic parenting was introduced to the prospective adopters as the parenting style that would allow them to manage the needs of their children, and to help them recover. This part of the chapter will look at it in the following themes: '*Shared understandings*', which looks at what is covered on the course, '*Building security for the child*' which looks at the understanding of needing to build relationships underpinned by attachment theory, '*Thinking about child's behaviour*' which looks at their understanding of child discipline, and finally '*Opportunities to practice*' which looks at how the course could let the prospective adopters explore parenting practically.

8.2.2.1 Shared understandings

All courses covered therapeutic parenting using material covering various sources; Secure Base model, Theraplay, Dan Hughes and PACE, Dr Bryan Post, and Sarah Naish (Becker-Weidman & Hughes, 2008; France et al., 2023; Naish, 2018; Post, 2024; Schofield & Beek, 2005). Participants on some of the courses were given the chance to practice Theraplay and communication techniques, such as talking to a cuddly toy about difficult topics, rather than directly at the child. Another group had a role play, where one half of the couple would pretend to be a child, and the other had to narrate what the child was doing; this was introduced as 'attending play'. Case studies were often used to explore how participants might manage behaviour, setting up scenarios such as child refusing to bathe, or being aggressive to a younger child. Following the course, therapeutic parenting was discussed by the prospective adopters as a way to manage the concerns of both the immediate future of settling their new child, and to heal their potential long-term issues around trust and close relationships. The prospective adopters had already thought of parenting as being different because of the children's needs. Post-course, they all had a name for this type of parenting: "therapeutic parenting". The course provided more information for those who had already come across the idea, and made sure all had an introduction:

Learned a lot about therapeutic parenting, which we really, I never really come across before and I guess I wasn't really aware that you do need to parent an adopted child, potentially depending on their age, quite differently. (Catherine, 2)

The concept of therapeutic parenting gave a shared language to the prospective adopters about how they will need to parent. Therapeutic parenting was sometimes described as 'a new way of parenting'. Here Greg, who before the course described the idea of "extra skills" for adoptive parents, now describes it as an entirely different way of parenting:

They are going to have been through some sort of trauma and because of that you have to adopt a different parenting style to a child who hasn't been through trauma. I think once we finally got that, that was the thing. It made everything else make so much more sense. (Greg, 2)

Greg also said that therapeutic parenting didn't "*seem like completely different to what I would say would be a good parenting style*" (Greg, 2) a sentiment agreed with by a few others: "*I think there are going to be occasions we still need to shout, particularly if it is like a safety issue or something. But yeah, I don't envision it as being massively different from what I'd do anyway*" (James, 2).

Alongside this, they were also reassured that the agency would be there to offer them continuing support. The next two themes look at what adopters' saw as different in this parenting style.

8.2.2.2 Building security for the child

One understanding of therapeutic parenting was around the importance of building security, which was linked to the prospective adopters understanding of attachment. Making sure that the child felt safe was seen as essential to the child being able to make any progress in their new home:

It is absolutely important to make them feel safe, because until they feel safe, they're not going to be able to take on board anything that's going on, and they're not gonna be able to form attachments, you know. And they definitely won't be able to start learning until they are in a secure environment. (Simone, 2).

This was viewed as being something that was more essential for adopted children than a biological child. Those with biological children expressed willingness to change their parenting style. One participant recognised that their birth children had trust in them, meaning the way that they had managed issues such as separation anxiety in the past would not be possible in the same way for an adopted child

The prospective adopters connected building security with building attachments: "*you can see how that will build up trust and have that time just of the parent and child to be able to*

bond and not worry about anything else." (Catherine, 2). For some prospective adopters concern over building attachment lessened. *"With the tools that we've got and the things that we can do, attachment is actually bottom of the list [of concerns] now."* (Charles, 2). It should be noted, this did not eliminate concerns. In the third interview, Charles reflected on his concerns that his children might not attach to him. The tools he talked about meant that he felt there was now a better chance to build those positive relationships that was in his power to achieve. These tools included information how the child's sensory world could impact them, with an emphasis on the transition from foster home to the adoptive home, with people describing examples of adopters rearranging bedrooms to be the same as the foster home. Some prospective adopters had a clear sense of what was needed to build these attachments, especially for those who had been given opportunities to practice therapeutic parenting as part of the course.

8.2.2.3 *Thinking about child's behaviour*

Ideas around discipline were often discussed by the prospective adopters, perhaps as they seemed more revolutionary to their previous concept of parenting. The prospective adopters described a method of needing to think why a child had done something rather than just telling them off:

But the ideas behind it, it flipped it on its head. You know instead of shouting at child, "why have done that?", say to them "Yeah, well, I think you might have done it because of this and that's okay" and we have a chat about it. ... sometimes they go, "no I didn't do that at all" and you get to the bottom of the behaviour. (Stephanie, 2)

If the prospective adopters connected building security with attachment, then this approach to discipline was linked in their minds with trauma. The idea of the sensitivity of traumatised children and impact of the past played into this understanding. They need to be parented in a different way, because of their experiences: *"So, things like putting them in the naughty corner, in their room for half an hour, that might be really traumatic for them."* (Catherine, 2). This new approach meant that the prospective adopters had to reflect on their children's potential behaviour: *"if they're displaying certain behaviours, to look beyond this disruptive behaviour and not reprimanding them for it and thinking 'Why? Why are they displaying behaviour, how might they be feeling?'"* (Isobel, 2). This showed increased understanding and empathy for the children. The child's behaviour became an expression of trauma, rather than them being a naughty child. This then placed the responsibility back onto the parent to respond to the trauma, rather than the behaviour. It was their role to nurture and heal, rather than the child's role to behave:

You've got to realize a little bit more about why something could suddenly trigger a massive screaming fit or tantrum of some kind, or for them to regress back to being a baby or whatever. I definitely feel a lot more prepared to question why something has happened in the child's behaviour rather than just thinking, yeah, we've got a wrong 'un. (Charles, 2)

Some of the prospective adopters continued to express some limitations about this thinking about behaviour, suggesting only some behaviour will be triggered by trauma: "*One of the difficulties is going to be able to learn to differentiate a standard childhood tantrum or upset to something that's got a little bit more depth to it?*" (James, 2).

8.2.2.4 Showing how it could work: practicing therapeutic parenting techniques.

The prospective adopters spoke positively about the opportunity to explore and practice parenting during the course. This happened in a number of ways.

The case studies were used to explore behavioural issues allowing the prospective adopters to gain insight into what day to day challenges might be and to hear from social workers about recommended approaches. This gave them a chance to explore thinking more flexibly about a child's behaviour:

Say we had a child who came and was hoarding food... potentially in the past I've been like no, these are our three meals, and these are our snacks, and we might have been quite regimented and quite strict with it and whereas actually now I'd be 'here's the snack basket, keep it under your bed'. (Sophie, 2)

Many had a moment similar to Sophie, where they had to reflect on being a different type of parent than they had first considered themselves to be. Prospective adopters valued sessions which were explicit about parenting techniques, such as sessions on Theraplay: "*so the main tool, biggest tool in our armoury, is going to be having a bottle of bubbles with us at all times*". (Charles, 2). These sessions were helpful in building understanding and confidence in moving forward. Some also described practicing techniques outside the course, in their work settings or with their biological children.

Messages around therapeutic parenting were reinforced by the wealth of resources that the prospective adopters had recommended to them: "*There was lots of websites given, lots of podcasts*." (Stephanie, 2). One recommendation across multiple agencies was 'The A-Z of therapeutic parenting' by Sarah Naish, which gave prospective adopters confidence in meeting any problem: "*So, like, uh, if they're having problems, let me just flick it open and see what we've got here.... It's just liked a little manual. It's wonderful*." (Melanie, 2). These

resources made it possible for the prospective adopters to whole-heartedly throw themselves into the idea of therapeutic parenting, and to research via accessible, easily digestible material.

The concept of therapeutic parenting was embraced by the majority of prospective adopters as it offered hope and practical suggestions about managing the children's challenges. There were still some questions and concerns around therapeutic parenting, for example around how this knowledge could be useful in the moment when a child is upset or how friends and family might respond: *"My concern now will be with how other people react, particularly people who may be a personal authority in the child's life, such as my mum or best friend"* (Charles, 2). Some found it hard to think about what they were asked to do when the examples seemed far from the age range they were hoping to adopt:

If we were to adopt a baby, I know we would need to obviously take into account any pre-birth experience and how that might then impact them later on. So, I guess therapeutic parenting in that context is tricky to say because I don't really know what the potential impacts later on would be. (Catherine, 2)

Prospective adopters whose courses did not have sessions which were explicit about providing parenting skills described themselves as less confident about the way forward with parenting: *"I think that that was probably the bit that I didn't absorb because if you told me to play with children and provide this therapeutic parenting, I'm still not sure I would know what to do"* (Isobel, 6).

But these queries were around how to make therapeutic parenting work for them, not if it would work. Only one prospective adopter questioned therapeutic parenting as they didn't agree with the underlying approach.

If there is a certain behaviour or you are struggling with something, you need to think why that might be, and think back to their history. And that's useful to an extent but, that's only one way of thinking around it. (Louise, 2)

She felt this approach dwelled too much in the past of the child, rather than responding to them in the present.

8.2.3 Hope for family life: Summary of theme

Though the prospective adopters had to absorb large amounts of challenging information, in an emotionally charged atmosphere, there were also positive messages. Information on "the science" provided hope for recovery, and the introduction of therapeutic parenting allow the

prospective adopters to take that into their own hands. Therapeutic parenting offered solutions to the problems thrown up by knowledge around attachment and trauma: how to discipline, and how to build relationships. It provided tools for the future.

The final section of the chapter will look at how they took the knowledge from the course, and the tools they had learned about, and used those to make decisions as they got closer to the matching process.

8.3 Managing choice in the face of uncertainty

One of the key tasks for the prospective adopters in the home study was working with their social worker to explore what their “offer” should be and what type of child they would be approved to adopt. This last part of the chapter will look at the role the course played in this process in two ways. Firstly, there was *Preparation for matching on the course*. Secondly, they drew on the information from the course to think about their own approach to matching, in the themes *Tools and information* and *Case by case*.

8.3.1 Preparation for matching on the course

This section looks at how the course helped the prospective adopters explore the decision-making they would need to do in the matching process, and the varying information they received about this.

It was helpful when the prospective adopters could practice thinking about matching with children. One agency had an exercise as part of their course:

We were given photos of, they're actually just model photos of children and then profiles. We have to look at the photos and say whether or not 'would consider, would not, unsure' and the reasons why. And then look at the profiles after the photos. You can say also as well about how that, the photos and reading the profile, made us feel. (Catherine, 2)

The opportunity to practice those decision-making ‘muscles’ was appreciated by the prospective adopters who described the exercise as bringing their thinking into focus: “*It does make you really, really consider it, and think quite a lot about the different scenarios*”. (Louise, 2) The questions raised were not just about the needs of the children, but also about the experience of choosing. The previous chapter considered the emotional experience of this, especially the guilt at the thought of doing this. This exercise helped the prospective adopters make the situation real by giving them a taste of what the experience

might be. For Natalie, this meant not just 'rejecting' children, but the experience of what saying yes might be like:

It was quite emotional looking through them ... there was one girl who was about the age, I think she was about 18 months, and she was on her own and that that was the one, ... that could be the kind of child we would be adopting. (Natalie, 2).

This exercise helped the prospective adopters reflect on what information you need to draw to make decisions in matching. They described how they looked to interpret the information about the child: *"you think 'okay, chronic neglect, what does that mean, how long were they suffering it for?', you'd want to know a lot more information"* (Louise, 2). All described it as helpful in bringing their thinking into focus.

Another element that prospective adopters described as helpful was information about the agency approach to matching. Here Natalie described the social worker's comments on not having to take the first child offered: *"That's reassuring to hear you won't, if you reject the first one, that you won't be offered anymore. And someone else will, that will be the right child for somebody else."* (Natalie, 2). The prospective adopters seemed to welcome this limited choice when it was offered. Some prospective adopters were told on their courses that the agencies were already starting to think about their matches, and that they would be matched in-house. This was felt to be tremendously reassuring. It was described as a sign that they were moving forward, and that adoption would be a reality for them. This idea of the agency making the decision, with the prospective adopters having a yes/no choice, rather than having to decide between a number of children, was appealing. It was a sign that the agency was keeping them in mind, and their general trust in the expertise of the social workers meant they trusted them. It also reduced the moral tensions of choosing between children. Bruno had felt this way about matching from early in the process: *"It seems to me that there should be an agreement about the profile and the matching would simply be with whoever is next [child] in the list."* (Bruno, email).

Other prospective adopters were given a different message about matching. They had a session about using Linkmaker, a national site for matching adopters and available children . The emphasis in this session was on *"casting your net wide"*, (Josh,2) and expanding their thoughts on who they could adopt so that they stood more chance of finding a child *"it's been pointed out that sight issues could mean that they just have to wear glasses.... so why would you block yourself off from a kid just because they need to wear glasses."* (Charles, 2). This agency was not the only one that provided information on disability that helped the prospective adopters think more widely about what disability as a descriptor for a child. However, this session on Linkmaker was described by the adopters as explicitly framing the

widening of their offer as a way to manage the challenge of competing with other adopters for the children available for adoption.

Though this session prompted concerns from the prospective adopters about the matching process, they still described having boundaries as to what they were willing to consider. Their own understanding of their capacity and hopes for their future life was more important than the agency's messaging about the challenges of matching. Simone went back and forth during the preparation process about adopting two or three siblings. Following the session on Linkmaker, she was open to some new options, such as foster-to-adopt. What she did not talk about was having three children just to make placement more likely. When considering the number of siblings, what she felt able to manage was the most important factor for her to consider.

8.3.2 Having the tools and information to make a decision.

In the final interview, the prospective adopters described themselves as ready for adoption as they could be, and eager to move forward to matching. This theme explores what allowed them to feel ready to do this. First, this section will provide more detail on how this idea of *tools and information* allowed them to move to positions where they felt comfortable about making decisions for their future family life. In the second section, it will look at how their decision making moved from being broad strokes to looking at finer detail of what a child might have experienced and considering children on a *case-by-case* basis.

8.3.2.1 Tools and information

This theme looks at how the prospective adopters felt at the end of the process, around the tools they had – therapeutic parenting, and the information- trauma and attachment- to base decisions about potential matches on.

Most prospective adopters embraced therapeutic parenting as the way forward, making their hopes of a loving successful family life possible: *"it feels the most natural, and it's also like the best when you look at kind of all the expert opinion as well."* (Sophie, 3). The plenitude of resources meant that the prospective adopters could continue to explore the subject during home study.

It is wanting to just know everything you possibly can, so that you can bring this child up with the least amount of trauma... You've only got one chance to get it right? So, I've got this thirst to read as much as I can, so we've got it in our brain so that, yeah, we can just do our best with this child. (Melanie, 3)

Her understanding of trauma as key to parenting adopted children can be seen in Melanie's quote. This is something that had changed over time, moving from her uncertainty about pre-natal trauma in the first interview, growing after the course into enthusiasm for learning about

and successfully meeting children's needs now. Here she is describing a commitment, a "thirst" to get things right for the child. This confidence about therapeutic parenting influenced decision processes. Greg described feeling more confident to parent a child with antenatal trauma rather than a child with pre-natal issues such as FASD. The model of parenting presented on the course meant he felt had the ability to help a child with traumatic experiences, but it had not provided the same confidence about a child who had other forms of additional needs.

The prospective adopters drew on the information they had in different ways. Stephanie found attachment as a useful way to think about how she would make decisions about matching: *"It depends on when they were removed from birth family, have they been with just one foster carer? Have they been with many foster carers? There's all different pros and cons to everything."* (Stephanie, 3). She described that she might be more concerned about taking a child who had a good relationship with their foster carer, than one who had multiple foster placements. She read the experience of moving foster carers repeatedly as building *"some sort of resilience"*. The move into their home might be *"easier"* with later fallout and questions about whether the child is *"attaching properly"*, but key was her understanding that the possibility of a child moving from a foster carer where they have had good care would be as potentially harmful as multiple placements. Attachment was commonly cited by the prospective adopters who were choosing foster-to-adopt as a placement option. For those offering for older children, some prospective adopters named concerns that their children would not attach to them, but their reasoning about adopting an older child also included other factors for example, greater certainty over developmental outcomes, or a wish to adopt a school age child that had been held since their early research into adoption for Simone. The information and understanding were used to support their decision-making in the context of what the prospective adopters wanted.

8.3.2.2 Case by case

At the beginning of the process, the prospective adopters had described their offer in broader terms. By the end of the process, the prospective adopters were now aware of the many other pieces of information that they would need to weigh up in the search for their child. Most described that it would be a "case by case" decision:

(We) looked at things as a spectrum. So rather than saying no, we wouldn't adopt a child who had sexual abuse for example, it was more just looking at like yes, we would have that consideration but really based on a case-by-case scenario. (Josh, 3)

A case-by-case basis was the term we used with our Social Worker. Because on paper sometimes things do look particularly bad. But when you talk things through, sometimes it could be a right match, but on a case-by-case basis. (David, 3)

'Extreme' was used as a word that prospective adopters used to describe the children's needs that they would rule out: "*we're happy to take on a child that has some issues, but we're aware that we can't cope with the extreme ends of the spectrum*", (Charles, 3) but for each prospective adopter the meaning of 'extreme' was different.

With this case-by-case approach, the prospective adopters had to acknowledge the uncertainty in their future. Even with the tools and information described before, a child's development and the impact of their experiences could not be predicted. There appeared to be two strategies that the prospective adopters were using to manage the inherent uncertainty in committing to adopting a child. One strategy was to focus on minimising uncertainty in their offer, and the other was to embrace the inherent uncertainty of parenting, with confidence in their own skills to manage.

Greg demonstrated the first strategy. He was keen to adopt a baby initially, and so had considered foster to adopt his most likely option. However, over the period of home study, he moved away from foster to adopt, because of the potential lack of information available about the child. Greg was willing to consider a range of needs for a child, including a family history of significant mental illness, what was more concerning to him was the unknown. Others who adopted a cautious approach had very firm boundaries around what they could consider. This was often linked to those who spoke of concerns about coping in their interviews, such as Catherine.

We have probably been quite narrow in our offering, so we are quite cautious about quite a number of, I guess, health conditions. There's some things where we've said 'maybe', but certainly things like life-limiting conditions, no, just yeah, it wouldn't be for us. Certain mental health conditions which I guess are on the more extreme end, so schizophrenia..., things like foetal alcohol syndrome. (Catherine, 3)

For Catherine, the focus is on what she was not able to do, and characteristics of a child about which she felt 'cautious'.

Other prospective adopters showed a willingness to embrace unpredictability in adoption. They spoke of confidence going forward in their own ability to parent and cope with any challenges that might arise within their family life. Some prospective adopters adopted an attitude that parenting, along with life in general, is unpredictable: "*speaking to other adopters they say that they didn't want this, this, and this.... and then their child has*

developed a physical condition or whatever, and they just cope. They just have to. Because that's what people do". (Louise, 3). For some this was their philosophy from start: *"I always think what will be will be... I've lived my life with that one and it's not done me any harm yet."* (Stephanie, 1). This group of prospective adopters had hit a point of comfort with the uncertainty about the child's developmental future as something that was beyond their control. However, this openness could sometimes be with narrow boundaries. Melanie was open to taking on a child with a wide range of potential risk factors in their background, but this was in the context of a foster to adopt offer, i.e., Melanie was expecting to be parenting a very young child.

Alongside this were also expressions that they were as prepared as they could be, and that they would be able to manage coming the challenges *"We'll deal with whatever happens because we're a strong family, and I think we can deal with it."* (Natalie, 3). By the end of this process all the prospective adopters were looking forward to matching, as the next stage, and the time to apply these months of contemplation and make them real.

8.3.3 Managing choice in the face of uncertainty: Summary of chapter

This chapter has looked out how prospective adopters think about the experiences children have had before coming to live with them. For the prospective adopters these difficult experiences meant that children would need different parenting. On the course, the concepts of attachment and trauma were developed, and allowed the prospective adopters a framework to understand adopted children. During this period, they both opened up their options, and become clearer about some characteristics of a child's behaviour or background they would not feel capable of parenting. In particular, the framework around attachment and trauma led to them being more cautious about things that add additional challenge into parenting, for example, children with health problems or experience of abuse. The course also gave positive messages of recovery, especially around therapeutic parenting. Opportunities to develop practical experience of parenting skills, or matching were appreciated. Finally, the prospective adopters drew on the tools and information they covered in the course, to make their final decisions on a case-by-case basis.

The prospective adopters' ideas around parenting changed significantly over the preparation, especially after the course. They came onto the course already thinking about how they would parent, and they were hoping to learn more about this. The next chapter will look at tasks around openness: sharing a child's history with them and supporting relationships with birth family. Their understanding of this topic started from a different beginning point as openness around adoption was not an area that the prospective adopters had thought about much before starting on their journey.

9 Prospective adopters' thinking about openness.

This chapter will look at how the prospective adopters developed their understanding of being communicatively open with their children about adoption. This included tasks which were linked to helping the child build a positive identity, such as being able to talk to the children about adoption, gathering information to answer their questions, understanding their feelings about adoption, and supporting contact with birth family. This area of adoptive parenting was not something that the prospective adopters had thought about in detail before registering with an agency, so it represented a key area of growth and change for them, as they took on what this would mean for their family life. Throughout their consideration about this, they had a key understanding: as parents, they needed to do everything they could when the child was older, meaning to be able to meet and answer their questions about their identity. Their understanding of what questions or needs the child might have when older changed over the course of preparation, dependant on both the attitudes the prospective adopters entered with, and the expectations of the parenting tasks that the agencies showed them.

The chapter will start by looking at the prospective adopters' understanding of the identity needs of adopted children, and their role in talking to their children about adoption and the birth family with '*The Importance of the Child's Story*'. It starts with their early thinking '*There are going to be questions when they are older*'. It then looks at their ideas after the course, '*Coming to understand it's still their mum and dad*' and '*The birth family meeting as a source of information*'. The second section then looks at their '*Understanding of the birth parent*' in two areas: '*Vulnerability*' and '*Risk*'.

The third section looks at how the prospective adopters come to understand that they will have *A Lifelong connection* to another family through adoption, and the practical expression of this in contact. It explores their pre-course understanding in '*Making sense of contact*'. It will then move to the information they received on the course, first looking at '*Always connected*' - their understanding of the links with the birth family. Their attitudes to '*Keeping in contact with birth family*' are then explored under the following subthemes: '*Contact as a burden*', '*Contact is not a luxury*', '*The birth family are disruptive*', '*The prospective adopter's role in contact*', and '*Letterbox is not a problem*'.

9.1 The importance of the child's story.

This section will examine the prospective adopters' understanding of the need to be able to talk with their children about their lifestory and birth family. This section will show how they

thought about this at the start of the process, and then show how the course deepened, and complicated this understanding.

9.1.1 Early understanding: there are going to be questions.

This theme explores their pre-course understanding of the need to communicate with their child about adoption.

Prospective adopters entered the process aware that adoption practice had changed about what knowledge should be shared with children. This change to greater openness was seen as a positive: *“Definitely the more open you can be the better. It’s just a no brainer, for the child. Because I think not knowing where you come from, it’s quite a big deal. It’s massive.”* (Louise, 1). Some had already begun to think about how they could support these needs by making sure they knew about the child’s past: *“There is more to a story than just ‘your parents were bad’. I want to know all of that so that I can try and explain to them their journey that brought them through to be with us.”* (Sophie, 1).

The need to be ‘open’ was understood in the context of change from closed practice in the past. The experience of adult adoptees was not seen as helpful as a guide to what to do now, due to it being seen as adoptions that took place in a *“very, very different time”* (Simone, 1). This different context and time meant that some prospective adopters spoke about openness about adoption as a solution to problems that had occurred with adoption in the past. James often returned in interviews to reflecting on a schoolfriend, who had gone *“absolutely berserk”* when he found out he was adopted in his teenage years (James, 1). For James, this need for openness was around telling a child that they were adopted. This thinking was a starting point for other adopters as well, which then could extend further as shown by Greg here. *“We are not going to keep it a secret from them that they are adopted. They are going to have questions about where they came from, what their mum and dad were like.”* (Greg, 1). The prospective adopters did not always speak about identity issues as something that they worried about facing in the same way as they spoke about trauma as shown in the last chapter.

When the prospective adopters talked about their child’s identity needs, they spoke about this as being a task for when the child is older, rather than something they would be facing early in placement. It could be that the thoughts of communicating with a child about their birth family felt a long way away at this point, as most were hoping to adopt a child under the age of four. At this point, some others had only just begun to think about how to talk about adoption:

They like us to tell the adopted child that they are adopted from day one. So that's something that we hadn't even thought about before, not that we are against it or anything, it's just something we hadn't thought about. (Melanie, 1)

The prospective adopters did have questions around how to talk about adoption at this early point. Some discussed their concerns about how you can talk to children about these difficult subjects, and what children needed to know: *"how much they need to know. I know a lot of it is gauged around the conversations children have and the questions they ask but it's what's healthy information to give to them."* (Josh, 1). This shows concern not just about answering questions, but also a concern that information about their past could be damaging to them. Josh, along with others, wrestled how to talk about their child's history and also promote their identity as part of the adoptive family. *"It's not like every day of life for them "but you're adopted!" it's still, finding that balance, but I still want to know their heritage, their roots, their biological family but also us as a family unit"* (Josh, 1). Others raised managing their own feelings about their child's experiences: *"When we know everything that this child has been through on paper, and... probably there is stuff that we will never know ..., I think that will be a big thing for (partner) and I to deal with."* (Greg, 1).

When they thought about supporting a child in their curiosity about their past, especially in relation to their birth parents, it was framed in terms of their relationship with the children, not the children's relationship with the birth family. Here Isobel reflects on wanting to know she did all she could for her children:

When our children are older and they are more active in wanting to find out about birth family, I want to know that I have facilitated as much as I can. I don't want to hold these things back from them. (Isobel, 1)

Communication was seen in one way, between the prospective adopters and their children. The birth parents at this point were often imagined as unresponsive. *"It's our job as parents to be able to- not have closed that door. If someone else has closed that door, well, that's, you know, we've done as much as we can do."* (Greg, 1). The importance of being able to tell their child in the future that they did all they could was emphasised *"I would also never want my child to think that I hadn't bothered"* (Stephanie, 1). At this point in the adopter preparation period, they had little information on what this communication might be like, or what the role of birth family might be. Their focus was on becoming a parent and the support of their future child and their relationship with that child.

9.1.2 Empathy for the child: Coming to understand ‘it’s still their mum and dad’.

A major message on the course was around loss that children would have experienced. Exercises to reflect on this emphasised the effect on personal identity. Adopters were asked to imagine in a practical way parts of their own identity being lost, either writing down on ‘leaves’ or via the string exercise. All courses talked about the importance of not changing the child’s first name, with two agencies also doing an exercise where participants spoke about their own name and the reasons behind it. They were given information on tools such as lifestory books and later life letters to help share their child’s story. At least two courses also covered how to talk to children about being adopted. Two courses also had specific material on transracial adoption.

Pre-course, the prospective adopters had a sense that the children needed information about their backgrounds. Following the course, they spoke about changed views on how the children might think about their past, and their feelings towards birth family. In the first interview, Josh associated a child knowing more about their history with them having negative feelings about birth family: *“having more of an understanding of their background and possible resentment for their parents.”* (Josh, 1). However following the course, he reevaluated his thinking about what the child might feel:

We had quite a big discussion about even if the children have come from a place which is not necessarily safe, they are still likely to experience a place where they've been loved and that was something which I hadn't really thought about. (Josh, 2)

This understanding of a child’s world was built with a variety of exercises on the course, including discussions as with Josh, or case studies that asked the participants to place themselves in the child’s shoes. James reflected on his learning from a case study exercise about children living with a drug addicted mother:

You think maybe oh she was a terrible mum, you know, and the kids have been living in squalor and haven’t been fed and they have been neglected, and they must know that obviously. So, they probably have a bit of a dislike, for their mum. And you think, oh, actually no, they do love her. (James, 2)

This exercise helped James to reflect on how his future children might feel on coming to live with them: *“clean clothing, love, and affection, and, you know, they must be made up at that, you think. No, because, it’s still their mum and dad.”* (James, 2). These exercises reinforced the importance of preserving the child’s identity, and also helped the prospective adopters understand the nature of loss for the child. For Simone, this meant being able to separate her own feelings from those of her child:

What I got from that was the importance of maintaining empathy towards the biological parents regardless of your personal opinion. Because at the end of the day they are biological parents of your children and you don't want to demonize them in your children's eyes. (Simone, 2)

Other prospective adopters talked about understanding the impact of loss of identity through hearing the experiences of adopted people. Louise reflected on watching a video of an adopted person: *"makes you think about your own identity and how would you make sense of it if you didn't have a mum, if you didn't know who your mum was, didn't know who your dad was."* (Louise, 2).

The increased empathy for the child's possible feelings about their birth family meant the prospective adopters had more awareness of the need to be able to talk to their child about being adopted, and the challenges that being adopted can bring children: *"even though they came to you as a baby, they are going to grieve and go through that stage of well, where are my birth [parents]? Why did they give me up? You don't really think about that too much."* (Melanie, 2). Melanie had not thought about telling before starting the adoption process, but now her knowledge was developing, as she gained insight into the world of the adopted child. These realisations were described as emerging throughout the course:

It crept in every so often, just thinking about the history of the child, especially with the life story books, that the birth parents are going to still be a part of their lives... I don't think I really appreciated how much you would be discussing it with them. (Josh, 2)

There was an emphasis on being *"open and honest"* (Louise, 2) with the child about their past from as early as possible. This goes further than the understanding of some in the initial stages of the adopter preparation period. It is no longer the case that they thought about telling the child at some undefined point when they were "older". The prospective adopters were also confronted with how to talk to a child about why they were adopted:

There's a conversation about how you shouldn't sugarcoat anything How you shouldn't just say Mum was poorly. You know, if Mum was addicted to heroin you need to tell them and use those words, talk about drugs and stuff. you sort of think 'oh well I will tell them when they're like, I don't know, older'. But that was very clear guidance. (Natalie, 2)

The prospective adopters received clear messages about telling children early and on how to tell them. This was not seen as an easy task, but it was balanced with information about the tools to assist them in talking to their child. The prospective adopters embraced this

message: *"There's so much more information out there now, so things like the life story books, the later life letter, and things like that. I just think it's brilliant that we've got all of that"* (Catherine, 2). There was a real trust that these will be helpful, that these tools will be what is needed to help them with the difficult tasks of supporting their child's identity: *"I like the idea of the life story book. I thought that was good. It's a nice way of easing something that might make them uncomfortable, or they might have more questions about, in a nice safe way."* (James, 2). This links with the confidence that they had in social workers as experts who could help them speak to their children.

However, it was notable in the third interview, one prospective adopter said that they had not thought about talking to their child about being adopted: *"We probably haven't talked between us either how we would handle that... I mean I expect that will come later, and, you know, when the time comes we'll get some advice on how to manage that."* (Tania, 3). She was able to recall some information from early reading about *"tummy mummies"* but *"nothing really comes to mind"* about other information. This interview took place just before Tania was due to go to panel. Though it was clear that most of the prospective adopters gained a sense of the importance of planning for telling children, Tania's experience suggests that either agency content and/or adopter's receptiveness may vary.

9.1.2.1 The birth family meeting as a source of information.

On the course the prospective adopters developed an appreciation for the depth and level of information that children might want. One way they thought about being able to gain this information for the child was by an idea introduced by the agency of a one-off meeting that is sometimes possible between birth parents and adoptive parents. This meeting was a new idea for many of them, but they said that its importance had been stressed to them. For example, one course showed a video of adopters coming out of this meeting and talking about their experiences. The purpose of meeting the birth parents was described as being able to gain as much information as possible on the child's behalf: *"Asking more things about the birth for example... Asking more of those questions that you just wouldn't find out otherwise."* (Josh, 2). The prospective adopters were thinking about the information a child might want in the future, but discussed the meeting as the only time they might be able to get this information. Here, the birth parents were spoken about as a resource for the adopters to be able to provide information in the future. Prospective adopters saw the importance of this meeting as they were willing to do it, and to be able to tell their child that in the future: *"then we can say, well, we were prepared to meet them and we will support you in finding them when the time is right."* (Charles, 2). Only two prospective adopters thought about the meeting in terms of how it might help the birth parent: *"In a way as well, it would be to reassure birth mum, I will look after this child, you know. I will love her as much as you*

love her, or him." (Stephanie, 2). For most of the prospective adopters, this meeting was pictured as a one-way transaction, where they could get information, rather than a relationship where the birth parents might ask anything of them. Ideas about openness did widen while on the course, but this was predominantly led by ideas about the information needs and well-being of the child, rather than any two-way relationship between birth parent and adopters.

The prospective adopters were initially apprehensive when thinking about the meeting the birth family, even once. The next section looks at how their views of the birth family developed over time, and the role the course played in this.

9.1.3 Understanding birth parents: vulnerability and risk

This part of the chapter looks at how the prospective adopters' views on the birth family changed over preparation and the role of the course in creating that change. It also explores how the prospective adopters viewed birth parents as a source of risk to their family. Levels of knowledge and empathy for birth parents varied before the course, based on the access to information the prospective adopters had. This theme will explore this in more detail.

9.1.3.1 Vulnerability

In the first interview, many of the prospective adopters did not discuss their feelings about the birth family, until prompted by the interviewer. Those who did have some knowledge of the birth parents were often drawing on their own work knowledge or research. There was an understanding from some of the birth parents' vulnerability:

We're not coming from this from a place of oh, these parents are the worst people on earth These are people who've gone through awful things themselves, they've probably been maybe victims of abuse or they have been in the care system themselves or they have gone through trauma in their lives, you know, they suffer with diseases like addiction, like severe mental health problems. They are going through this awful thing themselves and then there is a child introduced to that situation. (Greg, 1)

Participants could describe work experiences that had involved safeguarding children. This meant their understanding of the birth parents was built on times when the birth parents were under extreme stress. For those without the experience of working with birth families, only few had begun to build up that level of empathy with the birth parents. Isobel was an exception as she had sought out material on the birth parents:

At the beginning for example, it was really easy to demonise them, the parents. I didn't know anything. Now, I definitely don't feel that way anymore. I can kind of see like how we fit into this system, but I also question how is this allowed to happen? How is a woman able to have like ten biological children, having them all removed? Like, why isn't anybody helping her? (Isobel, 1)

Isobel acknowledged that her views on the birth family had probably been the greatest change. Isobel had joined Adoption UK and was attending webinars from them which provided her with the information on the experiences of birth families in the adoption process. However, those without work experience or specific reading, were also able to hold an empathic position. Melanie had not thought much about telling or birth family before applying to adopt. In the first interview she was able to reflect empathically on what might be the experiences of the birth family:

Just because it was taken from the mum, doesn't mean the mum doesn't love that child, and they are going to be upset their child is not with them anymore, whether they can look after them or not, they are going to be upset. Plus grandparents, to have a grandchild ripped away, if they've got the chance every Christmas to see their grandchild, I don't know if that would be something they would want to do, but then your child would have another set of people they know that love them. (Melanie, 1)

Though Melanie can reflect thoughtfully on the birth family, her final thought was for the benefit for the child. For most prospective adopters, ideas around the birth family were motivated by what was best for the child's well-being, and secondary was any benefit for the birth family. The prospective adopters could only imagine what their future relationship with the birth family might be: *"I can imagine it's quite hard when you have your child and you just want to... you feel, I don't know, a mixture of emotions about the birth family"* (Louise, 1).

On the course, most agencies used video or audio material of birth parents talking about their experiences. For some, this was material especially prepared by that agency, whereas others drew on publicly available video material, or the BBC podcast, The Adoption. Agencies had exercises which included reflection on the birth parents' experience of loss. Sessions which built empathy for the birth family often emphasised their vulnerability, and challenges that they had faced when their children were removed:

Just thinking god, something awful has to happen in order for us to have a family. That's quite hard. It's going to happen anyway, whether we adopt a child or not sadly. Just the pain that they are going to go through is just really horrible to think about. (Louise, 2)

James reflected on his previous understanding that some people were “*not bothered that they (their children) got took into care*” (James, 2). Following videos of birth mothers talking about their experiences he said this:

But I think, no, probably seeing that now, you think they'll be thinking about that every single day. and some of the people you think, your child wasn't taken away from you because you're a bad person, or a bad parent. You were just given a really bad hand of cards there. (James, 2)

James now felt he had more insight into the internal world of birth parents, which allowed him to reduce his negative feelings towards them. But this was still expressed with some conditionality; it is only some of the birth parents who were dealt “a bad hand of cards”. This reflects that the course often described a limited selection of birth parent stories.

The prospective adopters described hearing from birth mothers who had experienced mental health problems, or who had been in violent relationships at the time of their children being removed. This raised empathy for birth parents who were seen as vulnerable or in poor circumstances, where the birth parent was not to be blamed for what had happened. Natalie recounted hearing this message from experienced adopters: “*They were saying they wanted to adopt the parents. They were really young and just vulnerable and loved the children but just had no idea how to care for them*” (Natalie, 2).

The course offered examples of birth families working in positive ways for the children both before and after placement. Charles described hearing a story on the course about “*the grandma phoning and saying this child shouldn't be in this situation, we need to put it in social care*” (Charles, 2). This was described by him as an example of a birth family showing love to a child. The prospective adopters saw material that helped them develop empathy with the birth family and to reduce their fear of them, by presenting vulnerable parents who were now in a more resolved position to talk about what happened in the past. This perhaps did not allow them space to explore complex situations and feelings, or to link this up with their feelings about their children's experiences of trauma.

9.1.3.2 Risk

The challenges of thinking empathically about birth parents was highlighted by prospective adopters' reservations about birth parents responsible for abuse.

So if there's been things like sexual abuse... I would still feel sad for people who are not involved in that direct situation, but then I wouldn't have this same empathy or anything for that particular abuser, I think well, you shouldn't then have children if you'd be doing these terrible things to them. (Catherine, 1)

Most of these people have very difficult lives, they probably weren't parented very well in the first place... well, I suppose it depends, but then obviously some children will have been removed because of abuse, and that's obviously much harder to be empathetic about. (Natalie, 2)

The prospective adopters did not talk about stories that helped them resolve this dilemma. This links to the challenges that the prospective adopters described in thinking about abuse that a child might have suffered, suggesting that there is a gap on the course about how concerns around abuse are managed emotionally for the prospective adopters.

Some of the early messages from social workers reinforced this idea of risk. Catherine described being told that placements were arranged to limit the possibility of meeting birth family in an unplanned manner:

We live in (town), so we probably wouldn't be matched with a little one from (nearby city), it will probably be, you know, (town)so that you're then not bumping into them in the city. (Catherine, 1)

The idea of the birth family disrupting the adoptive family with unplanned contact was expressed by other prospective adopters. James described not wanting to adopt child from their local area, for fear of bumping into their birth family:

If you have to go to the retail park and there would be some sort of extended family that would go, 'that's our Jamie's daughter that, that was taken into care, blah blah blah that was an outrage, that never should have happened blah blah blah' you know sort of pointing and shouting at, you know. It might just be a sort of scenario in my head, but I think that wouldn't be nice for a child or for us really. (James, 2)

Though James described his empathy with the birth family growing following the material on the course, he still had these worries about them. As he acknowledged, this was a scenario he had imagined, however the information from the course did not provide him with a counter narrative of the birth family.

Tania described similar worries of birth family interrupting her family life and "*showing up at school*" (Tania, 2). This worry was specifically motivated by video content on the course of a birth mother, who talked about trying to recognise a child's school from a photo they had been sent. Tania described the birth mother, as being "*the model birth mother*" who had accepted "*she wasn't in a place to provide the right parenting and children were better elsewhere and she was completely okay with that*" (Tania, 2). Even in this context, the thought that a birth parent might identify the child's school from the letterbox contact was deeply worrying. Following the course, Tania was concerned that any indirect contact could

lead to her child being “*upset or is in danger*”. These worries about contact will be further explored in the next part of the chapter that looks specifically at how prospective adopters learn and make sense of contact with birth family and the role it may play in their family life moving forward.

9.2 A lifelong connection

As their empathy for the child and the birth parents grew, alongside their on-going concerns about the potential disruption of birth family, the prospective adopters were also learning about contact as a way of keeping these relationships alive. This section will look at how they thought about their connection with birth family.

9.2.1 Making sense of contact

The idea of staying in touch with birth family was a surprise to most prospective adopters. The idea that they might meet the birth family at all was not one that they had contemplated. The idea of contact was introduced for most in the pre-course period. Prospective adopters reported agencies giving different information. “*apparently, it’s usually letterbox, annual contact.*” (Isobel, 1). Here Isobel has been given a message to expect indirect contact, whereas for Catherine there was a message that direct contact was possible. “*Having spoken to our social worker more recently, you know, that it is actually far more encouraged, where appropriate obviously, for there to be direct contact if possible with birth families too.*” (Catherine, 1). Prospective adopters had thought about adoption as meaning the child becoming a part of their family, not in terms of them having an on-going, active connection to the birth family. They had been able to acknowledge that children would have questions, but that there might be contact was a step further in their understanding. Natalie described her understanding starting with seeing a question about contact in the workbook and hearing about via a podcast: “*It had some teenagers who had been adopted, talking about their relationships with their siblings. I think starting to get that idea of when you adopt a child, you don’t sever ties completely with their family.*” (Natalie, 1). This realisation about on-going contact with the birth family was often described as a surprise, raising an instinctive negative response from the prospective adopters.

One of the things that really surprised me from the first information event that we attended was ‘you may have the opportunity to meet the birth parents beforehand’, and at first, I was, like, horrified. So many things that I didn’t think that we would need to deal with. (Isobel, 1)

The birth family here is conceptualised as an additional task for the adopters, another thing to deal with. The idea of seeing them is horrific. Other prospective adopters did not express negative views around the idea of contact, but instead surprise. Staying in contact with birth

family was entirely unanticipated. When it came to thinking about contact, this was new territory for them: *"It wasn't until starting this process that I realised that even happened or was encouraged or was a good thing to do."* (Tania, 1). None said outright that they were not planning to have any contact, and for some, there was a willingness to hear more about contact: *"since then, I've obviously read a lot more into it, ... and that being linked to their family can actually really help with their identity and their growth and their development."* (David, 1).

The newness of the idea of contact meant that there were questions raised by the prospective adopters. Comments around contact often raised concerns around whether it would be 'appropriate' or 'safe': *"My first point of call will be how does this benefit the child and are they safe?"* (Greg, 1). This possibly linked to the understanding that the child was being adopted because the birth family pose a risk: *"I think that would be really difficult, particularly if you knew that the person, the birth parent might be responsible for some level of harm to a child that you love"* (James, 1). Where available, reassurances from the social workers were helpful:

My first thought was, what if the parents are writing letters saying, 'don't worry, when you are 16, you can come back and live with me', and they are manipulating them somehow but then the lady said that they read through all the letters anyway,
(Melanie, 1)

In this quote Melanie demonstrates the idea that the birth parents could be risky or disruptive to placement. The prospective adopters have to make sense of the idea that children are removed from their birth family for safety reasons, but that contact is being advised. They needed to trust the social workers as the experts in knowing what was best for adopted child. Contact was envisioned as being led by social workers, who would tell them the contact plan for their children. *"We're both open to the idea that whatever is recommended by the agency is what we would try to do."* (Simone, 1). This was complicated for some as before the course, they had very little information on what their role in contact would be: *"What kind of information you are sharing, if you should have direct contact or not, I'm still not sure what the sort of ideal is?"* (Tania, 1). For some this meant that contact was not something they were particularly thinking about at the moment: *"It is not something that that is necessarily on our radar right now, because it because it's such a huge unknown"*. (Charles, 1). Contact was an aspect of adoptive parenting that the prospective adopters saw themselves as having little control over at this point.

At this early point in the preparation period, the prospective adopters were trying to make sense of the surprising idea of contact. They had concerns, but also trust in the social

workers who were telling them about this. They described this as a major area of learning on the course which will be explored now.

9.2.2 Always connected.

This theme explores how empathy with the child was linked to the realisation of the lifelong links being formed with another family via adoption.

This understanding of the child's feelings, linked with the importance of being open about adoption in the home and supporting the child's identity, brought home for some adopters that they were going to be connected to another family forever. Some had thought this before the course, though this was often characterised by being a one-way relationship. This included thinking that you would be unable to have your family without the birth family:

"actually they are a really huge part of our family in that without them, we wouldn't have the family that we are potentially going to have" (Sophie, 1). For Stephanie, this realisation was promoted by an exercise looking at the importance of your first name: *"This is your name. This is who you are. This is where we start our being who we are.... it was massive for me."*

(Stephanie, 2). She then went on to reflect that it was no threat to her parenthood for the child to be named by the birth parents and that she was happy to share this with them, as a symbol of all else they shared with the birth parent. Stephanie had expressed similar sentiments in the first interview, stating birth family would be an extension of her own, but thinking about naming made this more concrete for her, in what it might mean for the child.

David began to think about these connections after reading the course material:

It makes you think like obviously there's other families here, like there's grandparents that might still want to have contact, but might not be able to actually look after... And I think that is fascinating because you are kind of aligning yourself with another family in a way and having that link. (David, 1)

On the course, he described realising that adoptive family networks include siblings living with other adoptive families, and that he might be sharing the course with the future parents of his child's siblings. All of this points to one of the challenges for prospective adopters in thinking about children's identity; at this point, there are many different possibilities. In the next quote, Louise repeatedly second-guesses herself about what contact arrangements might be in her future, all of which might happen (or none), with the only certainty being that she has a *"tricky relationship"* to manage in her future:

It was a bit of a wake-up call. Even though we won't probably see them, well we might, who knows, it's people that you are taking into your life because they are part

of that child's life for ever, and you need to sort of embrace them, even not maybe physically in your house, well probably not, but maybe in the future, who knows, but you need to manage that relationship and it's a very tricky relationship. (Louise, 2)

This was a new area for the prospective adopters to manage, something that they had not given space to in their mind before the course. Their learning in this area was rapid and prompted by the deluge of information that they received on the course. It required a fundamental shift of perspective to come to imagine a new aspect of family life. The next section will look at how they formed their ideas of what this might look like in the future.

9.2.3 Keeping in contact with the birth family

All prospective adopters spoke about the course containing material on staying in touch with their child's birth relatives. However, the messages they described about what contact looked like varied hugely. The prospective adopters from three of the agencies talked about a model of contact which was a single meeting with the birth parent, and then on-going direct sibling contact and indirect with rest of birth family. Direct contact with adult birth family was a possibility, but only in rare, specific circumstances.

The adopters from the fourth agency described the course containing a session focused on direct contact. This agency used online material on experiences of direct contact, between an adopter and a birth grandmother, and also included an exercise where the participants practiced writing a letter to the birth parents:

They did a real push on how contact is super important, ... I definitely get the benefits of that, but at the same time I was, 'is this normal?' And they were like 'yes, this is gold standard, and this is what we should all be striving for,' and I was like 'yeah but is this actually in reality what happens?' and they were like 'yeah'. (Sophie, 2)

These different ideas about contact will be considered in terms of how the prospective adopters came to view the role of contact in their adoptive parenting, their own control and agency over contact, and the role of letterbox.

9.2.3.1 *Contact is a burden.*

This theme looks at ideas of contact as interfering in family life, and as a task they had not foreseen.

Prospective adopters talked about having to process what contact would mean in their day to day lives. For those introduced to ideas around direct contact, this meant reckoning with the emotional impact of engaging with the birth family in a tangible way. This was related to the idea of the extra work that it could involve, both emotional and in terms of time. Here,

Greg describes the emotional impact of beginning to take that on board: *"You know you're not top of the rung because that's the child. You know that, but you think you were like maybe like second or third. Not absolute bottom."* (Greg, 2). He had to reflect on all the different needs he might need to balance as an adoptive parent. It was not just his child's needs, which he had already anticipated, but the needs of the birth family as well. In the midst of wondering if he would be able to manage parenting, there were now additional tasks to think about and people to be aware of. It created a very different understanding of family life than the prospective adopters had pictured.

Charles spoke in the first and third interviews about his conception of how direct contact with birth family would interfere with his own family life.

We've got our own lives and our own families that live all over the country. And so, you know, if we then add in another family that could be from another part of the country entirely then it's going to be putting too much pressure on us to, just be there for everyone all over the place and not giving us time to do our own thing. (Charles, 3)

The content on the course he attended had not changed his view on the role of the birth family in his adoptive parenting. They were a burden, a task to be managed, rather than anything that could support his adoptive parenting. Natalie began her thinking in a similar way to Charles, but was able to move through the discomfort she felt with the idea of staying in touch with the birth family:

Initially when you hear about that idea of direct contact, it's, like, I don't know, just we've got our family. We've got our friends. We've got our circle and I was thinking about adopting as in you bring a child into your circle, and then they're part of your family and that's it.... one of the things I read quite early on, was contact with the grandparents or something. ... that just felt quite odd. The grandparents were still in contact with the parents and it just felt like it's much closer to you're taking on this whole family, not just this child... that's just felt a bit, I don't know, just slightly uncomfortable, like it would be awkward. (Natalie, 2)

However, the information on the course, and talking to experienced adopters, helped Natalie rethink her ideas around contact, and to be able to look at from the child's point of view.

Even if it's socially awkward that first meeting or whatever, then you get over that, don't you? Because that's the right thing to do for the child and they will appreciate that... imagine them turning around saying 'Why didn't I see my grandparents?'

'Because it would be awkward'. That's just ridiculous. And I think going into it, not begrudgingly, but embracing it, is the best way for everyone. (Natalie, 2)

Natalie's thinking has moved forward from beginning to understand that you don't 'sever ties' for the child, to an embrace of contact as potential benefit for the child. A key driver in this change was the idea of answering to her child in later years. This spurred her thinking forward beyond her own discomfort, to the benefits overall. The idea of opening up an already busy life to another set of obligations was a challenging one that prospective adopters had to work through to see the advantage for the child.

9.2.3.2 *Contact is not a luxury.*

Prospective adopters who were able to move through this idea of contact with the birth family as being a burdensome addition task often became more positive about contact. They took a longer-term view of the role of identity in an adopted child's life and viewed supporting them with this as an active parenting role:

You are taking them on and part of them is their family. So, the contact is not just a luxury that you can take it or leave it, it's an essential part of their journey work and also who they are as a person. (Greg, 3)

All of the prospective adopters from the agency who had promoted direct contact as the "gold standard" (Sophie, 2) spoke about similar views on contact. Other people with similar positions had shown a position of empathy and openness from early on the process which they maintained throughout: "*I don't see why that family should be lost... why you shouldn't have eight grandparents and whatever number of aunties and uncles and cousins?*" (Bruno, 3). This group spoke about an understanding of birth family that was wider than the birth parents, with consideration of contact with grandparents and other key figures from child's life.

These prospective adopters often explicitly named the training as being key in changing their views on contact: "*Having done the training I love, I love about keeping their birth family, you know, in their lives and learning how beneficial it is for them.*" (Melanie, 3). Melanie had entered the adoption process wanting to be able to claim ownership of the child (Melanie, 1). She had not thought about how to talk to a child about adoption before entering the process. She drew on the knowledge provided by the course and her ability to empathise with birth family, to reach a position where the benefits of connection with the birth family made sense to her.

For these prospective adopters, their understanding was rooted for the benefits of contact for their child, and its role in developing a healthy identity:

When we did a lot of training around the identity as well, around how it can affect you, if you don't know where you're from, or there's always something you want to know but you're not sure. I think that's really important to even just have those conversations from an early age, or having that opportunity. Even if it's a grandmother or somebody that wants see them three times a year or once a year or twice a year or something. That's still something. (David, 3)

Here, contact is something that will help a child manage their identity, and the birth family can be a resource in this. David names the grandmother as the person he envisioned potential contact with, similar to the video he saw on his course of a supportive birth grandmother.

9.2.3.3 The birth family are disruptive.

Some prospective adopters had not taken on this open position to the idea of contact by the end of the home study. These prospective adopters often expressed views around contact which focused on the risk of the birth family to the child, and the role of the adoptive family in protecting them from this.

These prospective adopters expressed an understanding of the need for openness with children, but when discussing contact, there was an emphasis on the risk on information being passed back to the birth parents. Adoption seen as protecting children from their birth parents:

We would be very reluctant to do that with parents.... Grandparents and extended family we're more open too. But again, it is that proximity and that trust of what information is being fed back to the birth family, birth parents. Our reservation with that is those children have been put up for adoption for a reason and that is to separate them from their birth parents." (Josh, 3)

This was extended to include siblings in care who might still have contact with their birth parents: *"Our view is that we would be happy for our adopted children to have contact with siblings who are adopted... obviously a child in care might still have direct contact with birth family, and that could lead to difficult situations."* (Simone, 3). Birth families were seen as inherently risky. Here James links his reasoning with this around the fact that the child has been removed from their birth family for a reason: *"the threshold of taking a child off someone's very, very high."* (James, 3).

As well as being risky, contact was also presented by social workers as unlikely: *"We asked about extended families and grandparents and things like that, and the suggestion is it just doesn't happen."* (Stephanie, 3). In this context, direct contact was something that the

prospective adopters did not have to make sense for themselves. This meant that birth family remained more distant for them, rather than people they imagined having an on-going role in their life. This was different for contact with adopted siblings, and former foster carers. These were seen as people who have been assessed and approved by social workers as trustworthy and safe.

In the absence of information about direct contact, it was imagined as potentially disruptive, and stressful to the child:

I think there would always be a fear of upset if they didn't get what they wanted if they had the contact. Would they maintain that contact if their life changed, and then obviously there's further trauma to the child? (Stephanie, 3)

My view is always everything should be about the children and them feeling as secure as possible, and safe as possible. And we don't want to put them in a situation that might make them feel insecure, that would potentially cause stress where it's not adding any value I suppose. (Simone, 3)

Learning about trauma on the course reinforced the idea that adopted children can be very sensitive, that adoptive parents needed to be cautious around re-traumatising them. Exposure to these stressful situations was seen as potentially damaging. Contact was framed by these prospective adopters as being for the birth parents to be reassured about how their children were doing, rather than any benefit for the children themselves:

The perspective of it is definitely more so from birth parents in terms of bridging those gaps between children and that they know that their children, their birth children are safe. That was more the kind of thing rather than looking at why the children are doing it and how it really affects them. (Josh, 3)

For this group, the messages they had received were around the benefits of letterbox contact, and little else that would have widened their view of the potential of contact. Their focus here was still on what their child would need in the future, but this was framed in a context of protection from harm, not identity exploration. These are not mutually exclusive ways to think about the future needs of the child. One way the birth family was presented as potentially disruptive was in the child's adolescence, and the risk of a child making contact over social media. For those who had heard positive messages about direct contact, it was seen as potentially protective from a scenario of a child running away. In the next quote, Catherine was not optimistic about contact and could imagine a scenario where direct contact was not helpful for the child and needed to be stopped. But her sense was that it needed to be tried, for the support of her relationship with the child in the long run.

If obviously the direct contact is just proving too difficult ..., if it's too distressing for them, or they're not turning up, that would be different, you know, but if we weren't getting responses from the letterbox we still continue to do that. I think it's different with direct contact, we would pull the plug if we didn't feel it was going very well. But I think I would far rather that, then later on down the line, the child being a teenager arranging to meet them behind our back on Facebook and getting a train. At least we have then said, hand on heart, we have tried? (Catherine, 3)

Catherine pictures herself having to justify her actions to her teenage child. Other prospective adopters were aware of the risk of social media, but described it was one of the *unknowns* of adoptive parenting *"that's gonna be interesting about how we're going to tackle that, as the children get older..., as they become 12 and 13."* (Josh, 3). Josh talked about focusing on the age that his children would be when they joined the home, rather than taking a longer view of identity issues as some other prospective adopters. The connection to the birth family was something that would be thought about later, rather than being a present element of adoptive parenting from the start. These conceptions of how involved adoptive parents needed to be in promoting connection with birth family will be described next.

9.2.3.4 Understanding the adoptive parents' tasks in contact

Following the course, the prospective adopters formed differing views on how involved they would be in supporting contact for their children.

Some prospective adopters remained of the understanding they had before the course, that contact was something planned by social workers. This was particularly for those who were imagining that any contact would be letterbox or direct contact with adopted siblings. These were decisions that were made for the prospective adopters. For some others, they saw contact as a task that they could be actively involved in planning and supporting:

Every time we've been presented with a scenario, one of our questions has been 'Okay, how would we support contact?' (Greg, 3)

It's one thing having all these professionals organise it, but if we can, as human beings sit and speak to these people, and er, come to some, I don't know, some peace with it, that would be wonderful. They know their child is going to be looked after, they know we respect them, we respect what they have gone through. That is ideal really. (Louise, 3)

These prospective adopters were not naïve. Louise knew that she was talking about an ideal scenario that might not be possible and Greg knew that contact would not be possible for all birth families: *"Is this going to be a situation where wow, there's a lot of barriers here, this is*

going to be really hard to continue contact, whether that's even letterbox contact or, you know, direct contact?" (Greg, 3). Alongside this support of direct contact, and engagement with it as part of their family life, was an understanding that supporting your child with contact was an active role:

It did open my eyes a bit about the role, that's not just like if you want to go and see your family in the future, that's fine we'll support you, but it's not just about supporting it was about actually being there and involved, and that's what we want to be, involved and supportive in that way. (David, 3)

Prospective adopters with this open attitude to contact saw it as an essential part of the skills of being able to communicate with your child about adoption. These prospective adopters had, by the end of the assessment, taken on board that it was a positive, proactive way forward.

Others did not see it in this long-term way. For other's the child's relationship with the birth family was their own thing. This was not the prospective adopters abdicating responsibility for this, it was that they felt it was not their role to interfere. To be supportive in this way was to be non-judgemental about what the child wanted, and open to hearing their views: *"It's the child led thing. And if they start getting bored [with letterbox contact] and don't understand why they're doing we'll remind them why they're doing it, but if they, if they want to stop doing it, that's their choice."* (Charles, 3). These prospective adopters were projecting into the future about what their child might need, and for them this did not need them as parents to be involved with the birth family. That was for the child/ young adult to explore.

But I think you've got to take a step back more than anything, I wouldn't try and encourage or discourage. If someone was eighteen, "What do you think I should do?" "Well, it's really a decision for you, no one can make it for you ... but I'll support you either way." (James, 3)

9.2.3.5 Letterbox is not a problem.

This separate theme reflects how for almost all the prospective adopters, letterbox contact was viewed as uncomplicated, in contrast to the possibility of direct contact. It also was an area where they had little change in their conceptions of the task, unlike the growth in understanding seen around telling and direct contact.

Letterbox contact was viewed as easily achievable: *"Letterbox contact, that's absolutely fine. We're not worried at all. We'd happily do that for whichever relatives it makes sense for that to happen with."* (Simone, 3). It was a form of contact that felt comfortable and safe, as it

was controlled by social workers and perceived as having minimal interaction from birth family. *"We are very comfortable with that letterbox process, because in a way your proximity is really distanced"* (Josh, 1). Often the prospective adopters spoke about it as a one-way communication, based on information from experienced adopters. James described a conversation he had with a friend who adopted:

It will be good for [birth parents], and my daughters will always know that I've done that. So he goes, 'no doubt there will come a time when they start asking, well, what about my birth parents, and it's going to be far easier to go yeah, here's the letter', he goes, 'even if they never ever send anything back, I'll always be able to go- Look, this is what I sent'. (James, 2)

Most of the prospective adopters agreed with Catherine on the importance of keeping up the contact: *"if we weren't getting responses from the letterbox, we still continue to do that"* (Catherine, 3). For some, it was a minimum amount of contact that could take place, for others, it was seen as sufficient to meet the child's identity needs: *"But letterbox, yeah, definitely, I think it's important, more important for the child than anyone, really."* (James, 3). This depended on whether the prospective adopters had received content on direct contact during their course.

This perception of letterbox contact as easy to do meant prospective adopters felt happy to commit to it, even from the start of the process: *"I would do letterbox contact all day long, I'm quite happy, that's not a problem"*. (Stephanie, 1). Throughout the three interviews, she reiterated her comfort with writing letters, and her understanding that any response might be sporadic or non-existent. Letterbox was about them keeping the birth parents informed, and as referred to at the start of this chapter, showing their children that they had always *"kept the door open"*. A notable exception was Tania, who heard information on the course, about a birth mother trying to identify her child's school from a photo, and another birth mother signing a letter 'mummy'. Tania became more explicitly cautious about contact after hearing the information on the course, which worried her rather than managing her fears or giving her a space to explore them, due to fear of being judged by the social workers.

One person spoke about homework on their course of trying to write a letter to birth family:

We weren't supposed to look at anything in advance and just kind of do it just completely off the top of our head. That was such a useful exercise to do a really major thing. I think it's really prepared us because we did ask a lot of questions, all the different couples around that 'how to sign off etc? That was really useful. (Catherine, 2)

This made the act of writing the letter real, bringing attention to details such as how to sign-off. But it is also noticeable that few imagined what it was like to receive a letter from birth parent. One who did was Sophie. She spoke to an experienced adopter who had recently had the first letter from the birth mother, after years of silence and was able to describe the pressure and surprise she felt at hearing from the birth mother. However, for most, the idea of writing letters was not connected to complicated emotions in the same way as the idea of direct contact was. Similarly, most prospective adopters tended not to reflect on the experience of the birth parents in receiving the letters. Letterbox was seen as straightforward, easy to manage, and one-way.

9.2.4 Prospective adopters' thinking about openness: Summary of chapter. For prospective adopters, their understanding of openness was dependant on the sense they could make of their on-going connection to the birth family, and what impact they understood this would made to their family life. Most of the prospective adopters were driven to support connection with the birth family from the perspective of thinking about what their child would want to know when they were older. The course provided them with material to build their empathy for the child, to understand the impact of loss of identity and on-going feelings about the birth family. It also provided them with a vision of what contact they would be expected to maintain with the birth family. This differed between agencies, meaning that prospective adopters developed different expectations around the on-going role of the birth family in their lives. For some they pictured a distant, more passive relationship, mediated by the agency via letterbox contact. Others thought about a more active role, where they would be promoting contact, as part of their child's identity work. The prospective adopters had different views of the challenges of contact, focused on the burden to their own adoptive family life, or the potential risk from the birth family.

10 Discussion

This study aimed to explore how prospective adopters' ideas around parenting changed over the preparation period, and to look at the role of preparation courses in this. Pre-adoption training has been identified in the literature as an under researched area (Rushton & Monck, 2009a). This study used a qualitative longitudinal design to follow prospective adopters through the preparation period. Fifteen prospective adopters (ten families) were interviewed on three occasions: just before attending the course, soon after and at the end of the home study. This has provided new insight into how prospective adopters used these courses to make sense of adoptive parenting. It has identified clear change in their expectations of adoptive family life, and also examined the content which helped develop this change. This provides an addition to knowledge about how prospective adopters come to understand the needs of adopted children and the parenting they will require.

10.1 Summary of findings

The prospective adopters' journey was traced through three findings chapters, which explored in turn: their experience of uncertainty in the preparation process, the development of their understanding of parenting adopted children, and the development of their insights into on-going connections with the birth family. Each chapter was presented separately in the findings. Here, themes are presented together to provide a chronological description of the prospective adopters' experience of the course.

In the early stages of the adopter preparation period, the prospective adopters spoke about *keeping an open mind*. They were willing to be *guided by the social workers*, who they saw as experts on the best way forward to parent adopted children. They entered with some knowledge around adoption from their own research, work experience, or initial meetings with social workers. They also valued *learning from experienced adopters*. From this they had formed at least the following starting point views: that *the children would have questions about being adopted in the future*, and that *the children would have difficult experiences in their past* which meant *they need to be parented differently*. They were only just beginning to *make sense of birth family contact*, as few entered the adoption process with any knowledge that children stay in contact with birth family. They were keen to learn more about parenting adopted children on the course. They were also looking forward to meeting *fellow travellers in other prospective adopters* on the course. Even at this early point, the prospective adopters had an *awareness of being scrutinised* in the assessment process. This uncertainty

of being successful in their adoption project was heightened by *the lack of control over their movement through the stages of the journey*.

The course provided them with insight into *adoption as a new world*. It was an intense period, where they were presented with information about multiple aspects of parenting an adopted child. This included material on the child's experiences which led the prospective adopters to viewing *trauma as inevitable* and *using attachment to understand the child's relationships*. Positive messages were contained in sessions on brain development, where *the science shows child children can recover*. Ideas around trauma and attachment underpinned *Therapeutic parenting*, with a focus on *building security for the child*, and *thinking about the child's behaviour*.

They were also given information and guidance on supporting children's identity and birth family relationships. They built empathy for others affected by adoption: understanding that for children *It's still their mum and dad* and *the importance of getting information for them* meaning the need to be able to have answers for children's future questions. They developed an understanding of *birth parents' vulnerability* and also kept a sense of *birth parents as a risk*. This consideration of these relationships with the birth family could be an uncomfortable journey for some, as they realised that they would be *always connected* to another family and what this might mean for them. Prospective adopters talked about concerns about contact with the birth family, that *contact would be a burden*, or that *birth parents would be disruptive*. These concerns were not shared about indirect contact as *letterbox is not a problem*.

There were times when they were *overwhelmed with information as the course raises questions* that meant they needed to reflect on their hopes for the future. *Time and space* were needed to process the course. One element of these emotions was the awareness of the need to make choices in the future, and their *discomfort at choosing between children*. Some of the sessions on the course were *preparation for matching* to allow the prospective adopters to start exploring how this would feel. The framework of attachment and trauma meant that some became more concerned about parenting children with additional needs. This reasoning included thinking *younger children have less trauma, concern and discomfort with abuse*, and *We want to be parents not carers*, meaning concerns about children with health issues.

At the end of the home study, the prospective adopters had varied *understandings of the adoptive parent task in contact*, especially in how active a role they would play in contact. Prospective adopters said they would be approaching matching on a *case-by-case basis*, using *the tools and information* from the course, to make decisions on what they felt able to

manage and what kind of life they wanted to have. Over the period of adopter preparation these perceptions of the child characteristics they believed themselves able to parent could both narrow and widen, guided by their own beliefs in what they could manage, and the guidance of their social worker. Their thinking became more fine-grained as they grew in knowledge of the experiences and challenges adopted children may have faced, and the support and techniques available to them to parent their children. Most prospective adopters described that they were making their decisions framed from either a position of having a *cautious offer* based on worries about not being able to cope with certain challenges or feeling confident enough in their parenting to *embrace uncertainty*.

10.2 The role of the course in the adopter preparation period.

This part of the chapter will examine the findings in light of the existing literature. First, the research questions are revisited to demonstrate the new knowledge contributed by this study.

10.2.1 The research questions.

To what extent and in what ways do prospective adopters' perceptions and expectations of parenting change over the course of the adopter preparation period?

This study has given more depth to our understanding of how and why prospective adopters' expectations change over the adopter preparation period. The findings demonstrate that these changes are linked to their on-going decision making and understanding of their own ability to meet the needs of children. Most entered saying that they were willing to learn and open to change, and but also had some child characteristics in mind that they were unwilling to consider, such as serious disability. Their thoughts on which children they could adopt both widened and narrowed as their thinking about adoptive parenting moved from general knowledge to a greater detail. They felt the course allowed them to make more informed choices about which children they felt they could parent. They did not radically change their original wishes in terms of age of child, or number of siblings, but now felt able to weigh up what a child's history, experience and any additional needs might mean for them in the future.

This study is one of the first to examine adoptive parent's understanding of parenting adoptive children in their own words. The prospective adopters entered the adoption preparation process with some general ideas on parenting and the needs of adopted children. Trauma and attachment were used as a framework to understand the children's needs and to underpin the parenting approach of therapeutic parenting. For some this meant

concerns about parenting children with additional needs because of the perceived challenges of adopting any child. In terms of staying in contact with the birth family, they developed greater empathy for both the child and the birth family, and an understanding of a degree of on-going connection. This varied depending on the prospective adopter's expectation of contact.

How do they see the role of preparation courses in the adopter preparation period? What do prospective adopters perceive as the helpful and challenging aspects of the course?

The course is an intense period during adopter preparation, during which the prospective adopters have to focus on their future and make sense of it in terms of the information they are hearing on the course. This included perspectives they had not considered before such as that of the birth parents. This study has identified specific elements that can support and hinder their learning on the course.

The course aids learning by providing access for the prospective adopters to supports that otherwise might not be available. These included curated information on adoption, from social workers who they saw as expert guides. It also allowed them access to other prospective adopters, a peer group that was difficult to access outside of the agency. These peers allowed reflection on their own choices, and what they hoped would be on-going support, though this relationship was complicated by competitiveness. For a number, it also allowed them the opportunity to speak to experienced adopters, which provided the prospective adopters with a hopeful view of their future life.

From these findings, the following elements of the course have been identified as helpful, and should be built into pre-adoption training:

- Opportunity for the exploration of new skills (i.e. reflecting on children's profiles to think about which children they might choose, therapeutic parenting, writing letters to birth family),
- Time to process the information that they are hearing and to reflect on what that means for their future plans,
- This processing is aided by the following factors:
 - o Time with their fellow prospective adopters on the course,
 - o Time to have conversations with experienced adopters, where the prospective adopters are able to have an open dialogue.

- Time away from social workers to be able to explore their thoughts and feelings about adoption without the concern of saying what might be perceived as the 'wrong thing'.

These recommendations for how courses are structured and organised will be discussed further in the section on implications for practice. First, the implications of these findings will be considered in the light of the already existing literature.

10.2.2 The course and decision making.

The course was first developed as a place for decision making, for prospective adopters to consider whether or not adoption was the right option for them (Triseliotis, 1988). Work on the early decision making of adopters in the UK indicates that practice has moved on from this, and that those who register to adopt are likely to be committed to finish the process (Wallis, 2006; Ward, 2011; Ward & Smeeton, 2015). This study found that prospective adopters have undertaken extensive research before registration, and also they are determined to become parents. A number had been asked to wait before applying, a setback that might have deterred others. For most, they were committed to pursuing adoption, suggesting the preparation course no longer functions as a place where prospective adopters decide on whether adoption is right for them or not. Instead, it is a space during the adopter preparation period that provides them with the tools and information they will need for matching, as they need to decide what they can manage in terms of adoptive parenting.

Literature on decision making in adoption has mostly been situated around the decision to adopt, or matching decisions (Dance & Farmer, 2014; Downing et al., 2009; Soares et al., 2023). Other studies have considered decision-making but in more limited or specific areas, such as decision making over country of birth in international adoption, older children or disabled children (Burge et al., 2016; Jacobson, 2014; Palmer et al., 2023). Most have been retrospective designs with adopters thinking about decisions made long before and recounted in the context of their current adoptive family life. This study provides a fresh insight into adoptive decision making by gathering data as they were learning about the many considerations the prospective adopters needed to consider and balance during the process. It demonstrates in a fresh way the wide range of choices that prospective adopters in a child welfare system need to make: what age, characteristics, experiences might their child have? What contact are they prepared to support and why? These decisions are also made in a context of uncertainty as the prospective adopters at this point do not know which children will be available for adoption once they are approved. These difficult decisions are then compounded the uncertainty of the development of adopted children. Though

uncertainty of development is true for any child, it is especially heightened when parenting an adopted child.

Prospective adopters enter the Preparation to Adopt course with a basic knowledge that aspects of adoptive parenting will be different, which is then developed and contextualised during the course. This understanding of attachment and trauma deepened their understanding of adopted children. In this study a common response to hearing this information was a response of moving to wanting to adopt younger children or those with less complex needs. This links to findings from other studies that information on the challenges of adoption can make prospective adopters less willing to consider “hard-to-place” children (Brind, 2008; Jakhara, 2014; Rogers, 2018). This needs to be situated in the knowledge that there has long been a perception that prospective adopters have always been reluctant to adopt these hard-to-place children (Dance et al., 2017). This study provides insight into why prospective adopters may have this response, and what practice responses to it might be. As their understanding of parenting even a ‘straightforward’ adopted child is made more complex on the course, taking any additional need on top of that becomes more concerning. The information is destabilising to their imagined family; all had wished for a child who could flourish and live independently. If this was still what they wanted, how could they achieve this? The idea of moving younger offers a protective strategy for them. There was an understanding that all children would have some difficulties, and that some challenges as an adoptive parent were unavoidable. Moving younger meant minimising, not avoiding, issues. Age was weighed up against the other needs that a child might have. Sadly, this does reflect the research evidence, where children who were older, and have been exposed to more traumas are more likely to present challenges to parent (Neil, Morciano, et al., 2020; Selwyn et al., 2015). A fundamental challenge in adoption remains that adoptive parents generally come forward wanting to create a family, rather than to offer a home to hard-to-place children (Rogers, 2018; Ward, 2011a). This is complicated by the sheer amount of information that the course currently covers. Edelstein (2017) showed that adopters can become more willing to consider children impacted by substance misuse, which is interesting considering the caution the participants in this study showed around FASD. However, that was a course that dedicated nine hours to unpicking one topic. It is not realistic to cover all the issues of which the prospective adopters were unsure with that level of detail during a preparation course. The role of the social worker in home study is vital here to help the prospective adopters unpick this information, their concerns, and their possible misconceptions.

The understanding that all adopted children will have experienced trauma both helps and hinders prospective adopters’ thinking. It helps them look at adoptive parenting in a different

way and points them towards the wider material that looks at how to parent children with these experiences. It makes sure that no adopter leaves the course thinking that it would be possible to adopt a child who has not been affected by their experiences. Social workers may well be aware of findings and practice wisdom around how adopters absorb information, and that they may not take on some of the more challenging messages around the children's needs (Saunders & Selwyn, 2011; Selwyn et al., 2015). It may be that the message around all children having trauma an overcompensation to ensure that this is not the case. Another explanation relates to a finding from my study on the views of social workers who deliver the course (Murphy, 2019). The social workers talked about including information on the course that they wished they would have told previous adoptive families who were now struggling. The social workers' knowledge of the challenges that some adoptive families face means that the course is designed to prevent these situations, even though they may not be representative of the majority of adoptive families. This means the course sets expectations of challenge in family life, which allows the prospective adopters to be aware and prepared for these. But it could also hinder decision making by painting worst case scenarios, rather than a more balanced picture of adoptive family life. Impacts of trauma can be varied, and challenging to predict, but this can also mean that some children thrive when their history might suggest more struggle (Woolgar, 2013).

Social workers delivering the course spoke of balancing messages around trauma with the messages on reparative parenting (Murphy, 2019). In this study the prospective adopters talked about concerns about making sure they were getting parenting right because of the heightened vulnerability of traumatised children. Concerns have been raised over the high standards that new adoptive parents can set themselves (Pagé et al., 2021). Trauma currently operates as a shorthand to understand a child's struggles; your future child has been hurt and it is for you to heal them. It means that the difference in adoption is now placed on the child's past, rather than their status as an adopted person. There is perhaps too little focus on the some of the on-going challenges that adopted people can report, with the courses' focus on parenting in the early years (McSherry et al., 2022b).

Another insight from this study is to look at the emotional nature of making these decisions. The information on the needs of adopted children and the possible challenges of adoptive family life was overwhelming at some points. This emotional response to the material, especially on the course, allowed the prospective adopters to re-commit to the process in light of their new knowledge. This reflects and deepens the findings of other studies, which have shown increased levels of commitment after preparation to adopt training (Farber et al., 2003; Selwyn & Lewis, 2020). In the past, this "gruelling" narrative around the course has been read as being potentially off-putting to prospective adopters (Jakhara, 2018; Tabuteau-

Harrison & Mewse, 2013). This study suggests a way to recontextualise this is a response to the challenges of taking on such difficult information, and to developing a different understanding of their family lives. This will be further explored in the section on *recontextualising the role of the course*.

10.2.3 Managing an uncertain future

The previous section demonstrated how adopters' decision-making is complicated by the information they receive on the course. A major part of what creates the complication is around the uncertainty of what the future might hold for these children. This study has explored how the prospective adopters have managed this. Throughout the process, they draw on several sources for certainty about what their future might hold: experienced adopters as guides, fellow prospective as peers, and social workers as experts. This section will consider how this links to the literature on uncertainty management.

It has been noted that when facing uncertainty around health or developmental outcomes, strategies of seeking information and social support can be supportive (Brashers et al., 2001; Scruggs et al., 2024). The prospective adopters can be seen to make use of these strategies during preparation, valuing the social support of other prospective adopters as reassuring about their own journey. They also sought out information post course on the areas they felt particularly uncertain about, such as the profile of children with foetal alcohol syndrome. When thinking about strategies of management of the long-term uncertainty around their child's future, it is helpful to consider Tasker & Wood's 2016 work looking at the transition into adoptive parenthood. They drew on Mason's theory of safe uncertainty to describe adopters' experiences of the early days of the placement (Mason, 2019). This theory suggests two axes to look a person's position, which are the degree of certainty they are feeling, and the degree of safety they are feeling. In Tasker & Wood's 2016 article, they identified that adopters often felt unsafe uncertainty as they approached placement, second-guessing their decisions, and worried about the future of their child and the impact they would have on their lives. The participants in this study did not show this concern as they approached the end of the assessment period, instead they expressed a degree of certainty about moving forward. This may be related to the resolution of one source of uncertainty, that they had been able to complete their adoption assessment. The stresses of matching and considering children were still to come for them. When looking at their positions in light of Mason's work, two different positions can be seen to manage the uncertainty moving forward. Some participants acknowledged that they could not predict or control all elements of their future, but that they had confidence in their own skills and resources to cope with what might come. This can be linked to Mason's concept of 'safe uncertainty', where safety

is found in relational states (i.e. their strength as adoptive parents, in support networks, confidence in self) not purely in management of possible risks. By contrast others sought what Mason describes as 'safe certainty' by having narrow or 'cautious' offers of which children they would consider. Here the adopters were driven by concerns that they might not be able to cope, and seeking certainty about child characteristics allowed them to feel safe and in control. Mason cautions that safe certainty can only ever be a temporary, as it does not manage uncertainty, rather seeks protection from it (Mason, 2019). Brashers et al. (2001) also reflects that there is a natural tendency to reduce uncertainty, rather than to manage it, but that this is not the only approach. Adopting a child inherently invites uncertainty into a family, and consideration should be given to how to support prospective adopters in tolerating this and moving to positions of safe uncertainty.

10.2.4 Recontextualising the role of the course

Research with adopters suggests the course is intense and almost overloaded with information (Selwyn & Lewis, 2020). In my MRes study, social workers often adapted the course in light of what they thought the prospective adopters needed to hear. More information is added into the programme, perhaps at the loss of some other material, or space for reflection. There has not been a consensus on what needs to be in the course, considered from a theoretical, or a pedagogical standpoint, and also a practical standpoint of what is it reasonable/possible for prospective adopters to learn in a course around fourteen to twenty-six hours long.

The idea that social workers are being overly negative on the course is frequently referenced in the research (Dance & Farmer, 2014; Jakhara, 2018). This study has found the prospective adopters have an emotional response to the course that includes intense moments of questioning, and periods of becoming overwhelmed by information. Prospective adopters experience discomfort when thinking about the information being provided on trauma and attachment, or when contemplating the impact of the contact on their family life. The challenges are not just with the social workers' messaging, but also with the distressing material they have to wrestle with. A different perspective on this would be that this reaction to this material is not caused by social workers being overly negative in what they include, but by the challenges of accepting this material which changes their view of their future life. An explanation of this, which could be then used to further develop the course, is Threshold Concept Theory (TCT).

Threshold concepts are defined in Meyer and Land's (2003) seminal paper as having five characteristics: they are *transformative* in enabling new ways of thinking and understanding; they are *irreversible* in that, once grasped, they become impossible to

forget or unlearn; they are *integrative* in their ability to make visible relationships between ideas or phenomena; they help to demarcate disciplinary or subject boundaries and thus are characterized as *bounded*; and they can be difficult to grasp, counterintuitive, tacit or challenging to pre-existing ways of understanding and therefore *troublesome*. (Steckley, 2020b, p.2)

This can be applied to some of the ideas that the prospective adopters talked about following the course e.g. *Trauma is inevitable*. Once this was grasped it *transformed* the prospective adopters' understanding of their parenting task, it was *irreversible* in that it coloured all their understandings of what their children would need, it was *integrative* in that made the link between the child's past, and their future in the adoptive home. It was *bounded* as something that was different for adoptive children, and finally it was *troublesome* because of the emotional nature of the material that was being heard. What is being interpreted currently as the course being as negative and gruelling can be reframed as the experience of "troublesome knowledge". The prospective adopters have this intense, stressful experience, because they are processing information about how difficult adoptive parenting might be, and part of this understanding is moving through discomfort to a transformed view at the other side.

The work around threshold concepts has been used in multiple fields to identify these key ideas that help students to move forward in their understanding. There has been critique of the concept as being undefined, and that there is not a clear way to identify threshold concepts (Brown et al., 2022; Correia et al., 2024). In Steckley's work on threshold concepts for residential care workers, she drew on focus groups of educators and practitioners to identify possible Threshold Concepts (Steckley, 2020a). She then used in-depth interviews with practitioners to explore one potential threshold concept, relational practice, to develop this idea (Steckley, 2020b). A similar process could be applied to adoption training to identify these key ideas. From this study, interesting ideas to explore might be: "*trauma is inevitable*", and perhaps "*the lifelong connection with another family*". If threshold concepts are identified in this field, it would support the course being structured around these ideas and what is needed to support prospective adopters with grasping them. The literature of threshold concepts acknowledges that these can be hard to grasp, both conceptually and also emotionally due to their transformative nature. The course needs to be prepared for that, especially in light of the findings from this study about the emotional and moral component to the process of learning on this course.

10.2.5 Prospective adopters' attitudes to birth family contact.

Practice around contact in English adoption is in a period of change with work being undertaken to promote the importance of maintaining relationships for adopted children (Neil, 2024). There is a gap between the research evidence on the possible benefits of contact with birth family, and the current practice model of mostly indirect contact (Doughty et al., 2019; Neil & Howe, 2004). This study captures practice at this point of transition, with some participants hearing information which promotes direct contact with birth family, while other prospective adopters heard about a model of indirect contact during childhood. This study offers insight into how these different messages were received, and what this might mean for future practice. At present, evidence shows us that contact plans change from the original leading to many adopted children losing relationships with their birth family over time (Doughty et al., 2019; Meakings et al., 2021; Neil et al., 2013, 2018). Contact with the birth family is not static, with the child's identity needs changing over time, (Brodzinsky, 2011) and the impact of social media on searching for/ being found by birth family (MacDonald & McSherry, 2013).

Neil's work on the constituent dimensions of communication openness offers insight into why these challenges and divergent views on contact might be present post-course (Neil, 2009). This work identified the following dimensions in adoptive communication openness for parents: communication with the child, communication with birth family, empathy for the child, empathy for the birth parent, and comfort with and promotion of dual connection (Neil, 2009). If these are taken as the skills or qualities that the course needs to develop in prospective adopters, then it is possible to consider what aspects are promoted by the content provided on the courses. Some prospective adopters reported that their workers described a model of contact that was a one-off meeting with birth parents (if safe) and then letterbox contact, carefully monitored by the agency. As such, *communication with the birth family* was seen as led by the agency, meaning they did not have to reflect on their own role in this relationship while on the course. They would just need to do as the experts (social workers) told them. They were provided with examples and exercises to explore the child's experiences of loss, designed to build *empathy for the child* but this work was often connected to learning about therapeutic parenting and the importance of *communication with the child* about being adopted. On-going contact with the birth family was not linked to managing loss for children, beyond the adopters gathering information to answer the child's future questions. The focus is on the importance of the adopters maintaining the identity of the child, not any role that continuing relationships with the birth family might play in this. Exercises such as 'what's in a name', where they spoke about the importance of their own

name, allowed exploration of *dual connection* in a safe, unthreatening way. In exercises such as these the birth family remain an abstract idea, rather than flesh and blood people with whom adopters need to engage.

The adopters described course content with a focus on *empathy for the birth parent*. This included material from birth parents talking about their experiences, and the importance of contact to them. The prospective adopters saw examples on the course of vulnerable birth parents, who were able to reflect to some degree on why their children had been placed for adoption. These stories did prompt reflection and empathy from the prospective adopters. However, this empathy for the birth parents was conditional. There was an awareness that their child might have a different story. For the prospective adopters, some birth parents deserve empathy, but others, those who have harmed children, those who had not protected, did not. The focus on empathy for the birth parents could also form a view that contact was desirable as it was helpful for the birth parents, not for the child, and certainly not for the prospective adopters. When a model of contact was presented that emphasised the safety of contact, by a focus on strict confidentiality, agency control and the vulnerability of (some) birth parents, the prospective adopters came away with low commitment to contact as something that would be useful for their family life. This model did not make them have to extend their thoughts on what family meant for them, meaning they did not question these boundaries.

What happens then when the social workers provide a different message? A number of prospective adopters described being shown video of a birth grandmother and an adoptive mother discussing the relationship that they had built up over time. This provided the prospective adopters with a message around contact which emphasised the importance of *dual connection*. The same adopters also spoke about video of young people talking about their experience of being adopted, which developed their *empathy for the child* in relation to adoption as an event that has a lifelong impact. Linking with the ideas on threshold concepts, these dimensions of adoption communication openness appeared to be key in these prospective adopters being more open to the benefits of contact. The prospective adopters did not welcome the message on contact, i.e. it was troublesome knowledge. Many had an initial response to this message that these links with birth family would be burdensome. But with time and understanding around the benefit for children in maintaining these relationships, their view of adoptive family was transformed. They understood they were forever connected to their child's other family. Supporting your child with their identity was an active role, requiring the adoptive parents' engagement with the idea of this other family. This triggered adopters to show more commitment to contact, not their empathy for the birth parent. Their child's link to their birth family became something that was non-

negotiable, something they would need to reckon with as it related to their relationship to the child, and that child's needs. It was also active, where the prospective adopter needed to think about what they might do in the future and gave them agency in what this relationship with birth family might be.

Returning to the literature on motivation to adopt, it is clear that prospective adopters come forward because they wish to parent, to have a child in their life, not because they wish to support adult birth relatives (Jennings et al., 2014; Soares et al., 2023; Ward, 2011) . Adopters can struggle to expand their view of family to include birth relatives (Macleod et al., 2021). As such it is unsurprising that they are more motivated to express commitment to contact if they think of it as important for the child, rather than for the adult birth relatives. It may be that the social workers are reluctant to challenge prospective adopters on the course, out of fear that this might mean they do not go forward with adoption. The findings of this study challenge this; prospective adopters who heard about the benefits of contact for their child were willing to consider this, even enthusiastic in some cases. The theory of Threshold Concepts considered in the previous section explains why this might be (Land & Meyer, 2006). The idea of your child having another family can be seen as *troublesome knowledge*. It profoundly changes how adopters see their lives. Their discomfort with the idea was something they had to work through, which was aided once they could see benefits for the child. By contrast, courses which focused sessions on contact about the feelings of the birth parents did build empathy for their experiences but did not cause the adoptive parents to reflect on what their role in helping their child manage issues of loss, identity and birth family connections would be in the future. It was understanding the needs of the child which appeared to create the irreversible, transformative change for prospective adopters, in making them see how birth family contact could support their child rather than just be a risk. Being able to empathise with the birth family is still an important part of their understanding, but it may not be the key one in encouraging adoptive parents to support birth family contact.

Additional barriers to the adopters continuing contact may be in the gap between the information on the course and reality of managing contact. Learning about contact was an area where the prospective adopters were dependant on social workers as experts. Wider society's continuing misunderstanding of adoption as a severance of birth family relationships means that they are not receiving information from other sources. The prospective adopters talked about letterbox as unproblematic for them, but this is not reflected in research on the adopters' experience of letterbox contact, or in the statistics on how often this stops (Neil, 2009; Neil et al., 2013, 2018). Similarly, the prospective adopters spoke confidently about the usefulness of lifestory books, but in reality, they are often described as challenging to know how and when to use (Meakings et al., 2018; Watson et

al., 2015). As with therapeutic parenting, the prospective adopters would benefit from opportunities to practice these skills and envision what this might feel like, to build their understanding of the task. Without this, they may struggle to manage these tasks, and perhaps retreat from engaging with their child's identity needs. Adopters' feelings about the birth family and their child's connection to them can be complex and deeply emotional (Macdonald & McSherry, 2013; Turkington & Taylor, 2009). Space to explore this openly through practical sessions (writing letters, thinking about how to tell difficult stories) will help them start to engage with these feelings early on in the process.

The material on the trauma of children's early experiences could be neatly connected to the concept of therapeutic parenting. It answered to the question of how to manage this aspect of parenting an adopted child. For a number of courses, it seemed that material on the identity of adopted children and how to maintain their relationships was across multiple sessions: on loss, on empathy for the birth parent, on maintaining their names, without a clear connecting story, and solution, in the same way. Outside of the course, this is compounded by the lack of easily accessible material on contact aimed at a UK adoptive audience. The prospective adopters spoke enthusiastically of *The A-Z of Therapeutic Parenting* (Naish, 2018) but there was no equivalent reassuring handbook for managing the challenges and complexity of contact once in the real world of parenting.

10.2.6 The role of the social worker in supporting the prospective adopters.

This study offers new evidence on the role of the social worker in preparation of adopters, in considering how the prospective adopters perceived the social workers. The social worker role will be examined in two ways in this section, both linked to the findings around the experience of uncertainty in the adopter preparation period. First, it will explore the role of the social workers delivering the course, and how they were perceived as representatives of the assessing agency which created uncertainty for the prospective adopters and impacted on the course as a reflective space. This section will then consider their role during the home study helping prospective adopters manage uncertainty as they make decisions on their future offer.

The course was originally conceived of as a place where prospective adopters could explore their feelings about adoption and decide about moving forward with their plans (Triseliotis, 1988). However, the role of the course has shifted over time for a number of reasons. The permanence movement to place children from the care system in adoption led to a need to provide information on those children to adopters (Thoburn et al., 1986). This meant the course moved from becoming a space purely about exploration to be an educational space, where arguably there are right or wrong answers. Social workers have described the course

as to get the 'basic facts' of adoption across to prospective adopters (Murphy, 2019). It has also been part of the assessment process, with the social workers who deliver the course feeding back on the adopters' presentation during the course (Murphy, 2019; O'Hara, 1988). Additionally, the research on adoption decision making in the UK suggests that adopters enter the process with a high level of contemplation and commitment to the idea of adopting. The findings of this study reflect this, as though they described "wobbles" as they heard the information on the course, these were resolved for most easily. For most participants the course was used to consider the details of which child they might feel able to adopt. It is not a relaxed space to explore, but another step that they must successfully complete to be able to achieve their hope of parenting. The concept of the course as a place for safe exploration of feelings about adoption is challenged by all these factors.

Within the setting of the course, the relationship with the social workers delivering the course becomes one where they are both the holders of expert knowledge about adoption, but also not figures that can be trusted due to the uncertainty of the assessment process. There has been work on the power dynamics between the client and social worker in child welfare, and in adoption in particular. Adopters often seen as a special client group in this field of research as they are voluntary clients, seen as holding the most power in the adoption triad of child, adopter, birth parent (Eriksson, 2016). However, the experience of assessment is recognised as challenging for prospective adopters, who use strategies to manage the relationship with social workers (Eriksson, 2019). Eriksson's study looked at the home study process, but these strategies can be seen in the descriptions of the prospective adopters in this study, especially around emotional management. Some emotions- empathy for birth family- are acceptable, and others – concern around birth family contact- are not, and should be disguised. They also display information management by trying to present self in the best light to the social workers. Eriksson (2019) notes that this power dynamic can mean that important information is not taken on board by adopters and that reflection is limited. Eriksson suggests making visible the power dynamic to manage this interaction. In this study the prospective adopters described the social workers beginning the course by saying this was a space to explore, and to ask any questions. But the prospective adopters did not feel able to believe this. The prospective adopters felt that there was correct behaviour they needed to demonstrate (absolute attention at all times) and correct thinking for them to be able to successfully get through course. This awareness of scrutiny, added with the volume and intensity of information, and emotional response in processing it, meant the adopters were not able to process the information within the confines of the course, let alone feel safe to explore challenging feelings about it. It was away from the social workers that the adopters felt safe to reflect, be this in conversations with fellow prospective adopters, in their

couple relationship or in conversation with experienced adopters. This suggests that all courses need to have built in space to allow this reflection, be this homework or small group work. The key element is that social workers are not present to allow prospective adopters to be more open and honest in their discussions.

The home study is, obviously, a different space, where the prospective adopters are in an individual relationship with a specific worker. This study adds to the understanding of this relationship by identifying the value the prospective adopters place on the social worker as an expert. In this role, the social worker becomes to be a source of certainty in the prospective adopters' decision making, that allowed them to test out and feel more confident in their decision making. This study offers insight into how social workers influence adopters by encouraging wider thought in the home study, but also giving permission to narrow preferences down. One of the key changes for prospective adopters during this period was being able to think about what statements like "chronic neglect" or "sensory disability" might mean. The social workers played a vital role in supporting their thinking. On the course, they raised the complications within these terms, and helped the prospective adopters think about them more widely. Then in the home study, they helped them reflect on what that meant for them, and what they could manage. There may be room for the social workers to further challenge or investigate prospective adopter's thinking and understanding, in light of some of this study findings about their understanding of, for example, the impact of neglect and attachment.

The prospective adopters' decision making was emotional, being based on their hopes for their future life in which they have invested much time. It was also morally challenging for them, as the prospect of choosing between children was very discomforting and felt wrong and unnatural for them. This reflects and deepens the findings of other studies (Andrews-Longbone, 2020; Palmer, 2020) . This study has shown the quantity and detail of decisions they need to make. The social workers were seen as providing clear messages about how to manage these feelings. The prospective adopters talked of messages about it being okay to say no, and of social workers guiding them to placing narrower boundaries on their offer. This is an interesting finding in relation to the concerns expressed about the mismatch between adopter wants and children's needs (Dance et al., 2017). This was a clear message that it was okay to say no. Some prospective adopters spoke of examples being given by social workers of adoption disruptions having happened as a result of a poor match. The social workers here seemed to be reframing a decision that could feel 'selfish' or 'rejecting' to the adopter as ultimately in the best interests of future children. This points to another concern that social workers might have around the risk of pushing prospective adopters beyond their preferences (Neil et al., 2018; Selwyn et al., 2015) . The social workers have a

dual role here, recognised by the prospective adopters. They are seeking to find the right parents for the children awaiting a family, and to do this they need to support the prospective adopters to understand what the right child for them might be.

The role of the social worker in the adopter preparation period has often been considered in terms of gatekeeping of children; social workers as being a barrier to approval as adopters, who then have control over access to children once approved. As noted above, other studies have explored the challenging emotional aspect of the relationship between social worker and prospective adopters, though in the context of international adoption where the social workers do not have a role in family finding (Eriksson, 2016). Palmer (2020) explored the early family life of those in the Welsh Adoption Cohort who had adopted older children. She used the metaphor of adoption as a marketplace to explore attitudes to decision-making. In this, social workers were characterised as acting both as gatekeepers and salespeople. This study captured this relationship at an earlier stage in the adoption process and adds detail to this relationship by looking at the supportive aspect, alongside the role of assessment. The prospective adopters saw the role of the social worker as an expert guide to help them through this period. Following the prospective adopters' destabilising experiences on the preparation to adopt course, assessing social workers were able to support them in finding a comfortable place to move forward to matching, that balanced realism with their hopes for family life.

The prospective adopters' understandings of the information they received on the course are explored in the next two sections, looking at the theoretical underpinnings of the course, and exploring abuse and risk.

10.2.7 Theoretical underpinnings of the course

This study offers new insight into understandings of attachment for adoptive parents. Attachment theory has been identified as a key concept for children's social workers, and there is a developing area of work looking at how social workers use attachment, and brain development as a linked concept (Beckwith et al., 2022; Verhage et al., 2023). There has been critique within this field for oversimplified understanding (Hammarlund et al., 2022; White et al., 2020). This study considered the use of attachment theory from one step removed, by exploring how social workers transmit their own knowledge about attachment theory to another group (prospective adopters) and how this group then makes sense of attachment theory.

Attachment theory appeared to mostly be used similarly to the linked concept of trauma. It was a way of understanding why children might struggle, and this idea built prospective adopters' empathy for their future children. The prospective adopters understood that their children would not trust them straight away, that this might mean some challenging behaviour and that it would be their responsibility as the parent to build the relationship with the child. This provided a reasonable expectation of the future, known to be important for adoptive parent well-being and the on-going success of the adoptive family (Hebdon et al., 2012; Paniagua, Palacios, et al., 2019.)

This core understanding may not reflect the complexity of attachment theory. However, it is arguable that the prospective adopters do not need to understand the nuances of attachment theory. They will be asked to develop their relationship with a child in a different way than a biological parent does from birth. Research shows that there can be challenges to this (DeJong et al., 2016; Dozier & Rutter, 2016) and that insecure attachment is perhaps more common in adopted children than in the general population (McConnachie et al., 2021; Steele et al., 2024) . But the research also shows that these relationships do form and can be satisfying for families (McSherry et al., 2016; Neil et al., 2013). In this context, teaching about attachment was most beneficial when linked to ways adopters could build a relationship with their future child. Many of the ideas of therapeutic parenting introduced on the course had an element of helping the prospective adopters maintain a reflective, empathic position towards their child. One example was the sessions on discipline which advised the prospective adopters to think first about why the child had done something. This emphasis on the importance of thinking about what the child might be thinking linked to reflective functioning and other qualities of adoptive parenting without these more technical terms being raised on the course (Slade, 2005). Warmth and child centredness were seen in the focus on building security and being available for the child (Anthony et al., 2019). Frameworks such as Secure Base or therapeutic approaches such as Theraplay, which both draw on attachment, were introduced on the courses (France et al., 2023; Schofield & Beek, 2005) as tools that the prospective adopters felt able to use in the early days of placement, without needing to understand the theoretical basis behind them. What might be needed is the reinforcement of these key messages and concepts in early placement support to ensure that learning from the course is not lost, and that the tools the prospective adopters have been provided with are able to be used helpfully.

10.2.8 Exploring abuse and risk

A particular issue highlighted by this study is the challenge for prospective adopters of contemplating the experience of children who have been abused. This influenced both their decision making on who they could adopt, and also their ability to empathise with birth

parents. Jakhara (2018) noted that none of the adopters in his study had chosen to adopt children who had experienced 'intentional cruelty'. This description of abuse as cruelty perpetrated by birth parents offers a suggestion of why prospective adopters can find this challenging. It involved contemplating something far outside most of the prospective adopters' experience and was deeply uncomfortable. Abuse was clearly discussed on the course, often in early sessions. However, in other key ways, it did not appear to have been explored in the detail that issues like neglect and birth parent vulnerability were. The birth parents whose narratives they heard were mostly vulnerable birth mothers, "model birth parents". Case studies looking at children's experiences in the birth family, that invited the prospective adopters to empathise with the child and report back from their position, were mostly around neglect. This is understandable from the social worker's point of view. Material on abuse might be highly distressing, especially for any prospective adopters with experiences of abuse in their own background. But its absence meant there was less space for the prospective adopters engage with the complexity of feelings around the birth family who may have hurt their child deliberately, compared to the characterisation of neglect as harm by omission.

How the prospective adopters can be helped with this is a challenging question. They spoke of case studies about how to support children with behaviours that might spring from a background of abuse, indicating that is tackled on the course. My findings suggest this did not alleviate the concerns of the prospective adopters. One possibility is that thinking about parenting a child who has experienced abuse requires a further conceptual leap to understand how it might be possible. It is clear for the prospective adopters how they can make up for the experiences of neglect; they will love the child, parent them therapeutically, and understand them which will fill in the gaps in the brick wall so often used on the course. Thinking about parenting an abused child perhaps does not fit with the idea of a brick wall with gaps as it is an additional need, rather than a missing need. It may be that some prospective adopters will not be able to make that leap.

Another possibility is that to contemplate abuse means telling what the prospective adopters could characterise as a "more complicated story". Neglect offered what they described as a simple story of incapable birth parents. A story of abuse is more challenging to make sense of, and to think how to share that with a future child. This perhaps explains some of the participants reluctance to even engage with the thought of parenting a child conceived by rape. More nuanced presentations of birth parents on the course, that include reflection on the role of birth fathers as well as birth mothers may well help. The complexity of empathising with fathers, who may be seen as aggressive or absent, is noted in the social work literature, but is just as important, if not more, for adoptive parents who will need to

make sense of birth fathers for their children at some point (Philip et al., 2024). It could also help prospective adopters reflect on risk from birth family in a different way.

10.3 Strengths and limitations of the research

This study provides rich detail on an under researched area. Data was gathered across five agencies, allowing further insight into current practice in England while looking at an important practice issue around how to prepare prospective adopters. Attention was paid to recruiting from the varied pool of prospective adopters i.e. those from RAA, VAA, and LA, those adopting in opposite-sex and same sex couples, and also men and women. This allowed for the study to explore experiences of the adopter preparation period that are reflective of those who attend the course. One limitation was the lack of single adopter participants, and this might be an area of future research, considering the findings around the importance of the course as a space for couples to discuss and decision make. There could be interesting insight into what strategies single adopters have for similar sound boarding.

One limitation may be around models of course delivery. The involvement of adoptive parents in running courses was noted in the earlier practitioner literature (Horrocks, 1989). However, none of my participants mentioned that the facilitators on their main course being adoptive parents, and I feel confident that they would have if this was the case. From dissemination work, I know that some adoption agencies do have adoptive parents co-delivering the courses. This study cannot provide insight on possible advantages of this model. One of the findings was that the experienced adopters provide a more positive view of adoptive family life. It would be interesting to examine how the prospective adopters received the information they found more challenging from the course if it was delivered by an experienced adopter.

This study examined the adopter preparation period in real time by using a qualitative longitudinal design. This allowed for the unfurling of adopters' journey through preparation, rather than a snapshot approach that would be gathered by data collection at one point. For example, this approach illuminated the social worker's role during the home study in helping the prospective adopters resolve the questions posed by the course. This would not have been examined if it was not for the third interview.

The use of QLR also leads to a limitation of this study, that of managing what was a large amount of data for a PhD study. In the methods chapter, I noted how much data I had collected. Arguably, each of the three main Findings chapters could have been expanded to

give a more detailed and nuanced profile of that particular process or experience. One of the key decisions in this study was how to represent the depth of the experience of the adopter preparation period for the participants, within the confines of a PhD thesis. My decision has been, in light of the lack of work in this area, to present a map of as much of the experience as possible, rather than focus on just one aspect.

Another aspect that constitutes both a strength and a limitation was the data collection for this study taking place during the Covid-19 pandemic. It is a strength that it captures a unique point in time, and also provides evidence that the prospective adopters were still able to learn and develop their thinking about adoption via an online course. Comparisons cannot be made with face-to-face courses, as there were none covered in data collection.

The timing of data collection undoubtedly had an impact on some aspects of the prospective adopters' experience. In particular, the Covid-19 lockdowns meant they may have impacted on their peer relationships, both in terms of the group process online and how relationships developed as people could not meet in person. This might be useful to think about this in further research as an on-going support for the adopters.

This study presents original insight into prospective adopters understanding of the concept of 'therapeutic parenting'. This is a concept that has popularity in the adoption arena, but it is understudied at this present time. At present therapeutic parenting is being presented to prospective adopters with relatively little empirical work. Studies looking at how adopters use therapeutic parenting in practice is an important area that has not been undertaken yet.

Future research could explore links between learning from preparation to adopt courses, and adopters parenting practices in family life.

10.4 Implications for practice.

This study has explicitly not been an evaluation of practice in pre-adoption training but was designed to gain insight to the prospective adopters' experiences. However, this has been something I have considered. Drawing on my position as a former post-adoption social worker and my study of the social workers who deliver the course, I would say that broadly the course seems to be achieving what its practitioners hope it does. Prospective adopters develop more realistic expectations of adoptive parenting, and of the tasks and skills they will need. The following implications for practice are not to advise that the course needs a top to toe redesign, but to offer suggestions for improvement.

10.4.1 Managing the emotional intensity of the course

The course is an intensive process for the prospective adopters, both in terms of the time commitment, which could be exhausting, and the emotional journey that they undertake of processing the information they have heard, and constantly re-evaluating their future plans. These are suggestions that might assist in managing this challenge while making sure that the prospective adopters are able to learn what they need while on the course.

- When considering course design, social workers should remain aware of this intensity. My study of social worker perceptions indicated they are aware, but this needs to be given more consideration in planning the structure of sessions. There should be breaks in between delivery days to give the prospective adopters time to rest and process their learning.
- Part of the intensity is from the amount of material covered on the course. At present, most agencies run their own courses, with similar but subtly different programmes and content. Social workers in my earlier study talked about adding material if they felt it was needed or helpful (Murphy, 2019) . This ability to be flexible and responsive to the needs of the prospective adopters was felt to be helpful in that study (Murphy, 2019) . This study's findings about the intensity of the course show the other side of this; there is a limit to what prospective adopters can absorb in one course. There need to be regular reviews not just of what material can be added, but also of material or exercises that could be removed.
- A Review of the content and practice of adopter preparation courses is currently underway at Adoption England as part of their good practice programme (Adoption England, 2024). The idea of threshold concepts might be a useful tool to guide this work, as it will help to identify the ideas that prospective adopters need to grasp to aid their journey as adoptive parents. This study indicates that '*trauma is inevitable*' and '*lifelong connection to another family*' might be helpful places to start. Part of the work of looking at the research has already been completed in the US, (Salazar et al., 2023; Vanderwill et al., 2021) though this might need to be built for the situation in England and to identify the relevant threshold concepts (Steckley, 2020b, 2020a).

10.4.2 Helping adopters think about children with additional needs.

This discussion has explored how the role of the social worker, and the challenges of thinking about abuse, can both support and impede the prospective adopters' willingness to consider children with additional needs. Further suggestions in this area are considered below. Key in this area is ways to make the prospective adopters see that parenting children with certain additional needs was possible. This is also an area where it is important to

consider how the course intersects with the other parts of agency preparation of adopters to help support their personal decision making.

- The voices of experienced adopters were useful here in helping prospective adopters think about what it would be like to parent a child with additional needs. It could show that parenting these children would still provide a satisfying family life. The ability to talk “privately” with experienced adopters was especially valued. One agency set up phone calls as ‘homework’ to achieve this. Other prospective adopters spoke about podcasts being helpful.
- Guidance on how to parent children with additional needs. In particular, it seemed that prospective adopters heard about the risks of children with FASD, but little on how to parent a child with FASD. Resources, again containing the voices of experienced adopters, could be produced for some of the areas that the adopters were finding particularly challenging i.e. FASD, children who have been sexually harmed, children with disabilities.
- Social workers helping prospective adopters in home study to tease out the understanding of the different needs of children based on the knowledge from the course. It may be that direct links to what they covered on the course might help in this exploration. The home study should allow for the prospective adopter to explore the understandings they have from the course and develop them further with the support and guidance of the social worker.

10.4.3 The importance of staying in contact with birth family.

The prospective adopters described the idea of staying in contact with birth family as something they had barely considered before entering adoption. All of them were able to form some view on contact, and what might be best for their child, by the end of the adopter preparation period which is a testament to this area of learning, and the work undertaken on the course.

- What seemed to work here was an emphasis on how contact can help the child and support their identity development. The prospective adopters want to know how to support their child in the future and were willing to take on board these messages.
- Presentations on direct contact with extended birth family, which had examples from an adoptive parent, seem to enable the prospective adopters to think differently about these connections. It showed the adoptive parent as having agency over the decisions, and that extended birth family might not pose the same risk. It gave them a vision of a range of possibilities for contact that could be supportive, not disruptive

of family life. Experienced adopters are less likely to be a resource in the same way they can be for parenting due to the low levels of direct contact with adult birth relatives in English adoption practice. Agencies need to consider how they can best make use of what resources they do have and draw on other sources too. A number of participants named the Two Good Mums podcast as helpful (Two Good Mums, 2020).

- Agencies were making use of the experience of birth mothers to help the prospective adopters understand their perspectives. This work should be further continued, but also widened to include the voices of adopted children and adults. This will offer important content for the prospective adopters to understand how adoptive identity can impact people into adulthood, and to offer a variety of issues. The use of adopted adults will need to be contextualised, so that the prospective adopters still understand the relevance of their experience for today.
- One element with developing skills in this area is currently the lack of a “package” in the same way that exists for managing emotional and behavioural issues. The prospective adopters are told about trauma and attachment, which explains problems that might have in, and leads into/underpins the concept of therapeutic parenting. It presents a logical package for the prospective adopters to apply to their own situation. The current teaching on identity & contact does not have that in the same way. Development of these links between the child’s needs and practice already exist in the literature but have not crossed over into the popular discourse and become available in the same way that Therapeutic Parenting has. Existing attachment-based models such as Secure Base have the capacity to be used to discuss the significance of these links (Neil & Beek, 2020). This could be one way to think about clearly drawing these links for prospective adopters to see its importance in their parenting. Alternatively, this could be another area for a piece of work, perhaps related to the identification of threshold concepts. This could be usefully built with those of lived experience of contact in adoption.

Conclusion

The course operates as part of the preparation of adopters as an intense period of reflection for the prospective adopters on their uncertain future. They feel it gives them the tools and information they need to make decisions for the future. The sheer amount of information and the emotional nature of considering it means they need time to be able to process it, and

support to unpick the some of the subtleties around the courses messaging on children's needs. The messages from the course are focused on the impact of the past for the child, which provides the prospective adopters a clear idea of what their parenting will need to be. The messages around the child's identity journey as an adopted person are perhaps not as clear. There is a need to think about how both can be developed to help adoptive parents be able to meet all of their future children's needs.

11 Appendix

11.1 Appendix A: Ethics approval letter



School of Social Work
Faculty of Social Sciences
University of East Anglia
Elizabeth Fry Building
Research Park
Norwich
Norfolk NR4 7TJ

20.05.2020

Dear Anne,

The Research Ethics Committee considered your application for ethical approval for the above project on '*Preparing to Adopt*'. The reviewers are now in agreement that the ethics issues have been satisfactorily considered and addressed. I am happy to confirm that ethical approval is granted and you are able to begin your study subject to any other necessary approvals being given.

It is a requirement of your approval that you should report any adverse events that may have occurred, these being defined as "any unanticipated problem involving risk to subjects which ultimately results in harm to the subject or others".

If you plan to make any significant changes to the design of your study, you should also contact me.

With best wishes – I hope your research goes well.

Yours sincerely

A handwritten signature in black ink, which appears to read 'G Philip'.

Dr Georgia Philip
Chair of SWK Ethics Committee

11.2 Appendix B: Preparing to Adopt study leaflet for agencies



PREPARING TO ADOPT

B. LEAFLET FOR ADOPTION AGENCIES

Thank you for your interest in my study. I am proposing to look at how prospective adoptive parents come to understand the needs of adopted children, with a focus on the role of pre-adoption training.

The study is based at the University of East Anglia in Norwich. It is supervised by Professor Beth Neil, and conducted by myself, Anne Murphy, as part of my PHD research. I am a social worker with over 15 years' experience in adoption work, both as the child's social worker and in roles offering post-adoption support.

This research is needed as adoption brings together the needs of two different groups: adults who wish to parent, and children in need of a permanent home. How can we bring together the expectations of parents with the needs of the children? Most research in this area is retrospective, with adopters who may be many years into the experience of living with their children. There is a need for detailed information about how prospective adopters first receive and make sense of the needs of adopted children as they are being prepared.

This study builds on a pilot project I undertook last year in which I interviewed *social workers* who deliver the Preparation to Adopt course. The aim of the current study is to better understand how *prospective adoptive parents* experience going through the Preparation to Adopt course. I am particularly interested in how their understanding of the needs of adopted children is shaped by the preparation course, and what other factors develop their views and ideas about this.

To be part of this study, I would need you/your agency to help me with the following:

- To provide me with details of the scheduling for your Preparation to Adopt courses over the next six months, to allow me to plan my interviews with participants.
- To pass on a leaflet to any prospective adoptive families in your agency who meet the following criteria: **first time adopters, who have not yet attended the Preparation to Adopt course. They must not have been foster carers in the past.**
- The leaflet will give prospective adoptive parents information about the study. It will also reassure them that participation is voluntary and whether they decide to take part or not will not affect their application to be approved as adopters. If any prospective adopters are interested in taking part in the study, they can then

contact me directly to get more information and, if they want to go ahead, set up the interviews. We would ask you to reinforce the message to prospective adopters that taking part in the study is entirely voluntary. We hope however that you would be able to also offer reassurance that your agency has agreed to support the research, and that the Centre for Research on Children and Families UEA is a trusted research organisation.

Adoptive parents wishing to take part in the study will be asked to take part in interviews before and soon after taking the "Preparation to adopt" course, with a further interview being carried out within four months of completing the course. The researcher will also keep in touch with the participants between the interviews via email or text. The data gathered will then be analysed to understand prospective adoptive parents' perspectives and how these might change across time. Data will not be used to directly compare or evaluate different agencies' courses or approaches in preparing adopters, but to look at the experience of prospective adopters.

The study has received ethical approval from The University of East Anglia School of Social Work Research Ethics Committee.

For further information, please contact:

Anne Murphy

anne.murphy@uea.ac.uk

Tel no: 07787379177

Supervisor: Professor Beth Neil: e.neil@uea.ac.uk

11.3 Appendix C: Preparing to Adopt leaflet for participants.



PREPARING TO ADOPT

C. LEAFLET FOR PARTICIPANTS

- Are you about to begin your 'Preparation to Adopt' course?

- Are you interested in taking part in a research study about what it is like to prepare to be an adoptive parent?

Thank you for reading this leaflet. My name is Anne Murphy, and I am a PHD researcher based at the University of East Anglia in Norwich. I have asked your agency to pass this leaflet to you, as I am recruiting people to take part in a study. I am looking at how prospective adopters are prepared to be parents, with a focus on the training that you complete in this period.

I am interested in how prospective adoptive parents use the information given to them to them in preparation to start to understand what their future life as adoptive parents will be like, and what parenting adopted children need. I want to know how you experience this time and what you think about the information presented.

I am a qualified social worker with over fifteen years' experience in working with adoptive families. It was from this work that I became interested in how adoptive parents understand of the needs of their children. Most research in this area has asked adoptive parents to look back and remember their preparation course after they have adopted their child/children. I am hoping to capture your experiences 'in real time', before, during and after taking the course in this first stage of your journey as prospective adopters.

The goal is to help improve how prospective adopters are prepared for their future life as parents.

For the study, you would be asked to undertake three interviews with me:

- One before you attend the preparation course, to talk about your expectations for adoption, and for the forthcoming training.
- One within two weeks of the end of the preparation course, to talk about how you found the course.
- One about four months later, towards the end of the home study, to talk about your experience of the preparation period overall.

The first interview would take place via a video call and the following interviews could be by telephone.

I would also like to keep in contact with you via text and email in between the interviews to 'catch up' on any changes or developments during this time for you.

An information sheet is available, and I can send it to you via email if you are interested in the project. This provides more detailed information on the project, what you would be agreeing to, and how information will be used.

This is an independent and confidential research study carried out by me, based at the University of East Anglia. The primary supervisor is Professor Beth Neil (e.neil@uea.ac.uk) based in the Centre for Research on Children and Families (<https://www.uea.ac.uk/centre-research-child-family>).

If you are interested in taking part in this study, please contact me.

You will need to get in touch with me before your Preparation to Adopt course starts, as I need to do the first interview before that.

Anne Murphy

anne.murphy@uea.ac.uk / telephone no. 07787379177

11.4 Appendix D: Preparing to Adopt Study information sheet.



PREPARING TO ADOPT

D. PARTICIPANT INFORMATION SHEET

You have been invited to participate in this study as a first-time prospective adopter. Your agency has agreed to pass on this information to you, but this is their only involvement. This Participant Information Sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.
- ✓ You have received a copy of this Participant Information Statement to keep.

(1) What is this study about?

You are invited to take part in a study about prospective adopters' experiences on the Preparation to Adopt course. The project will follow prospective adoptive parents through the process of the Preparation to Adopt course to learn about their experiences.

There is little research in this area, and what is available mostly uses adoptive families reflecting on their experience of preparation, sometimes many years after attending the programme. I want to be able to capture how your preparation course affects you as it is happening, and to look at how the course fits in with everything else that goes on for you as you prepare to become a first time adoptive parent. This study builds on a pilot project I undertook last year in which I interviewed *social workers* who deliver the Preparation to Adopt course about their experiences and thoughts on the course. The aim of the current study is to better understand how *prospective adoptive parents* experience going through the Preparation to Adopt course. I am particularly interested in how your understanding of the needs of adopted children is shaped and develops over this process.

(2) Who is running the study?

The study is being carried out by:

Anne Murphy, Doctoral Researcher, School of Social Work, University of East Anglia. I am a qualified social worker with over 15 years' experience of working with adoptive families.

The study is supervised by Professor Beth Neil (e.neil@uea.ac.uk), Dr Georgia Philip and Dr Laura Cook. The study is based at the Centre for Research on Children & Families, an established research unit based at the University of East Anglia. <https://www.uea.ac.uk/centre-research-child-family/home>

(3) What will the study involve for me?

I would interview you before and after the Preparation to Adopt course, and then once more around four months later, towards the end of the preparation process.

The first interview would be in the fortnight BEFORE the Preparation to Adopt course starts. This would take place via video-call and would look at your expectations of adoption and of the training you are about to receive.

The second interview would be in the fortnight AFTER the course has finished. This could take place via telephone or video-call. This interview would cover your experience on the Preparation to Adopt course.

The third interview would be about four months later. We would look at your experience of preparation for adoption overall.

All interviews would be audio-recorded for the purposes of transcription afterwards. I would ask that you identify somewhere quiet and private for the interview to take place.

As well as interviews, I would be in touch via text or email in between the interviews to catch-up on how things are going. You could also contact me if you wished. If your response suggests that there is something significant about how the course is going for you, or how your views about adoption might be changing, I can add in an extra phone interview if you are willing. These communications will be stored in the form of the email/ text conversations or written notes of phone calls as part of

² Material based on templates found at : <https://www.uea.ac.uk/education/research/research-ethics/templates>

the research material. I may request to audio record these phone calls too. Data from this contact will be used in the study.

I am interested in interviewing a whole range of prospective adopters (e.g. both men and women, couples and single adopters). Because my focus is on people's individual experiences of preparing to adopt, if you are in a couple, I am happy to include one or both of you. If you both would like to take part, I would interview you separately.

(4) How much of my time will the study take?

Each interview will take around 60-90 minutes.

I would also contact you via text or email – once while you are on the course, and monthly between the second and third interviews. I will provide you with my telephone number, and email, so that you can contact me if you want to share any developments from your preparation experience. These will be checked during office hours.

(5) Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any point.

Because I will be analysing data as I go along, if you change your mind about your interview being included, I would ask you to let me know within a week of the interview. If you decide following the second or third interview to withdraw, you can ask for data from previous interviews to be taken out of the study. You can do this by contacting me using the details provided on this information sheet.

(6) Are there any risks or costs associated with being in the study?

We recognise that this study is asking for a time commitment in terms of the interviews of around five hours over six months. I will do my best to be flexible in finding a convenient time for us to speak.

Taking part in the study should not pose any significant risks, but the interviews may bring up issues of concern for you. You can stop the interviews at any point you want, and we would be able to

³ Material based on templates found at : <https://www.uea.ac.uk/education/research/research-ethics/templates>

discuss an agreed way forward. You do not have to answer any questions that you are uncomfortable with. The level of detail you want to go into about your personal experiences is up to you.

Your personal details and any identifying information about you will be anonymised so that you cannot be recognised. I am independent of your adoption agencies. Their involvement is only to pass on information to recruit participants for the study. I will not collect any information from them. The information you give me will be kept confidential within the research team. Information will not be shared with your adoption agency about content of your interview, except in the event of serious or imminent risk to yourself or others being revealed in the interview. If this did happen, I would as far as possible discuss this with you prior to sharing the information.

(7) Are there any benefits associated with being in the study?

By participating in the study, you will have the satisfaction of knowing you are contributing to our understanding of how prospective adopters experience their preparation. I also hope you will enjoy the opportunity to have some space to reflect on how you are finding the Preparation to Adopt course, and the overall process of being approved for adoption. Taking part in the study will not only be of benefit to me in completing my doctorate, it will also enable me to use my findings to inform practice and benefit other prospective adopters in the future.

(8) What will happen to information about me that is collected during the study?

Interviews will be audio-recorded via Dictaphone. The recording function available via video-calling will not be used to avoid any security concerns about where this recording is stored by the video-calling application. Files will be downloaded from the Dictaphone as soon as possible, and stored on the secure University cloud system, which is password-protected so that only I can access it, or my supervisory team if needed. It will be saved under a code, not your name. The interviews will be transcribed, with identifying information removed. Once the research project has been completed, the interview recordings will be destroyed.

Some video calling systems such as Skype do have some monitoring of the calls made on their service. I will set up a separate account for calls made as part of this research, using my university email account. This account will be deleted at the end of the research project so that your contact details are no longer linked on that platform to the study.

Transcription will be either by myself, or by a professional service that is compliant with Data Protection regulations. Consent forms and any other hard copies of your information will be

⁴ Material based on templates found at : <https://www.uea.ac.uk/education/research/research-ethics/templates>

scanned to the secure University cloud system and saved in a separate file to the interview transcripts. Hard copies will then be destroyed. Electronic information will only be stored on UEA's secure cloud system, or when this is not possible, my password protected personal computer. Data will be used for my PHD project or for future research carried out by myself on this subject. Your data will only be used by me, though my supervisors will also have access to it. I have three supervisors on this project, all with experience of undertaking research in the field of social work.

Study findings may be published, but you will not be identified in these publications if you decide to participate in this study.

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the 2018 General Data Protection Regulation Act and the University of East Anglia Research Data Management Policy (2019). Your information will be stored securely, and your identity/information will be kept strictly confidential, except as required by law, or if serious or imminent risk to yourselves or others is revealed.

(9) What if I would like further information about the study?

When you have read this information, I will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact me on anne.murphy@uea.ac.uk

(10) Will I be told the findings of the study?

You can tell us that you wish to receive feedback when you complete the consent form. This feedback will be in the form of a summary of the research findings.

(11) What if I have a complaint or any concerns about the study?

The ethical aspects of this study have been approved under the regulations of the University of East Anglia's School of Social Work Research Ethics Committee.

If there is a problem, please let me know. You can contact me via the University at the following address:

Anne Murphy
School of Social Work
University of East Anglia

5 Material based on templates found at : <https://www.uea.ac.uk/education/research/research-ethics/templates>

NORWICH NR4 7TJ/ anne.murphy@uea.ac.uk

If you would like to speak to someone else you can contact my primary supervisor: Beth Neil on e.neil@uea.ac.uk, 01603 593562.

If you are concerned about the way this study is being conducted and would like to speak to someone independent from the study, please contact Jonathan Dickens (Head of the School of Social Work) on J.Dickens@uea.ac.uk or (0)1603 593634

(12) OK, I'm interested in taking part – what do I do next?

Please contact me by email, phone or text and I can answer any questions you have. If you are happy to take part, we arrange the interviews. **You will need to get in touch with me before your Preparation to Adopt course starts, as I need to do the first interview before that.**

Email: anne.murphy@uea.ac.uk

Tel no. 07787379177|

11.5 Appendix E: Preparing to Adopt Study consent form



E. PARTICIPANT CONSENT FORM

I, [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the Participant Information Sheet and have been able to discuss my involvement in the study with the researcher if I wished to do so.
- ✓ The researcher has answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and I do not have to take part.
- ✓ I agree to take part in three interviews over the period of adoption preparation and to keep in touch with the researcher by text/email.
- ✓ I understand that I can withdraw from the study up to one week after the interview has taken place.
- ✓ I understand that I don't have to answer any questions that I am not comfortable with, and that I can take a break or stop the interview if I want to. If I do decide not to finish the interview, I can ask for the recording to be deleted. I can ask for material from previous interviews to be deleted.
- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law, or in the event of serious or immediate risk being revealed during the interview. The interviews I provide will be transcribed from the audio recordings, and stored as anonymised files. A transcription service may be used during this process.

I understand that the results of this study may be published, but these publications will not contain my name or any identifiable information about me.

- ✓ I understand that the interviews will be audio-recorded.

.....

Signature

PRINT name

Date

For any further questions, please contact:

Anne Murphy
School of Social Work
University of East Anglia
Norwich Research Park
Norwich NR4 7TJ

United Kingdom

Email: anne.murphy@uea.ac.uk

Tel.no. 07787379177

If you are concerned about the way this study is being conducted and would like to speak to someone independent from the study, please contact Jonathan Dickens (Head of the School of Social Work) on J.Dickens@uea.ac.uk or (0)1603 593634

Would you like to receive feedback about the overall results of this study? YES ☐ NO ☐

If you answered YES to receiving feedback, please indicate your preferred form of feedback and address:

☐ *Postal:* _____

☐ *Email:* _____

11.6 Appendix F: Preparing to Adopt study interview topics



PREPARING TO ADOPT

F. INTERVIEW TOPICS

Note: schedules for interviews Two and Three will be based on the information provided in the participants earlier interviews. As such, only a suggested outline is given here.

Interview One

Introduction to project- any questions for me?

Consent.

Getting to know them questions- what brought them to adoption?

What do they understand about adoption? Any personal connection?

- When did they first start thinking about it?

- (if applicable) What does their partner think about adoption?

What do wider friends and family think about adoption?

What are they expecting from adoption? (maybe- do they have idea of child they would like to adopt, what kind of parent do they see themselves being?)

- what do they know about the reasons children are adopted?

What reading/ preparation have they already done?

- where did they find this information?

- what has struck them from it?

What are they expecting from the training?

- pre-information giving?

- how are they feeling about the process so far?

-anything else to add?

Interview Two

Reintroduce project/ self.

Check continued consent.

Tell me about the training?

-experience of being on it?

-anything that stood out in the information given? Take me through what happened in that session.

-was it as you expected? Was there anything surprising?

- (if applicable) what did your partner think of it? Tell me about the conversations this has prompted.

Reflect on experiential exercises. Describe to me what you did?

- pick up on anything from 'keeping-in-touch' contacts: how are they feeling about what they said then?

-how do they picture their family life now?

-if change in above, what do they think prompted that change?

Interview Three

Check continued consent.

Update on the process so far.

-Picking up on any issues raised in earlier interviews- how is their thinking developing? What other inputs have they had?

-The preparation course as part of the overall assessment process.

- review how they have about being part of the study? Do they think it has impacted on the process of preparing to adopt?

11.7 Appendix G: Preparing to Adopt Debrief sheet



PREPARING TO ADOPT

G. DEBRIEF SHEET

Thank you so much for your participation in this research. You are helping to make sure that adopted children and their families have the best support possible by building the understanding of how to best prepare adopters.

If the interviews have raised anything for you, then you may wish to talk to your adoption agency.

If you do not wish to speak to your agency, you might wish to contact Adoption UK. They have a helpline for those at any point in the adoption process:

Tel. no: **0300 666 0006**

helpline@adoptionuk.org.uk

(lines are open Monday to Thursday 10.00am - 2.30pm and Friday 10.00am - 12.30pm, excluding bank holidays)

Or you may wish to contact a counsellor to talk personal issues through. You can find a counsellor local to you via the British Association for Counselling and Psychotherapy website: <https://www.bacp.co.uk/search/Therapists>

If you have any further questions about the study, please contact

Anne Murphy

anne.murphy@uea.ac.uk

Telephone number 07787379177

If you are concerned about the way this study is being conducted and would like to speak to someone independent from the study, please contact Jonathan Dickens (Head of the School of Social Work) on J.Dickens@uea.ac.uk or (0)1603 593634

11.8 Appendix H: Example of interview topics in 2nd & 3rd interview

Removed

11.9 Appendix J: Coding Grid.

Removed

11.10 Appendix K: Course summary

Removed

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