



# Exploring the Early Experiences of Parents Who Adopt Older Children: *“A happy ending, but an ongoing struggle”?*

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*This thesis is dedicated to the memory of my wonderful  
grandmother, Muriel Allen.*

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## Abstract

Since the 1970s, in UK adoption practice, there has been a shift away from placing relinquished infants towards placing children who were once considered to be 'unadoptable'. These children included older children, placed from the foster care system. The practice of placing older children for adoption is now well established. This dissertation examines the experiences of early parenthood of parents who adopted older children, defined in this study as children aged four and over at the time of adoptive placement.

The data presented in this study are drawn from data collected for a larger study, the Wales Adoption Cohort Study. The study is primarily based on 14 in-depth interviews with new adoptive parents 9-months after an older child or children arrived in their home. The findings from the qualitative data are supplemented by findings from an analysis of quantitative data from a questionnaire issued to 84 new adoptive parents at two time points (four-months and sixteen-months post-placement). Using the quantitative data, the characteristics, support needs and experiences of adjustment to parenthood of parents of older- and younger-placed children are compared.

The qualitative data were analysed thematically, using codes organised into categories to manage and organise the data. Several key themes were developed from the data, these include the notion of adoption as a marketplace, ideas of family practices, displays of family, identity work, surveillance, and risk. The approach to analysis allowed for new insights to be made around family formation in adoptive homes. From the analysis of the interview data, this study presents the process of decision-making which caused adoptive parents to adopt older children; parents' experiences of establishing routines and relationships with older-placed children; how parents began to explore and address issues of identity with their new children; and parents' experiences of receiving support from, and being scrutinised by, social workers after the arrival of their child.

The findings from this study, when taken together, suggest that becoming a parent to an older child represents a challenging and emotionally complex transition to parenthood, as adopters of older children face immediate and non-normative parenting tasks. Adopters of older children often experience a high level of scrutiny in early parenthood, both from professionals and from their new child or children. Social workers have the potential to help or hinder adoptive parents as they negotiate this transition to parenthood, and at times, social work practice appeared to be overly scrutinising rather than being experienced as supportive by new parents in the study. Within this

dissertation, recommendations are made as to how social work practice, and policy relating to this, could shift to better support new adoptive parents of older children.

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# Chapter One: Introduction

This thesis examines the early parenthood experiences of adopters of older children, defined in this study as children aged four and over at the time of adoptive placement. The data presented in this study are drawn from data collected for a larger study, the Wales Adoption Cohort Study. In this introductory chapter, a brief overview is given around the historical and recent context of the policy and practice of placing older children for adoption. The data used in this study are described. My interest in the topic and development of the study are discussed. The aims of the study, and the research questions which have been focused on, are outlined and the structure and content of the dissertation is detailed.

## Historical and recent context: the adoption of older children

In the 1970s, in the UK, there was a significant shift in adoption policy and practice whereby children who had previously been viewed as 'unadoptable', began to be placed for adoption (Howe, 2003; Ivaldi, 2000; Lowe et al., 1999). These were children who were older at the time of adoptive placement, who sometimes had physical, learning and developmental difficulties, children who needed to be placed with siblings, children of dual heritage, and those who had experienced early adversity, including abuse and neglect (Lowe et al., 1999; Triseliotis et al., 1997). These children became known as 'hard to place' children, children with 'special needs'<sup>1</sup> and 'children who wait' (Triseliotis et al., 1997, p.9). Several factors influenced this shift. For example, it was, at least in part, a response to concerns about children 'drifting' or 'languishing' in the care system with no clear plan for their future (Thomas, 2013, p.16; Parker, 1999, p.3). Adoption was seen as one way (amongst other possible options for permanence) to provide a home for these children, whilst removing the financial burden of provision for them by local authorities (Lowe et al., 1999; Triseliotis et al., 1997; Quinton et al., 1998). Moreover, changing social factors (such as the availability of more effective means of contraception, the legalisation of abortion, and the increased availability of support for single mothers) meant that fewer relinquished babies were available for adoption, but this was not matched by a reduction in childless couples wishing to adopt (Triseliotis et al. 1997; Ball, 2005). Therefore, some prospective adopters became more receptive to considering the adoption of non-infants as a means to create, or add to, their family (Triseliotis et al., 1997; Ball, 2005).

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<sup>1</sup> This term is particularly used in the US context.

Although the practice of placing older children for adoption is now well established, there appears to be some challenges relating to the experiences of children who are older at placement and those who adopt them. Research into outcomes of adopted children have repeatedly demonstrated that older-placed children experience less stability in their adoptive homes than their younger-placed peers (Fratter et al., 1991; Wijedasa and Selwyn, 2014; Selwyn et al., 2014b; Palacios et al., 2019). Increased age at placement, when compared to other child attributes (e.g. gender, placement with siblings, ethnicity) has been identified as the key indicator in numerous studies of adoption disruption<sup>2</sup> (e.g. Wijedasa and Selwyn, 2014; Selwyn et al., 2014b; Fratter et al., 1991; Borland et al., 1991; McDonald et al., 1991). Although the rate of adoption disruption has been found to be relatively low (approximately 3% overall), there is a considerably higher precedence of disruption amongst children who were placed at an older age (Selwyn et al., 2014b; Wijedasa and Selwyn, 2014). Selwyn and colleagues (2014b) in a national study of disruption in England found that children who were aged four and over were thirteen times more likely to go on to experience disruption than adoptees who had been placed for adoption in infancy. Crucially, for the study outlined in this dissertation, where disruptions occurred, it was unusual for this to happen in the early family life. Although a small number of families in Selwyn and colleagues' study experienced difficulties from early on in their lives together, more commonly, difficulties were reported to have escalated as children reached adolescence (Selwyn et al., 2014b). Palacios et al. (2019), in a review of research relating to adoption disruption suggest that the reason for the link between the child's age at placement and a lack of stability is as follows:

Growing up in very adverse circumstances, an older age implies a longer exposure to adversity. Persistent maltreatment and toxic stress alter stress reactivity, brain functions, development, and behaviour ... and the children involved tend to develop a view of the world and people as dangerous and unpredictable ... with negative consequences for mood and behaviour ... as well as for self-regulation and interpersonal relationship capacities ... Age at placement is a proxy for accumulated adversity whose harmful impact goes well beyond the moment of placement.  
(p.133)

Alongside this propensity for increased difficulties for older-placed children, is a level of reluctance on the behalf of prospective parents to consider adopting older children, with many waiting parents stating a preference for younger children (National Adoption Service, 2018b; Dance et al., 2017; Rogers, 2017; Department for Education, 2013; Ward, 2011). Prospective adopters who are of an older age themselves at the transition to parenthood may be more inclined to consider adopting older

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<sup>2</sup> A term used to describe the child prematurely leaving the adoptive family home.



children (Ward, 2011). For example, one study which used a questionnaire to follow up 493 individuals who responded to a UK adoption recruitment campaign one year after their initial enquiry found that individuals who were over forty were the most likely group to consider adopting older children (Ward, 2011). Notwithstanding this, it is worth noting that adoptive parents who are open to adopting older children may be discouraged from doing so by cautious social workers who are concerned about increased difficulties associated with the child's older age (Brind, 2008). When these factors are taken together therefore, older children represent a group who may experience greater difficulties in adoptive family life and who may be more difficult to place in an adoptive home due to the preferences of parents and concerns of professionals.

This study explores the early experiences of family life of parents who adopted older children in the current context of UK adoption. In this study older children are defined as children aged four or over at the time of placement. There is a lack of recent research which specifically examines the experiences of families of older-placed children. To my knowledge, there have been no in-depth studies of the experiences of parents of older children in the UK since the implementation of the Adoption and Children Act 2002, the major legislation which concerns adoption in both England and Wales (Doughty, 2015; Lowe et al., 1999). This is a gap that this research seeks to fill. This research presents a detailed understanding of the diverse and nuanced experiences of those who go through a non-normative transition to parenthood through adopting an older child. Below I briefly outline the data used in this study and provide contextual information regarding the age range of children placed from Wales in the study period.

### The Wales Adoption Cohort Study and the ages of adoptees placed from Wales

The data used in my study are drawn from a larger study, the Wales Adoption Cohort Study<sup>3</sup>, a study conducted by a multidisciplinary research team, on which I was a researcher. In the Wales Adoption Cohort study, data were gathered on children in Wales who were placed for adoption over a thirteen-month period, from 1<sup>st</sup> July 2014 to 31<sup>st</sup> July 2015. The larger study established a prospective cohort of families which could be followed up on a longer-term basis. The methods used in the wider study are explained in more detail in chapter four.

For the study which is presented in this dissertation, I have predominantly drawn on data from 14 qualitative, in-depth interviews, conducted with adoptive parents who had had older children placed

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<sup>3</sup> The Wales Adoption Cohort Study was funded by the National Institute for Social Care and Health Research (NISCHR). The project reference number was SC-12-04. For further information see: <https://sites.cardiff.ac.uk/adoptioncohort/>

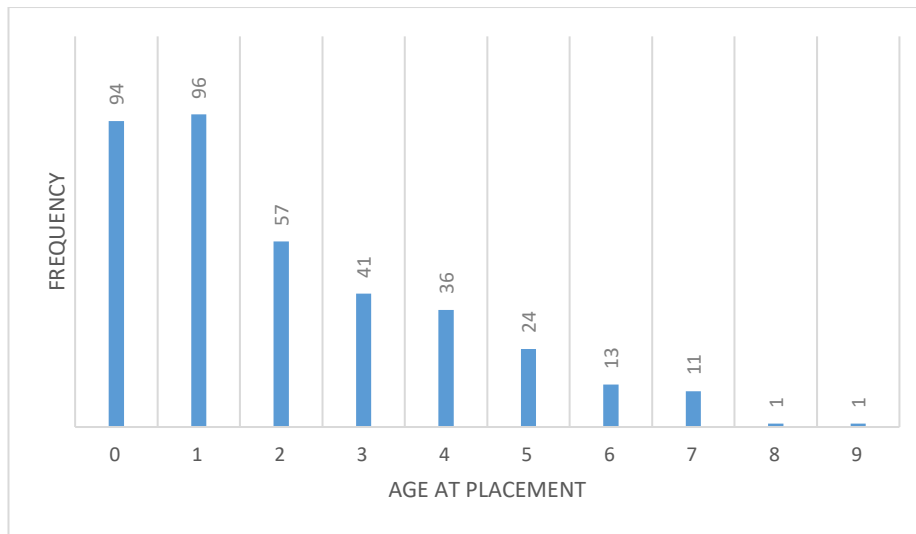
with them for adoption. Interviews were conducted approximately nine months after children had arrived in the family home. To locate the experiences of adoptive parents of older children, when compared to the experiences of parents who adopt younger children, I have also drawn on quantitative data, also collected as part of the Wales Adoption Cohort Study. The quantitative data used in my study is primarily drawn from questionnaires undertaken with adoptive parents at two time points, approximately four- and sixteen-months after children arrived in their new homes. To provide a picture of the ages of children who were placed for adoption in Wales at the time of the study, below I describe the ages of the sample of children who were placed for adoption in the study period. This data was obtained through analysis of children's services documentation, analysed as part of the Wales Adoption Cohort Study,<sup>4</sup> for the entire population of children placed for adoption within the time period.

In total, 374 children in Wales were placed for adoption between 1st July 2014 to 31st July 2015. Of those children, 86 (23%) children were aged over four at the time of placement and the remainder were aged between 0 and 3 years. The mean age at placement was 2 years 7 months. The oldest child placed for adoption in the study period was aged nine (n=1, 0.3%) and the youngest were under the age of one (n=94, 25.1%). Over half of children were aged two and under at the point of adoptive placement (50.8%, n=190). Children's ages at placement are illustrated in figure 1. The emerging picture from the data presented here is that older children represent a relatively unusual group within the broader cohort of children placed for adoption in Wales. As is notable in figure one, after infancy, children appear to be less likely to be placed for adoption from Wales, as there is a downward trend in terms of the frequency of children who were placed for adoption who were over the age of one. Consequently, and importantly for this thesis, the experience of becoming a parent to an older child is a non-normative experience, even amongst those who become parents through adoption.

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<sup>4</sup> The documents referred to here are Child Assessment Reports for Adoption (CARA). These documents are also known as the Child Adoption Report (CAR)

Figure 1: Children's ages at adoptive placement from Wales between 1<sup>st</sup> July 2014 to 31<sup>st</sup> July 2015.



Having given a brief overview of some considerations and research evidence relating to children who are placed for adoption at an older age and those who adopt them, and having provided some contextual data about the ages of children placed for adoption from Wales, I next describe the origins and development of the research project.

### Origins and development of the research

My first encounter with an adoptive family as a professional came soon after I began my first post-qualifying social work role, which was in a frontline social work team. Dissatisfied and underwhelmed with the straightforward cases that I had been allocated, I asked my manager for more of a challenge. The referral that she subsequently gave me was for an adoptive family, whose child was no longer in school because his parents did not feel that his school met his needs. Alarm bells should have rung when the initial referral for the family was made via the family's solicitor, a highly unusual source for a social work referral. What followed was the most complex case that I have ever experienced. The family needed support due to the challenges posed by their child's aggressive behaviour. The family were dissimilar to most families with whom I had previously worked. They were a wealthy family and were not afraid to let me know when they considered my work to be unsatisfactory (something which they frequently did). Whereas I had positive relationships with many families with whom I worked, this was certainly not the case with this family. When the adoptive parents first met me, they despaired, wondering aloud how a young and inexperienced social worker would be able to help with the complex difficulties that they were facing. They went on to dissect and refute conclusions that I had drawn in assessments about their family life. As a social worker in a disabled children's team, I knew little about adoption. I struggled and ultimately failed to support the family. However, not

someone who is easily discouraged, I was determined to gain a greater understanding of adoption and how adoptive families could be better supported. Hence, several years later, I arrived at Cardiff University to start my PhD study, where I would explore the support needs and experiences of adoptive families, a task that I viewed, in part, as a chance to answer some of the questions that arose from this case.

An opportunity had arisen for me, through a postgraduate research studentship, to join the research team working on the Wales Adoption Cohort Study, a national study of newly formed adoptive families, and to use the data gathered for my PhD research. The study was conducted by a multi-disciplinary research team and used mixed methods. As someone who relishes working as part of a team, coupled with the chance to conduct research with, and learn from, experienced and established researchers, I was delighted. I chose to focus on older-placed children. As explained above, there are several reasons why this group are interesting. The breadth of data gathered meant that there were many areas which my study could have explored, and as a member of a research team, where there was a diverse range of research interests, this meant that I had some freedom to revise and refine my research questions to reflect issues that piqued my interest during data collection. Working as a researcher in this team, meant that I got to ask questions of participants that I would not otherwise have thought, and explore areas that I may not have come up with, had I been a lone researcher.

An additional factor which shaped the research, was that I became pregnant with, and gave birth to, my first child during the course of my study. This gave me an insight into a normative, biological transition to parenthood, and I was eager to explore the experiences of parents in newly formed adoptive families, to see how they narrated their experiences of this significant life transition. It also gave me a level of insight into the challenges of new parenthood from my own lived experience, meaning that I was able to empathise with the parents in the study to perhaps a greater degree than I may have been able to otherwise. This, in turn, shaped the ways in which I interpreted the data. As most data collected in the study focused on the experiences and perspectives of adoptive parents in early family life, I felt that this would be both a stimulating and pragmatic focus for my study. My reflections on the experiences of parents in the study, has also allowed me to reflect on my own experience of transition to parenthood, and to consider the dominant narratives and assumptions around parenthood in society as I experienced them.

My experience as a social worker, my involvement with the Wales Adoption Cohort Study and my own transition to parenthood, have all been factors which have shaped this study and have made it what it is. As Coffey (1999) notes, it is important to locate the self in a research study, as researchers are not neutral nor objective, they are 'imperfect social actors' (Ellingson, 2006, p.299), who come to

research from a position which is shaped by their own experiences, bringing their own biases to the research (Berger, 2015). Throughout the research process, I have remained mindful of the impact of these influences on the research project.

Given these key factors which have shaped the development of the research, below I outline the aims and research questions which are explored in this study. I then give an overview of the structure of the thesis.

## Aims of the study and research questions

In light of the above, the aims of this study, and the questions that it addresses are outlined below:

### Research aims

- To explore the early experiences of parents who adopt older children.
- To develop understanding around the experiences and support needs of this group of parents in order to inform both social work practice and policy-making in the area of adoption.
- To enhance and extend understanding of family formation and family practices in adoptive families.

### Research questions

- What are the differences in characteristics, support needs and experiences of adjustment of those who adopt older children compared with adopters of younger children?
- What motivates parents to adopt older children, and what informs and influences their decision-making around this?
- How do adoptive parents begin to build relationships and family lives with older-placed children?
- How do adoptive parents begin to explore issues of identity with older-placed children?
- What are adoptive parents' experiences of support and scrutiny from social work professionals in early family life when they have adopted an older child?

These areas of focus by no means provide an exhaustive account of the experiences of new adoptive parents. There are many other key areas in this experience which are not covered here (for example, experiences of pre-adoption training, navigating relationships with foster carers and birth family members, and interactions with individuals outside the family about adoption). However, these areas provide a lens through which to explore and deepen understanding of the complexity of the

experiences of new adoptive parents. Below, I provide an outline of the structure and organisation of this thesis

## Chapter summary and outline of the thesis

In this introductory chapter I have outlined the historical and recent context of placing older children for adoption. As noted above, the data drawn upon in this dissertation are data that were collected for a wider study, the Wales Adoption Cohort Study. The structure for the remainder of the thesis is as follows:

Chapters two and three form the literature review for this study. In chapter two, I focus on the research literature around transitions to adoptive parenthood. I outline the formal process by which adoptive parents become parents in the UK context, describe theories of transitions to adoptive parenthood and highlight potential challenges that adoptive parents navigate in early family life. I also summarise literature on the support available for adoptive parents and consider what types of support have been found to be effective. Chapter three outlines the conceptual underpinnings of the thesis and outlines the key analytic concepts which have informed this thesis. These include ideas of adoption as a marketplace (e.g. Higgins and Smith, 2002; Raleigh, 2016), family practices (Morgan, 2011a), displays of family (Finch, 2007), identity work (Jones, 2009) and surveillance and risk (Foucault, 1977; Foucault, 1982; Eriksson, 2016b). In chapter four, methodological considerations are outlined. I explain the origins of the study and I locate my work in terms of the wider project, the Wales Adoption Cohort Study, from which the data are drawn. I outline the complexities and advantages posed through researching as part of a multi-disciplinary team. I discuss the epistemological issues arising from mixing quantitative and qualitative approaches to research and how this has been overcome within this study. I also offer a reflexive consideration of my positionality within the study, considering key factors of my identity which may have impacted upon fieldwork and which have shaped the ways in which I have interpreted the data.

Chapter five is the first of five empirically based chapters. Here, I present information around the characteristics, support needs and experiences of adjustment of adoptive parents of older children, as compared with the characteristics, support needs and experiences of adjustment of adoptive parents who adopt younger children. This chapter is used to situate the experiences of parents who adopt older children in relation to other adoptive parents. Chapter six focuses on how and why adoptive parents came to the decision to adopt an older child and the factors which influenced their decision-making. In chapter seven, parents' experiences of beginning to form relationship and build family lives with their new children are examined. Parents described their changed lives, how they

established new routines and experienced forming bonds with their children. Chapter eight outlines how adoptive parents began to make sense of, and talk about, issues of identity with their new child. Broaching potentially sensitive topics about their child's past experiences with them could be a daunting prospect. Parents used various means to engage with issues of identity with their child, including assessing their child's reactions to key objects in the home. Chapter nine presents parents' experiences of support from social workers, and the challenges posed by being scrutinised whilst becoming a parent. Chapter ten concludes the thesis, by providing a summary of findings and outlining insights gleaned from the sociological approach taken in this study. Implications for policy, practice and theory are highlighted and areas for future study are noted.

# Chapter Two: Literature Review – Transitions to, and experiences of, Adoptive Parenthood

## Introduction

In this chapter, I present a critical review of the research literature relating to transitions to, and experiences of, adoptive parenthood which have informed the development of this study. To inform this chapter, I utilised online databases including SCOPUS, Web of Science and Google Scholar. I searched for articles which related to transition to adoptive parenthood. Precedence was given to UK studies as these were most likely to reflect the context of adoption as it has been experienced by the participants in my study, but relevant international studies were also included. I searched specifically for key words related to experiences of adoptive parenthood such as adoptive parent 'satisfaction', 'commitment' and 'support'. I also searched for articles which related to the child's age at placement, 'older children' and the 'adoption process'. Mindful of recent changes to the process and experience of adoption, I primarily focused on studies which were conducted within the last twenty-five years, however, I have also included a small number key older studies which are particularly relevant to this study (i.e. Kirk, 1964; Kirk, 1984; Brodzinsky and Huffman, 1988a).

It is important to consider that any understanding of research into adoption needs to consider the varying national contexts within which adoption takes place. Adoption in the UK is relatively unusual within Europe in that most adoptions in the UK are of children who were previously in foster care, often without the consent of the child's biological parents (Fenton-Glynn, 2016). All the families in this study adopted children from care. As this dissertation focuses on adopters in the UK, research from the UK is more likely to reflect the experiences of the adopters in the present study. Most, but not all, of the articles reviewed as part of this literature review have come from UK and US research. Although comparable, there are some key differences between adoption in the US and in the UK. For example, in the US, many children adopted from the care system are adopted by their former foster carers with adoption from strangers only happening in about 14% of families (Selwyn et al., 2014b). In contrast, in the UK, this proportion is reversed, as approximately 85% of adoptions are by parents who were formally unknown to the child, with the remainder adopted by previous foster carers (Selwyn et al., 2014b). Furthermore, many US studies of adoption include children adopted through private and international adoption, whereas most UK studies only report on children who have been previously looked-after by the state. For this reason, I have noted the location of each study, as geographical



differences in adoption systems will impact upon the findings of each study. I have also outlined information on the methods of the studies cited where possible and relevant.

Presented in this thesis is a study of children placed from Wales and therefore it is also helpful to acknowledge the context of adoption in Wales. Whilst policy makers in England have prioritised adoption, promoting it as the 'gold standard' of permanency options, this approach has not been replicated to the same extent in the rest of the UK (Doughty, 2015; Featherstone and Gupta, 2018; Donelan, 2020). The Adoption and Children Act 2002 remains the key legislation regarding adoption in both England and Wales, but there has been recent divergence in policy between countries regarding this, as adoption is a devolved area in Wales (Doughty, 2015). One notable difference is that the adoption support fund, a source of funding for adoptive families in England which has had a positive effect on the availability of support to adoptive families (King et al., 2019), is not available in Wales, resulting in a lack of parity in provision between England and Wales (Gupta and Featherstone, 2020; National Assembly for Wales, 2016; Kempenaar, 2015).

A key development in Wales was the establishment of the National Adoption Service (NAS), which became operational in January 2015 (Rees and Hodgson, 2017). The initial aims of the service were to increase the number of prospective adopters, to reduce delays in the system and to develop adoption support and post adoption services. NAS has functions at the national, regional and local level. The formation of the service involved the integration of twenty-two local authorities into five regional collaborative areas (Rees and Hodgson, 2017). Following this development in Wales, there has also been a move to regionalisation in England (Department for Education, 2015). Since the data were collected for this study, some positive steps have been taken in Wales around the provision of enhanced pre- and post-placement therapeutic early support for families who have adopted older children through the 'Adopting Together' scheme, and in terms of new ways of working collaboratively with adoptive parents around the provision of life story work. (McCossan, 2017; National Adoption Service, 2019; AFA Cymru, n.d.; Rees and Hodgson, 2017). In this new approach to life story work, adoptive parents receive training to help them to feel confident to update the life story book throughout the child's life, using materials provided by a range of professionals and family members who have previously been involved in the life of the child. Furthermore, performance measures have been introduced around the provision of life story materials, to ensure that this work is prioritised so that life story materials are made available to adoptive parents soon after the child has arrived in their care (McCossan, 2017). Although not all the children in the study remained in Wales when placed with their new adoptive families, the Welsh context of adoption remains important, due to a 'three-year rule' whereby for the first three years' post-order the responsibility for post-adoption support

remains with the placing authority. After three-years, this becomes the responsibility of the receiving local authority (The Adoption Support Services (Local Authorities) (Wales) Regulations 2005, s.15)

In this chapter, I first give an overview of the current state of research into transitions to adoptive parenthood. Second, I outline the process of adoption as it is experienced by adoptive parents in the UK context. Third, I describe some theoretical understandings of the transition to adoptive parenthood. Fourth, I detail some potential challenges which new adoptive parents can face, and the additional challenges experienced by parents who adopt older children. Fifth, the experiences of adoptive parents are then compared to the experiences of other groups of parents and carers. Sixth, consideration is given to mental health and wellbeing for adoptive parents. Finally, the chapter explores different types of support which may help adoptive parents in their parenting role and experiences that adoptive parents in the UK have had when they have accessed support.

### [The current state of research into transitions to adoptive parenthood](#)

In the past, two systematic literature reviews have identified a lack of research around the transition made to parenthood by adoptive parents (Fontenot, 2007; McKay et al., 2010). However, more recently, there appears to have been an emergence of interest in this area. In the United States, Goldberg and colleagues have produced a substantial body of work in this area, focusing on gay, lesbian and heterosexual parents and the transition to adoptive parenthood (e.g. Frost and Goldberg, 2019; Goldberg and Smith, 2011; Goldberg et al., 2012; Goldberg et al., 2013; Goldberg et al., 2014; Goldberg and Garcia, 2015; Moyer and Goldberg, 2017). Also in US research, there has also been increased understanding around adoptive parents' experiences of post-adoption depression (i.e. Foli, 2010; Foli et al., 2014; Foli et al., 2017; Payne et al., 2010) and the impact of adoption on the relationships of those who adopt in couples (South et al., 2012; South et al., 2019). Prior to these studies, much of the research was conducted some time ago (e.g. Brodzinsky and Huffman; 1988a, Levy-Shiff et al., 1991; Sandelowski, 1995). In UK research, recent work produced from the Wales Adoption Study, from which the data in the current study were drawn (e.g. Anthony, 2018; Meakings et al., 2018; Doughty et al., 2017; Meakings et al., 2016; Meakings et al., 2017; Doughty et al., 2018), has enhanced understanding around the early experiences of those who adopt children from Wales. A small number of other UK studies have also focused on the pre-placement and early experiences of adoptive parents (e.g. Boswell and Cudmore, 2014; Rogers, 2017; Lewis, 2018; Tasker and Wood, 2016).

As noted in the introduction to this thesis, it is likely that older children have more emotional and behavioural needs than children who are adopted at a younger age (Howe, 1995; Howe et al., 2001;

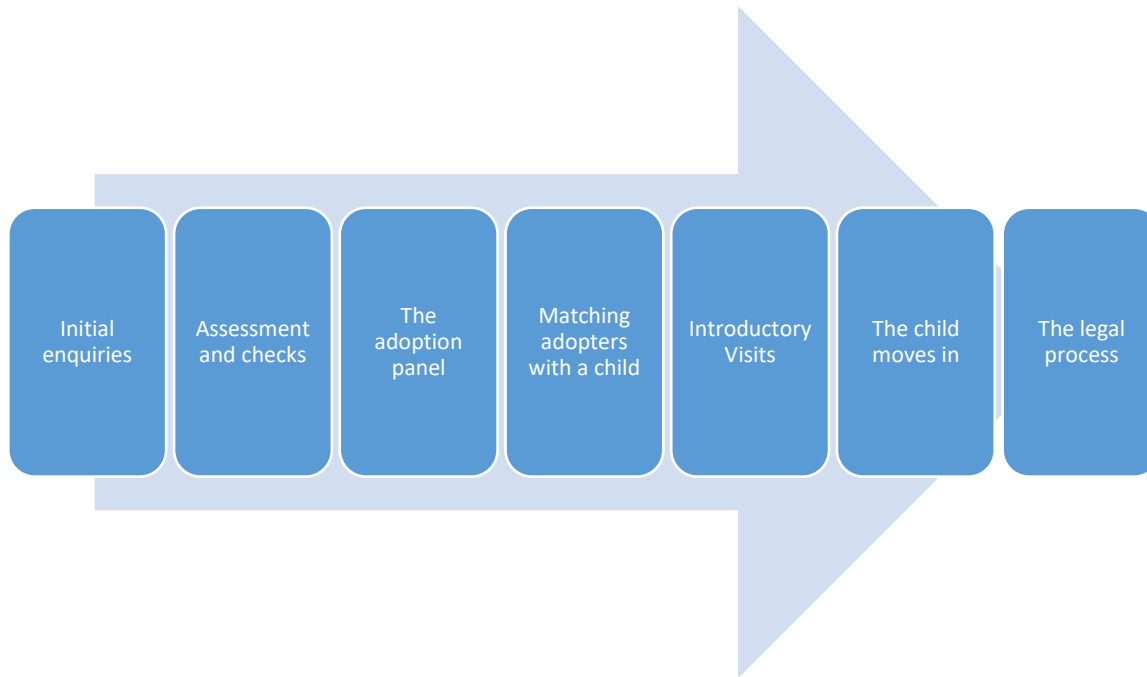
Lowe et al., 1999; Selwyn et al., 2014b; Wijedasa and Selwyn, 2014; Palacios et al., 2019). Some studies indicate that parents who adopt older-placed adoptees may experience higher stress levels and less satisfaction than those who adopt younger-placed children (Canzi et al., 2019; Harris-Waller et al., 2016; Nalavany et al., 2009). In adoption research more broadly, historically, many studies have had a relatively narrow focus on children's outcomes, rather than considering complex interpersonal family processes (Leon et al., 2018; Palacios and Brodzinsky, 2010). More recently however, studies have attempted to go beyond this narrow focus, in recognition of the complexity of adoptive family lives (Leon et al., 2018). In an examination of trends in adoption research, Palacios and Brodzinsky (2010) suggest that, as adoption is becoming an increasingly complex practice due to the ongoing impact of pre-placement adversity on the child, it is vital that adoptive parents are adequately prepared for the tasks associated with raising their children. A key concern of new research into adoption should be, in their view, the pre- and post-adoption needs of adoptive parents. As such, the early support needs and experiences of parents who adopt older children are the primary considerations of this dissertation.

Having given an overview of the current state of research into the transition to adoptive parenthood, next I explain the formal process of adoption, which adopters in the UK need to navigate in order to become parents.

### [Navigating the adoption process](#)

In this section, I outline the process and milestones that adopters in the UK have to undertake in order to become parents. The explanation of the process outlined here has been adapted from the description of the adoption process provided by the All Wales National Adoption Service (National Adoption Service, n.d.-c). Figure 2 provides a visual overview of the process.

Figure 2: The Adoption Process for Adoptive Parents



To begin the process of becoming an adoptive parent, individuals who are interested in adopting must make initial enquires to an adoption agency. This could be either a statutory or voluntary agency of the adoptive parents choosing. The agency will then provide the enquirer with further information and will arrange an initial meeting with them. The interested individual (or couple) then begins the formal process of assessment, whereby the adoption agency begins to make checks on the interested parties (for example, with the police, local authority and with the Disclosure and Barring Service). The prospective adopter is required to provide referees who can comment on their suitability to adopt. They need to undertake medical checks and attend a pre-adoption training course. Their training should include, amongst other things, information about the characteristics and needs of children placed for adoption, the skills needed to be an adoptive parent, and the process and procedure for placing children with parents (The Adoption Agencies (Wales) Regulations, 2005). Although often well-received by adoptive parents, undertaking preadoption preparation can be an emotionally draining experience, particularly due the ‘horror stories’ that prospective adopters are presented with during the training sessions (Dance and Farmer, 2014).

The allocated social worker for the prospective adopter then completes a series of visits in order to write an assessment report. From these visits the social worker will form a view about the prospective adopter’s suitability to adopt, and their capacity to meet the needs of a child or children (The Adoption Agencies (Wales) Regulations, 2005). The process of being assessed can be

an intrusive experience, even when it is recognised as a necessary part of the adoption process. Although the experience of being assessed has been described by some prospective adopters as a positive experience, this can be dependent on the level of experience and skill of the assessing social worker (Dance and Farmer, 2014). Those undergoing assessment can feel pressured to overstate their suitability for parenthood in order to be considered favourable by social workers (Wood, 2016). This may be particularly the case for individuals who do not fit hetero-normative assumptions and ideals around parenthood (Wood, 2016). The assessment process should take approximately six months (National Adoption Service, n.d.-b), but in reality, this can take much longer, with an online study of 460 adopters in England finding that on average adopters waited for 11 months from application to approval, with the longest waiting time being over 5 years (Dance, 2015). Similarly, in an Adoption UK (2019a) survey of 3,500 adopters, over half of the respondents reported experiencing delays in the assessment process, which were largely attributed to bureaucracy and difficulties with adoption agencies.

Once the report is completed, prospective adopters are then invited to attend a panel where the social work report is deliberated on by panel members. The panel is made up of individuals with personal or professional experience of adoption. The panel consider the report and make a judgement about whether they consider the prospective adopter or adopters as suitable to adopt a child or children. At this stage, there is the possibility that the prospective adopter may be deemed unsuitable, or that the panel do not consider the report to be sufficiently detailed and therefore they could request further information (O'Sullivan, 2005). Attending the panel can therefore be a daunting experience for prospective parents (O'Sullivan, 2004). When a decision is reached by the panel members, this then needs to be ratified by the agency's decision-maker. If the adopter is approved at this stage, the agency can then begin to look for a child whose needs can be met by the prospective adopter. The prospective adopter can also proactively participate in identifying a child or children by attending specialist family-finding events, such as adoption activity days or information exchange events<sup>5</sup>, or by looking at children's profiles on specialist websites or in adoption magazines.

The timings of identifying potential children and matching them with adoptive parents can vary considerably and this can be an uncertain and difficult time for waiting adopters (Rogers, 2017). The aforementioned study of adopters in England found that the time between being approved to adopt

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<sup>5</sup> Adoption activity days are an opportunity for approved adopters to meet a group of children who are available for adoption, which gives the adopter an opportunity to interact with children to see if they have an emotional connection with the child or children, rather than relying on written profiles. Adoption exchange events are opportunities for adopters to see a range of profiles for children available children, rather than waiting for their social worker to present them with possible children.

and the placement of children ranged from one week to almost 20 months, with the average waiting time being approximately 32 weeks (Dance, 2015). Similarly, the Adoption UK (2019a) survey found that a third of their respondents waited over six months before a match was made and more than one in ten waited for longer than 12 months. Dance (2015) identified that there was huge variety in terms of the numbers of children that prospective adopters had enquired about, ranging from none to 200, with the average prospective adopter enquiring about approximately 11 children. Relatively frequently, it was found that children's social workers did not even reply to the adopters' expressions of interest (Dance, 2015). Anxiety in this waiting time can be exacerbated through the understanding that prospective adopters are in competition with others for available children (Dance, 2015; Rogers, 2017). In the majority of cases, matches that progress to placement tend to be identified by social workers rather than by adoptive parents (Adoption UK, 2019a).

When a potential child or children have been identified, the adoptive parents have the opportunity to find out more detailed information about the children's needs and past experiences. Once the adoptive parents are satisfied with the information given and want to progress the match, in order for the match to be approved, it needs to be considered and agreed formally at the adoption panel. The adopters can then begin a series of introductory visits to get to know the child or children which normally take place over a few weeks. The child or children's foster carer is normally involved in this process. When these visits have taken place, then the child or children can move in with their new parents. Once in their adoptive home, social workers will visit to support and monitor the family. When the child or children have been in the home for a minimum of ten weeks, the adoptive parents can start the legal process of formalising the adoption, by applying to the court for the Adoption Order. However, adoptive parents can choose to delay applying for the adoption order, to ensure that they have secured any necessary support prior to the embarking on the legal process (Doughty et al., 2017). Once adopters decide to apply for the adoption order, applications for the order can be subject to administrative delays and applications can be contested by birth parents, meaning that adoptive parents may feel unsure about whether their application will be successful (Doughty et al., 2017). Therefore, there is likely to be considerable variation between families in the length of time between the child arriving in the home and the adoption being legally formalised through the making of the adoption order. Prior to the legal formalisation of the adoption, adoptive parents can remain anxious due to the lack of legal certainty in their relationship with the child or children (Lewis, 2018; Eriksson, 2016a).

As is evident from the description above, within the process of adoption, there are several key milestones. These include becoming approved as an adoptive parent; being matched with a child;

meeting the child for the first time; the child arriving in the family home, and legally formalising adoptive relationships. Each stage contains an element of uncertainty, whereby the adoptive parent could face rejection, or the process could be terminated, and this makes it emotionally difficult to navigate (Eriksson, 2016a). Furthermore, although the process can be described in a relatively straightforward way, as noted above, it is not experienced in this way for many adopters, and at each stage, parents can experience challenges and considerable delays. Indeed, half of the respondents to the Adoption UK (2019a) survey stated that they found the process so difficult that they were not sure if they could continue. Furthermore, as many (although not all) adoptive parents arrive at adoption after first unsuccessfully trying to have children through biological means (Adoption UK, 2019b; Goldberg et al., 2009; Costa and Tasker, 2018; Daniluk and Hurtig-Mitchel, 2003), this may represent a continuation of what is already a long and difficult journey to becoming a parent. This, then, can be a challenging and uncertain process as well as a potentially exciting one. In view of this, the next section describes some theoretical attempts to explain and understand experiences of becoming a parent through adoption.

### Theorising the transition to adoptive parenthood

Several attempts have been made to theorise the transition to adoptive parenthood. The first attempt to develop a theory of adoptive relationships was made by Kirk (1964; 1984), who developed an influential sociological theory of adoptive relationships. Although the families that Kirk was writing of were in a different context to the adopters in my study (Kirk focused on the adoption of 'illegitimate' relinquished infants by infertile married heterosexual couples in the United States), his theory still holds some relevance to the experience of adopters in the current context of adoption in the UK as he recognises the potentially stigmatising experience of becoming a parent through non-normative means (Weistra and Luke, 2017). Kirk, influenced by Goffman (1959), uses the analogy of human life as a play, suggesting that there is a lack of a 'cultural script' for adoptive parents to follow, as the primary route to becoming a parent is through biological parenthood. Therefore, the individual is prepared for biological parenthood through fertility, rather than for infertility and adoptive parenthood. The lack of a cultural script may mean that society makes it more difficult for adoptive parents to perform their role.

Kirk therefore theorised that adoptive parents experience a 'role handicap' (1964), in the performance that they give as parents, due to the limitations posed by the social and cultural environment around them. Their role is less clearly defined, and this can result in the adopter experiencing less autonomy as a parent. Kirk saw the 'audience' to the adopter's performance as not only consisting of the adopter's friends, families and acquaintances, but also asserts that the 'adopters themselves belong

to this audience' (p.17), and therefore may hold the same views about substitute parenthood as 'the community at large' (p.17). Kirk likened the experiences of adoptive parents to the experiences of minority groups due to the stigma they can experience as a family form, whereby adoptive kin are seen as inferior to biological relations. Insensitive or ill-informed comments can be made by outsiders, who may enquire about the child's 'real' parents or may comment about how 'good' the adoptive parents are to have adopted. This insensitive use of language has also been noted in recent studies (Weistra and Luke, 2017; Baden, 2016). Kirk therefore suggested that adoption is disadvantaged by its stigmatized social positioning rather than any inherent problems within adoption in and of itself. Indeed, stigma around adoptive family life has been noted by numerous scholars, including in more recent research studies, as the primacy of the biological family is assumed by the majority in society (Miall, 1987; Wegar, 1997; Weistra and Luke, 2017; Daniluk and Hurtig-Mitchel, 2003).

In addition to the theory outlined by Kirk, other theories which scholars have used to shed light on the early experiences of adoptive parents include family systems theory (e.g. Goldberg et al., 2014; Meakings et al., 2017; Pinderhughes, 1996), family stress theory (McKay and Ross, 2010), intergenerational family scripts (Tasker and Wood, 2016), and symbolic interactionism (Hepp et al., 2019). The ways in which these theories have been used to illuminate the experiences of adoptive families are briefly summarised below.

In family systems theory, families are seen as being made of people who are both independent and interconnected. Therefore, when there is a change to the family system, the whole system needs to readjust, creating challenges for all family members, until eventually, after a period of flux, a new normal is established (Goldberg et al., 2014). This is a useful theory, as it considers the experiences of all family members. The theory has been used to explain the challenges in adjustment to family life faced by couples (Goldberg et al., 2014) and the impact of the arrival of a new child on any existing children in the home (Meakings et al., 2017). Pinderhughes (1996), writing in the US context, outlined an in-depth theory of family readjustment following the adoption of an older child<sup>6</sup>. Drawing on family systems theory, ideas of the life cycle, and findings from previous empirical research, she proposed that families go through four stages: anticipation, accommodation, resistance and restabilisation. In the first stage, parents anticipate the potential benefits and challenges of the arrival of the new child. The child also forms pre-placement expectations about their new family. In the second stage, accommodation, new perceptions are arrived at following the arrival of the child in the home, and these are weighed up against prior expectations. In the third stage, resistance, where there are challenges, parents may experience feelings of regret around the adoption, and guilt for feeling this

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<sup>6</sup> Defined in her work as children over the age of five at adoptive placement.



way. The child may display a level of ambivalence, as they establish relationships, and may simultaneously exhibit a deterioration in their behaviour. In the final stage, restabilisation, families may achieve a new equilibrium in three ways: healthy incorporation, dysfunctional incorporation or disruption. In healthy incorporation, the family makes adjustments to incorporate the new family member. In dysfunctional incorporation, the family may only make minimal or grudging changes, and expect the child to fit with the family rather than the opposite. In disruption, the family may make the decision that the child cannot be accommodated in the family, and therefore decide that the child needs to leave the family home.

McKay and Ross (2010) in a pilot study of nine new adoptive parents in Canada, found family stress theory helpful for understanding the experiences of parents in their study. They saw the transition to parenthood as characterised by constant negotiations between stressors and facilitating factors. Stressors noted by the authors included the concern that the child could be 'taken back', and the sense that there was a heightened responsibility in caring for a child that had come from another family. Lack of support and a lack of knowledge were also considered to be stressors. Facilitating factors included feelings of joy around having achieved the goal of parenthood, and support from others in adoption communities. In the framework outlined by the authors, they suggest that each family's unique combination of stressors and facilitators will determine the ease in which the individual can adjust to the transition to parenthood.

Tasker and Wood (2016) used the notion of 'intergenerational family scripts' to explain some of the challenges faced by couples, particularly those who adopted a sibling group. Their research was based on qualitative interviews prior to, and post-adoption with six couples who adopted children from care in the UK. The couples often had plans of how they intended to parent, based on their own experiences of having been parented. However, when children arrived in the home, the children often had powerful ideas from their own family script, the way that they considered that family life should be experienced, that they brought with them from their experiences in foster homes and in their birth families. The authors noted that conflict could arise when these differing family scripts collided with each other.

Hepp et al. (2019), using previous research literature focusing on the transition to adoptive parenthood, found the theoretical model of 'symbolic interactionism' useful in understanding the way in which adopters experience the adoption process. In symbolic interactionism the way in which we understand ourselves is shaped by one's environment and the behaviour and responses of others. The authors suggest that the responses of others influence adoptive parents at several stages of the process, from the point where prospective parents first begin to consider adoption as a path to

parenthood and to their expectations of what adoptive parenthood will be like. They suggest that parents who have only been exposed to positive messages regarding adoption are more likely to have difficulties in adjustment if they come across unexpected challenges in family life.

These differing conceptualisations are not competing positions and there is much overlap between each position. They each go some way to illuminating the experiences of adoptive parents in early family life. Having considered some of the theoretical perspectives which shed light on the early experiences of adopters, we will now turn to some of the empirical findings from research about this non-normative transition to parenthood.

### Potential challenges in early adoptive family life

The transition to parenthood is a time of change for all new parents (Epifanio et al., 2015). In addition to the challenges faced in normative families, adoptive parents face unique challenges when they become parents (Brodzinsky and Huffman, 1988a). For many, this may be linked to previous experiences of involuntary childlessness and need to mourn the loss of a fantasied biological family (Daniluk and Hurtig-Mitchel, 2003; Goldberg et al., 2009). The adoption process can be highly variable in length, making it difficult to psychologically prepare for the arrival of a child (Rogers, 2017; Brodzinsky and Huffman, 1988a). Adopters may struggle to manage adoptive issues or feel isolated if they do not know other families formed through adoption (Weistra and Luke, 2017). As noted above, adopters may also face social stigma by which adoption is viewed as the 'second best route to parenthood' (Brodzinsky and Huffman, 1988b, p.272; Wegar, 2000; Fisher, 2003; Baden, 2016). Adoptive parents may experience complications around attachment and problem behaviours linked to the child's age at placement if adopting older children (Howe et al., 2001; Howe, 1997). Once the child has been placed, adoptive parents in the UK (and elsewhere) continue to be monitored as a family until the adoption is legally formalised, which can be a stressful experience (Eriksson, 2016a; Lewis, 2018). Payne et al. (2010) have noted that factors related to the child may add to the challenges faced by parents in this transition:

Adoption, like childbirth, is generally a happy event also associated with a significant amount of stress. Similar to biological parents, adoptive parents experience stress as part of the transition to parenthood, as well as the sleep deprivation and physical work inherent to having a new baby or child. Unlike biological parents, adoptive parents also experience unique stressful events including infertility ... and evaluation for parental fitness. Further, many, though not all, adopted children have medical, developmental, or psychological problems that contribute to the level of stress for an adoptive parent (p.147).

For those who adopt in couples, similarly to those who become parents biologically, the transition to parenthood appears to put pressure on the relationship between parents (Goldberg and Garcia, 2015; Goldberg et al., 2010; South et al., 2012; South et al., 2019). A US survey of relationship satisfaction in 251 adoptive mothers who had recently adopted a child found that key predictors of relationship satisfaction were socioeconomic status, partner support, their partner's enthusiasm for parenthood and how rested they felt (South et al., 2012). A comparative study where 44 lesbian couples, 30 gay couples and 51 heterosexual couples completed questionnaires at three time points<sup>7</sup> found that parents from all groups experienced a decline in relationship quality across the transition to parenthood (Goldberg et al., 2010). The researchers in this study found that women, in both heterosexual and same sex couples experienced the greatest declines in feelings of love for their partner across the transition to parenthood. They attributed this to women demonstrating the greatest preoccupation with the child in early family life, and therefore no longer being able to give the same level of attention to their partner that they did previously.

Despite the challenges posed to the couple relationship by becoming adoptive parents, relationships tend to be more stable than in heterosexual biological parents (Goldberg and Garcia, 2015). A US study of relationship dissolution in adoptive parents found that from 190 couples included in the study, 15 (7.9%) had dissolved their relationship in the five years after adopting a child. The authors explain that this compares favourably with research into relationship dissolution in new biological parents, where the rate was 15% over the first five years as parents (Goldberg and Garcia, 2015). Alongside the challenge of managing the dynamics between the parenting couple, as stated above in the section on theory, managing whole family dynamics at the outset of family life can be difficult. Meakings et al. (2017) found from the Wales Adoption Study that further consideration needs to be given to nurturing positive sibling relationships, both in terms of supporting positive relationships for children who arrive in adoptive homes with their birth siblings and in terms of sibling relationships which have been created through adoption. They suggest that whilst some attention has been given to the parent / child relationship, the relationship between siblings has received less attention. They found that where there were existing children living in the family home, these children often received very little support in terms of preparation for the arrival of a new sibling.

### Becoming a parent to an older-placed child

Several studies have indicated that adopters of older children can experience higher levels of stress and lower parenting satisfaction than other parents (Harris-Waller et al., 2016; Canzi et al., 2019;

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<sup>7</sup> Prior to the arrival of the child (T1), three months after the child arrive (T2) and 12 months after the child arrived (T3).

Nalavany et al., 2009). A UK study of parenting stress and children's behaviours which compared adoptive families to biological families found that adoptive parents have higher levels of stress than biological parents (Harris-Waller et al., 2016). The study used an online survey to compare a sample of 86 adoptive parents and 167 biological parents, both with children aged 3-11. The mean age of adoptive children at placement was four years old. Seventy percent of adoptive parents reported levels of stress which would be of clinical concern. The differences in parenting stress were accounted for by adopted children's greater behavioural difficulties. These difficulties tended to be lower in biological families. The authors suggest that adopters of older children may be particularly vulnerable to parenting stress due to the child's increased likelihood of behavioural difficulties. Similarly, an Italian survey of parenting stress in 56 adoptive families who adopted children internationally through one adoption agency in an 18-month period also found that parents who adopted older children were more likely to experience higher levels of stress (Canzi et al., 2019). In a US large-scale study using survey data relating to over 1,800 children, Nalavany et al. (2009) found that adopters' satisfaction was negatively correlated with child's age at placement, child's externalising and internalising behaviours. Examples of externalising behaviours are aggression and rule-breaking, whereas examples of internalising behaviour are where the child appears to be withdrawn or sad. Moreover, in studies of post-adoption depression, the child's age at placement has been identified as a predictor of depression (Anthony, 2018; Foli et al., 2012).

One UK comparative study found that the age of the child at placement had a significant impact on the way that the children perceived their relationships with adults (Kaniuk et al., 2004). The study included 63 older-placed children (defined as children between the ages of four and eight) and 48 children who were adopted as infants, found that children who were adopted when they were younger were more likely to perceive adults as helpful, affectionate and understanding than their older-placed peers. Older children were seen to progress more slowly, and after two years in placement still found it more difficult to trust adults than their younger-placed peers. Progression was not only dependent on the child. The researchers also assessed adopter's attachment statuses, and where adoptive parents had unresolved issues around attachment, children could fail to develop secure attachments (Kaniuk et al., 2004). Another study (Dance and Rushton, 2005) which focused on 99 children who were placed in middle childhood (aged 5-11), when followed up approximately six years after placement using face-to-face interviews, telephone interviews and questionnaires, found that the older that the child had been at placement, the less likely adoptive mothers were to feel that they had attached. Therefore, those who become parents to older children, are likely to need to navigate specific challenges, both in terms of building relationships with their children and in terms of managing the emotional complexities of parenting their child.

Howe (2003), in a UK study which used interviews with parents from 120 adoptive families who had adopted children of differing ages and through different types of adoption, outlined the following:

Adopting older children ... who have been neglected or abused, means that not only do parents have to cope with disturbances resulting from the poor quality of their pre-placement care, they also have to deal with children who are less able to negotiate the normal, but extra developmental tasks that all adopted children have to manage (Howe, 2003).

The additional developmental tasks that Howe refers to here include the challenges of establishing trusting relationships with new parents and grappling with the complex identity issues which can arise throughout an adoptee's life course (Brodzinsky, 1987). Tackling these psycho-social tasks is not just the work of the child, but rather it involves work on the behalf of all members of the adoptive family (Brodzinsky, 1987). Similarly, and more recently, Jones and Hackett (2011) have described the key psychosocial tasks for adoptive families as that of 'gaining and maintaining' adoptive family life, whilst still 'retaining' the significance of the birth family (p.45). The increased challenges for adopters of older-placed children are articulated as follows by Triseliotis et al. (1997) in a literature review of outcome studies in adoption:

With the emphasis in recent years on the adoption of special needs children, adoptive parents are being faced with additional tasks compared to those involved with adopting infants and young children. They include making role, rules and boundary adaptation to their family system; the provision of parenting to children who already have a history of parenting and substitute parenting experiences; and the capacity to accommodate contact and possibly visits by members of the original family. With much younger children there is a gradualness and more time, which is not always possible with the older child (p.44)

Thus, a complexity of the transition for parents of older children, is making adjustments for the child in light of their previous experiences of family life in alternative families, and having to make these adjustments with more urgency than would be required of parents who adopt younger children.

The pressure on the family system does indeed seem to be greater for parents of older children. As outlined above, for couple-adopters, the transition to parenthood can place pressure on the relationship between parents. It is noteworthy that couple adopters who adopted older children have been found to be more likely to separate when they adopted older children as opposed to infants (Goldberg and Garcia, 2015), which may be reflective of the heightened challenges which occur when parenting children who are older at placement. Goldberg and Garcia (2015) found in their study of relationship dissolution between adoptive parents, that in their sample of 190 adoptive parents in the

five years since becoming parents, 60% of the 15 couples who did separate had adopted a non-infant. An additional consideration in terms of the placement of older children is that, through adopting an older child, the families' visibility as an 'instant' family becomes increasingly apparent, thus making it more difficult to 'pass' as a biological or normative family. It is more difficult to explain to outsiders the arrival of an older child, rather than the arrival of an infant. This can be problematic, despite increasing acceptance of plurality in family forms in society more broadly (e.g. reconstituted families, lone parent families, families with same-sex parents; Smart, 2007; Morgan, 2011b), due to the enduring stigma around adoptive families (Weir, 2001; Fisher, 2003; Weistra and Luke, 2017; Wegar, 2000).

Lowe et al. (1999), in a large-scale study of the placement of older children<sup>8</sup>, suggested for social workers to successfully support families with older-placed adoptees, that there needed to be a 'mindset change' in terms of how support is provided to adoptive families. Instead of the legal adoption of the child being seen as the end of the process, that professionals need to anticipate that families who adopt older-placed children will have continuing support needs, and as such, support needs to be available to adoptive families throughout the life course in order to acknowledge the complex tasks of family development for families who have formed in this way. Furthermore, Lowe and colleagues found that becoming a parent to an older child may also involve particular challenges as there is less opportunity to access mechanisms of support (both formal and informal) which are often associated with the arrival of a baby. As such, adopters of older children may face increased challenges when trying to access support in early parenthood compared to both those who adopt infants and those who become parents through biological means. Although this was noted as problematic in Lowe and colleagues' research over twenty years ago, it seems that challenges remain in this area.

Having outlined some potential challenges which may be experienced by those who become parents through adoption, below, the experiences of adoptive parents are compared with the experiences of different groups of parents and carers.

### Comparing the experiences of adopters with other parents and carers

Despite the potential additional challenges that adoptive parents may face when compared to biological parents, it has been found that, when compared with other family types, adoptive parents tend to report higher levels of satisfaction (Suwalsky et al., 2015). A US observational study of

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<sup>8</sup> Defined in this study as children aged five and over at placement. Methods used in the study included a postal audit of 115 adoption agencies, a survey of 226 adoptive parents and interviews with 45 professionals, 48 parents and 41 children.

interactions between mother-child dyads which focused on 33 adopted and 35 biological families found that adoptive mothers expressed levels of parenting satisfaction and social support which were either as high as, or higher than the biological mothers (Suwalsky et al., 2015). The adopted children in the study had been placed as infants and showed no significant developmental differences to their biological counterparts.

A US comparative study using survey data from 204 parents in differing family types<sup>9</sup> found that although there were some differences between the different types of parents, that in most instances the impact of becoming a parent did not vary significantly between family types (Ceballo et al., 2004). One difference noted by the authors was that biological parents tended to show a decline in marriage quality and an increase in disagreements between partners. In contrast, adoptive parents also reported having more disagreements than they had previously, but despite this, overall felt that the quality of their marriage had improved. Interestingly, adoptive parents reported more satisfaction with their family than both the biological parent and step parent groups (Ceballo et al., 2004). There were some important differences and similarities between groups. Step children were much older than the adopted and birth children in the study. Average ages of the youngest child in the family were 3.92 years (adopted), 2.45 years (birth) and 10.47 (step). Adoptive parents and step parents were older on average at the point of becoming parents than their counterparts who gained a child through birth. It may be that parents who are more mature are better able to cope with the challenges of becoming a parent due to their greater life experience (Levy-Shiff et al., 1991). The transition to parenthood may also be eased by older parents being more likely to be financially secure as they are more advanced in their careers (Brodzinsky and Huffman, 1988b). The authors note that they did not collect data relating to type of adoption (i.e. private, from care or international) and that the adoptees tended to have been placed at a younger age, and therefore, it may not be possible to generalise the findings for older children adopted from care.

A recent US cross-sectional survey of 168 foster carers, 215 adopters and 60 parents who had fostered and adopted, found that adoptive parents who had adopted a child from care tended to be more satisfied with parenthood and more committed to the child than foster carers, despite both groups having high levels of satisfaction and commitment (Cleary et al., 2018). It is likely that the differences between groups may, at least in part, be due to the psychological and legal difference between the role of adoptive parent and foster carer, where adoptive parents, by definition, have a greater level of commitment to the child. Lavner et al. (2014), in another notable study relating to children adopted

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<sup>9</sup> This study included experiences parents who became parents through birth, marriage (therefore becoming a step-parent) and adoption.

from care, found that adoptive parents of 'high-risk' or hard to place children may become increasingly satisfied over time. In this study, 82 parents (including heterosexual, gay and lesbian parents) who had adopted from care in the US, found that, regardless of their sexuality and the 'high-risk' (p.51) nature of the adoptions (due to the children's early experiences of adversity), the parents were overall very satisfied with the adoption, and became increasingly satisfied in the two years after the child's arrival in the home. The mean age of the children in this study was 3.9 years old (range = 0 months – 8.1 years).

Differences in the behaviours of adoptive parents and biological parents have been noted in a number of studies where parents have been observed with their children. For example, one US study where 37 adopters and 37 biological mothers were observed with their five-month old infants found that adoptive mothers tended to feed and caress their children more than biological mothers (Suwalsky et al., 2008). Differences were also observed between mother and pre-schooler pairs<sup>10</sup> who undertook a task together (Suwalsky et al., 2015). Mothers were matched in terms of socioeconomic status. Adoptive mothers were noted to be less sensitive, more intrusive and gave worse instructions than biological mothers. There also appeared to be gendered differences in the interactions, as the least positive interactions were observed between adoptive mothers and their sons. This suggests a gendered difference as the quality of maternal behaviour was lower with boys. The authors suggest that this may be because boys tend to have a more advanced understanding about what adoption means at this age and that it is possible that this has begun to cause some friction in the mother-child relationship by the time that the children were aged five.

In contrast, an alternative, but similar, Spanish study in which parents of internationally adoptees were observed with their children found that adoptive parents tended to be more articulate and positive with their children than their biological counterparts (Leon et al., 2018). Again, gendered differences were noted, as adoptive parents of girls and younger children where the parents had high levels of education tended to demonstrate higher reflective function<sup>11</sup>. Adoptive parents of girls and young children also tended to have a more positive perception of the child and had more positive interactions. The authors suggest that experiencing the adoption process and preparation training may increase adoptive parents' capacity for reflective function in comparison to the non-adoptive parents who may have been relying on more intuitive approaches to parenting. The children were on average aged six at the time of the study and the adoptees had spent approximately three years in

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<sup>10</sup> The US study included 33 adoptive dyads and 35 biological dyads from the East Coast of the United States. The adoptive families were considered to be 'low-risk' as the children had been placed as infants. The children were aged four at the time of the study.

<sup>11</sup> Defined as the parent's capacity to reflect on their own experiences, the child's experiences and the relationships between them.



their Spanish adoptive homes. It is worth noting with many of the studies in this section that the samples are relatively small and therefore the findings in terms of differences need to be treated with some caution.

Linked to parental reflective function is the concept of 'mind-mindedness'. Mind-mindedness is defined as 'The carer's attunement to their child's mental and emotional states' (Fishburn et al., 2017, p.1954). A large UK study of mind-mindedness in different types of parents<sup>12</sup> found that biological parents tended to score higher in terms of mind-mindedness than adoptive parents, regardless of how long the child had lived with their adoptive family. Mind-mindedness was measured by asking parents and carers to 'describe your child'. Their responses were rated in terms of how much they discussed mental descriptions, behavioural and physical descriptions. Parents who used more mental descriptions relating to their child, scored more highly in terms of mind-mindedness. The authors found that adoptive parents and foster carers often included preplacement information in their descriptions of the child and that this was negatively correlated with mind-mindedness. The authors suggest that focusing too greatly on the child's history may limit the parent's (or carer's) ability to focus on the emotional state of the child in the here and now. The authors suggest that adoptive parents and foster carers in the study may be putting too great an emphasis on the impact of child's pre-adoption experiences when considering the child's behaviour and state of mind. They surmised that adoptive parents may not fully recognise that all children, regardless of family type, can go through periods of challenging behaviour, and that behaviour is not necessarily predetermined by past experience. The authors were concerned that a lack of understanding in this area could lead to greater parenting stress and increased conflict between parent and child.

### Mental health in adoptive parents

A number of relatively recent studies have considered adoptive parent' mental health following the arrival of a child in the family home. There is some variation in the findings of these studies. Several studies have found rates of post-adoption depression to be similar to rates of post-partum depression. For example, Foli et al (2016) in a US study of 129 heterosexual adoptive parents prior to, and after the transition to parenthood found rates of post-adoption depression to be 9.5% pre-placement, peaking at 11.3% when placement occurred. Although the study was not comparative, the authors state that this is similar to rates of postpartum depression in biological mothers and fathers, which is estimated to be between 10-15%. In their sample, 44% of adoptees had special needs and the mean age of children was 28.1 months at the time of placement. Similarly, a comparative US study of 147

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<sup>12</sup> The study included adoptive parents, biological parents in the community, parents whose children had been the subject of a child protection plans and foster carers. The total number of participants was 715.

adoptive and 147 biological mothers found comparable levels of depressive symptoms between groups, but that generally adoptive mothers reported greater well-being and less anxiety than the biological mothers (Mott et al., 2011). This study matched children in terms of how long they had been in the home, rather than in terms of age so there were considerable differences between the ages of the children, with the mean ages of birth children and adoptees being respectively 0.5 years and 2.1 years. An Israeli study of 39 mothers found the rate of post-adoption depression to be 15.4%, a similar rate to post-partum depression in biological parents (Senecky et al., 2009). An alternative US study (Payne et al., 2010) identified higher rates of post adoption depression in the period immediately after the child arrived in the home. In their survey of 86 adoptive mothers of infants who were studied at three time points in the first year post adoption, the authors found that post adoption depression was relatively common. It was reported in 28% of study participants in the first four weeks after the child was placed. However, this rate dropped substantially to 12.8% at 13–52 weeks' post-adoption.

The above studies are all non-UK based studies of adopters which focus on adopters of younger-placed children. As demonstrated above, there are factors which may make it more difficult to parent older-placed children. In spite of the high stress levels in adoptive parents in the UK reported in Harris-Waller and colleagues' (2016) study (outlined in the above section on becoming a parent to an older-placed child), the rates of depression found in the Wales Adoption Study (which included parents who adopted children who were a range of ages) were relatively low. Four months after the child arrived the rate was seven percent of the sample (n=96), sixteen months after placement it was 12% (n=81) and at thirty-two months' post-placement it was seven percent (n=71). The sample included children who had been placed at a range of ages, from children under one-year-old to age nine. Notably, predictors of higher depressive scores were the child's age at placement, adopting a sibling group and less support from extended family (Anthony 2018).

There may be some variation in the factors linked to post adoption depression for mothers and fathers. An exploratory study of rates of depression in adoptive fathers found that in the study sample of 38 fathers who had had a child placed in the last two years, rates of depression were between 11-24% (Foli et al., 2013). Depressive symptoms were explained by four variables: age of child, partner satisfaction, perceived friend support and scores on unmet expectations about the child. Obviously, due to the small sample size, these results need to be treated with some caution. Predictive factors for depression in adoptive mothers have been found to be different to those found in fathers. A US study of 300 adoptive mothers found that factors linked to post-adoption depression in adoptive mothers were as follows: special needs which came to light after placement; where there were

difficulties in bonding with the child; marital dissatisfaction and adopting an older child<sup>13</sup> (Foli et al., 2012).

Several studies have indicated that unrealistic parental expectations can be a key factor for parents who experience post-adoption depression. Foli et al. (2014) suggest, from an analysis of survey responses from 331 US adoptive mothers that unrealistic or unmet parental expectations are likely to be a key contributor to post-adoption depression. Similarly, a US qualitative study using telephone interviews of individuals from 45 couples (n=90 participants) found that where children had unanticipated needs, particularly in terms of behavioural needs, that parents needed additional support. The study found that cognitive flexibility appeared to be an important attribute in facilitating adjustment to the adoptive parental role (Moyer and Goldberg, 2017). A Portuguese study of parenting expectations and child behavioural problems in domestic adoption found that adoptive parents with unrealistic expectations are more likely to feel stressed (Santos-Nunes et al., 2018). The sample included 116 adoptive parents who had children aged between 6-12. The children had all been placed when they were approximately two years old. The authors found that discrepancies between parenting expectations and real experiences are associated with an increase in parenting stress. They argue that parenting stress is related to a higher perception of children's difficulties. Therefore, more highly stressed parents are more prone to perceiving their children's behaviour to be difficult. However, arguably, it is difficult to imply causality in this instance, as parents of children with increased difficulties are presumably more likely to experience stress. It is notable that the opposite conclusion (i.e. increased child difficulties cause increased parent stress) was drawn in an alternative study (Harris-Waller et al., 2016).

### [What type of formal support can help to improve the experiences of adoptive parents?](#)

As has been noted above, those who become parents via adoption are likely to face specific challenges at the beginning of family life (Brodzinsky, 1987; Brodzinsky and Huffman, 1988b). As identified in various studies outlined above, it is possible that parents who adopt older children may face additional challenges when compared with parents who adopt younger children (e.g. Harris-Waller et al., 2016; Selwyn et al., 2014b; Lowe et al., 1999; Goldberg and Garcia, 2015; Kaniuk et al., 2004). It is therefore worth considering whether any particular interventions or support can help to support adoptive parents in early family life.

Increased parenting skills have been found by some studies to increase parent satisfaction. For example, a UK-based randomised control trial of parenting interventions with 37 adoptive parents found that the provision of home-based parenting interventions delivered by experienced social workers

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<sup>13</sup> Defined in the study as children over 12.

increased satisfaction in the parents' experiences of parenting their children nine months after the intervention (Rushton et al., 2010)<sup>14</sup>. The researchers in the study noted that the intervention gave parents an opportunity to discuss child specific issues post-placement. However, there was less measurable impact on the behaviour of the child, as the researchers did not find that there were any significant differences between the intervention groups and control groups regarding the children's psychosocial problems at the point of follow up. The researchers noted that it was possible to provide these interventions to parents at a relatively low cost (Sharac et al., 2010). However, the sample was relatively small and therefore the findings need to be carefully considered. In an alternative UK-based study, following a group parenting intervention which used attachment theory and social learning theory as a basis, a sample of 13 parents reported that their parenting skills had improved and that their difficulties decreased (Gurney-Smith and Granger, 2010). Notwithstanding this, there were no significant changes in parenting stress following the intervention and mind-mindedness did not increase, although parents were observed to be increasingly reflexive following the intervention. The researchers measured mind-mindedness, parenting stress, the parents' perception of the child's ability to express themselves in the relationship, and strengths and difficulties prior and subsequent to the intervention and at a three-month follow up. Again, as the sample was very small and included just five foster carers, one special guardian and seven adoptive parents, we must be careful about the findings. Similarly, a US study found that 18 adoptive parents and foster carers who participated in a psycho-educational intervention experienced significant increases in their reflective function when compared with a control group of 13 adopters and foster carers who had not had the same intervention (Bammens et al., 2015). The authors note that this is important, as the ability to mentalise has been linked with the ability to build secure attachments. However, again, these findings are based on a very small sample of parents.

There is some indication that certain parenting styles may be helpful where adoptees demonstrate particular behaviours (Anthony et al., 2019). Anthony and colleagues conducted a study of 96 new adoptive parents at approximately 4 months', 16 months' and 32 months' post-placement. Using a five-minute speech sample and questionnaires, they found that where children had experienced adversity prior to adoptive placement, when children were displaying internalising behaviours, that warm parenting, over a three-year period, appeared to moderate the impact of adversity on children's behaviour. Internalising behaviours are negative behaviours which focus inward – such as being fearful or withdrawn. Anthony (2018) suggests that warmth from the parent to the child appeared to

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<sup>14</sup> Parents either participated in one of two interventions or in a 'services as usual' control group. The interventions had either a cognitive behavioural basis (whereby parents were taught strategies to deal with behavioural issues, n=10) or an educational basis (where parents were helped to understand the roots of their child's behaviour, n=9). The remainder (n=18) were the control group.

influence future warmth from the child to the parent, suggesting that parental warmth has an important function in facilitating positive parent-child relationships. This has also been found in a study of foster carers (Cameron and Maginn, 2008). This is important, as it suggests that the actions of the parent play an important role in facilitating positive relationships. It is worth considering, therefore, whether this type of parenting skill can be taught to adoptive parents. It is likely that adoptive parents are often assessed with this in mind, as Anthony (2018) notes that the majority of parents in the study were rated high in warmth towards their child and reported positive relationships.

A US cross-sectional survey which examined the role of trauma-informed services in increasing parental satisfaction and commitment, considered the experiences of 259 adoptive parents and 224 foster parents (Barnett et al., 2019). The researchers found that whilst trauma-informed mental health services significantly mediated foster carer satisfaction and commitment, this was not the case for adoptive parents. Furthermore, trauma-informed child welfare services were not linked to satisfaction or commitment for either group (Barnett et al., 2019). If trauma-informed services do not appear to improve the experiences of adoptive families, this indicates that further exploration is needed to find out what type of services may better support the needs of adoptive families. Perhaps trauma-informed services encourage a focus where the impact of the past is overly emphasised, which, as is suggested by Fishburn and colleagues (2017), may make it more difficult to pay attention to the current circumstances and needs of the family.

There appears to be a relationship between parents' feelings about adoption and the provision of services (Hartinger-Saunders et al., 2015). A US study which examined service need and use on parent and child outcomes using an online survey of 437 adoptive parents who had adopted from care, found that there was a link between the provision of services and adoptive parents' feelings about adoption. For example, parents who needed, but did not access, financial support were less likely to recommend adoption, whereas those who needed, and were able to access this type of support were more likely to recommend adoption. Even small supportive services could also make a difference to parents. For example, those who accessed adoption-related lending libraries were more likely to report positive mental states. Where adoptive parents had positive emotional states there was less risk of adoption disruption or dissolution. The authors suggest that this is a compelling reason to prioritise the well-being of adoptive parents to promote family stability (Hartinger-Saunders et al., 2015). However, it is important to note that, although studies in this section give some indication of the types of support which may benefit adoptive families, this is a complex and under examined area, with a lack of methodically robust studies in terms measuring the effectiveness of specific interventions (Harris-Waller et al., 2018; Chobhthaigh and Duffy, 2019). Therefore, it is difficult to say conclusively what type of support or invention is likely to be of most benefit to adoptive families. Furthermore, the

studies outlined in this section focus on specific interventions, rather than the support offered by allocated social workers. This latter type of support tends to be the primary means through which professional support is experienced by new adoptive parents in the UK context (Kempenaar, 2015).

Having considered research findings on the types of support which may be helpful to adoptive parents, the next section considers UK parents' experiences of formal support.

### Experiences of accessing formal support

One avenue of early support for adoptive parents is the pre-adoption training course that they are required to attend prior to being approved as adoptive parents. Whilst many adoptive parents consider their pre-adoption preparation classes to be helpful, a lack of tailored training specific to the individual child's needs once parents have been matched has been identified as a missing element of UK adoption training (Rushton and Monck, 2009; Gilkes and Klimes, 2003). In interviews with 38 families in the UK who had recently adopted a child (aged 3-8) and who were experiencing serious difficulties, 65% of parents felt that preparation courses had not equipped them with the skills needed to parent a child from care (Rushton and Monck, 2009). Of those who were dissatisfied with the preparation that they had received, parents commented that they had not been prepared for the emotional impact of the arrival of the child and that they had not been equipped with practical skills to manage challenging behaviour (Rushton and Monck, 2009). The authors recommended that adoptive parents need to be given in depth information about the child's needs and behaviour from the child's foster carers prior to placement and to have access to more support about managing specific behaviour such as aggression and defiance.

Another mechanism through which newly formed adoptive families should be able to have support needs identified and which should enable them to access support is through the Adoption Support Plan, a document which outlines potential support needs prior to the placement of the child. A study of adoption support plans in Wales which used documentary analysis and qualitative interviews with professionals and adoptive parents (Kempenaar, 2015) found that the adopters were largely unaware of the adoption support plan and that there was a lack of, if any, involvement of adopters in the production of this document. It was therefore not considered to be a meaningful vehicle through which families could access support. Instead, as noted above, support in early adoptive family life was experienced as something that adopters recognised through their relationships with social workers, rather than through the presence of the adoption support document.

Adopters may face challenges in accessing support around the process of adoption and when trying to navigate adoption-specific tasks that families face (Doughty et al., 2017; Meakings et al., 2018). For example, in the Wales Adoption Study it was found that a lack of social work understanding around

the legal processes in adoption, administrative errors and delays could contribute to parental stress at the beginning of family life (Doughty et al., 2017). The same study also noted that all adoptive families are likely to need support to manage 'normal' adoptive issues in early family life, such as life story work, and managing contact with birth family members (Meakings et al., 2018; Doughty et al., 2018).

Research into support from adoptive parents in Wales identified a lack of consistently available specialist support services for adoptive families (Bell and Kempenaar, 2010). Bell and Kempenaar found from two Adoption UK surveys<sup>15</sup>, that despite there being improvements to adoption support in the ten years preceding their study, that families were not always aware of their right to have a post-adoption assessment. A scoping study of adoption support in Wales found that post-adoption support was often limited and considered to be the 'poor relation' when compared with the recruitment and assessment of adoptive parents and family finding work (Ottaway et al., 2014, p.8). The study found that access to services was patchy and inconsistent throughout Wales. Accessing specialist services for children's complex emotional and behavioural problems was particularly seen as challenging, and the criteria for accessing CAMHS (Child and Adolescent Mental Health Services) was particularly narrow, with attachment issues and trauma not being issues which were highly prioritised. A more recent study (Gupta and Featherstone, 2020) also found the provision of specialist therapeutic support for adoptive families to be lacking. This was found to be the case through the UK, even in England where families can access the Adoption Support Fund (Gupta and Featherstone, 2020). Although adoption services in Wales have changed since the creation of the National Adoption Service (NAS) in 2014, there continue to be ongoing challenges around the provision of good quality post-adoption support (National Assembly for Wales, 2016, Rees and Hodgson, 2017) and the development of post-adoption support continues to be a priority for the NAS (National Adoption Service, 2019). As noted above, although numerous children in the study went on to be placed outside Wales, the Welsh context remains important as there is a 'three-year rule' whereby the responsibility for the provision of adoption support moves from the placing local authority to the receiving agency three-years post-order. Therefore, where support was needed in early family life, children in this study would remain the responsibility of Welsh local authorities.

When families do experience difficulties, adopters can struggle to know their rights around support (Pennington, 2012, Selwyn et al., 2006). This has especially been found to be the case when there is an absence of readily available specialist support (Harlow, 2018). Furthermore, accessing support for children with complex needs can involve multiple organisations and seem very fragmented (Gupta and Featherstone, 2020). Support is not always offered in a timely way when it is needed. For instance, in a UK-based study which included interviews with 38 parents who were experiencing difficulties in family life, Monck and Ruston (2009) found that more than half of those who had accessed services

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<sup>15</sup> The surveys were of adoptive parents (n=68) and Adoption Support Service Advisors (n=17)

stated that they had had to wait over a year. Once they had been accessed, several parents commented that the service had not met their needs. Moreover, adopters frequently reach crisis point before they ask for help (Holmes et al., 2013; Lushey et al., 2017). An online survey of English local authorities (n=22) found that it was either considered 'common' or 'very common' for adoptive families to wait until crisis point to seek help (Holmes et al., 2013). Furthermore, although there is a legal duty under the Adoption and Children Act 2002 (s.4) for the needs of adoptive families to be assessed, but no corresponding duty to provide services, in a climate of stretched resources, post-adoption support is vulnerable where funding is being cut (Harris-Short, 2008; Lushey et al., 2017; Rees and Hodgson, 2017; Selwyn et al., 2006).

The way in which support is (or is not) offered to adoptive families can compound anxieties or create further difficulties for adoptive families (Kempenaar, 2015; Lowe et al., 1999). Lowe et al. (1999), in their large-scale, UK study of older-placed children found that rather than adopting a more supportive approach which would fit better with a family placement approach, that social workers appeared to be carrying out risk-focused practice which appeared to fit better with child protection work, meaning that families felt that they were being overly scrutinised at the beginning of family life. The authors suggested that social workers needed to move toward a more equal partnership between professionals and parents, whereby the professional support provided an educational role, enabling parents to have the necessary skills to care for children with complex needs as a result of early adversity, rather than the 'covert' (p.436) scrutiny that can come with more traditional social work approaches. More recent studies indicate that there has not been a significant shift in legislation or practice as was advocated by Lowe and colleagues (Harris-Short, 2008; Lowe et al., 1999). For example, a recent Adoption UK survey (2019a) of 3,500 adoptive parents found that social work visits could be a considerable source of stress for adoptive parents and could unsettle the child. Adoptive families in crisis have described encountering a blaming response from social workers with some families becoming subject to child protection investigations (Selwyn et al., 2014b), and being viewed through a 'prism of risk', whereby parents felt that they were seen as 'the problem' by professionals (Gupta and Featherstone, 2020, p.168).

## Chapter conclusion

Adoptive parents face unique challenges in their transition to parenthood, alongside the challenges which are faced by all parents when a child arrives in the family home. Comparative studies have found some differences between adoptive parents and other groups of parents and carers. For example, adoptive parents tend to report higher levels of satisfaction than other parenting groups such as biological parents, step-parents and foster carers. Studies have also observed some differences in behaviour between adoptive parents and other types of parents with mixed results. In terms of parental mental health, numerous studies have found that levels of post-adoption depression



are comparable to levels of post-natal depression in biological parents. Where parents do experience post-adoption depression, this often appears to be associated with unrealistic expectations of parenthood or to parents' perception of their child's difficulties. There appears to be a relationship between parents' feelings about adoption and the provision of services (Hartinger-Saunders et al., 2015). In Wales, post-adoption support remains a challenging area, even since the creation of the National Adoption Service in 2014 (Rees and Hodgson, 2017; Gupta and Featherstone, 2020).

As the challenges of new adoptive parenthood are likely to be particularly marked for adopters of older children (Harris-Waller et al., 2016; Canzi et al., 2019; Goldberg and Garcia, 2015), this study sheds further light in this area by comparing the differences between the early support needs and experiences of adopters of older- and younger-placed children. Noting that the additional challenges of becoming a parent to an older child are relatively well-documented (e.g. Palacios et al., 2019; Selwyn et al., 2014a; Lowe et al., 1999; Harris-Waller et al., 2016), consideration is given to the decision-making processes around why adoptive parents chose to adopt an older child. As explained above, adoptive families experience unique psychosocial tasks in terms of how they are 'gained', 'maintained' and how the significance of the birth family is 'retained' (Jones and Hackett, 2011, p.45; Brodzinsky, 1987). Due to this, parents' descriptions of their experiences of the arrival of the child in the home and their early explorations of identity issues with their older children are presented in this dissertation. Furthermore, as several studies have highlighted the importance of sensitive and good quality support for new adoptive parents (Lowe et al., 1999; Gupta and Featherstone, 2020; Kempenaar, 2015), this study critically examines how support was delivered and experienced from the parents' perspectives through their interactions with social workers.

Having given an overview of key theoretical and empirical studies in this area, the next chapter outlines the conceptual underpinnings of the study.

# Chapter Three: Theoretical Foundations

## Introduction

This chapter outlines the conceptual underpinnings for the thesis. The conceptual framework outlined here draws together key ideas and concepts that inform the thesis and the interpretation of experiences of adopters as they became parents to an older child. In this study, the experiences of parents are largely explored using sociological perspectives, alongside some psychosocial work. In contrast to much previous research in the field of adoption which has taken an 'atheoretical' stance (Hepp et al., 2019), here, I am explicit about the concepts which have shaped the study. Whilst the lack of sociological attention given to the field of adoption was observed some time ago (Fisher, 2003), the landscape of adoption research has shifted considerably in recent years to include more theoretically-driven studies which provide insights into the complexity of adoptive family lives, highlighting the contextual factors which shape the way that they are lived and experienced (Palacios and Brodzinsky, 2010). This study is located in the discipline of social work, which despite being a multi-disciplinary subject, is rooted in sociology (Shaw and Holland, 2014; Green, 2006). As social work is an applied discipline, this thesis uses theoretically-informed insights to make recommendations for policy and practice. The use of sociological ideas can be used to provide new insights into matters of social policy (Coffey, 2004), and also therefore in the related discipline of social work. Thus, this is the approach taken in this study.

The key concepts used in this study are outlined in detail below, as follows. Firstly, the idea of adoption as a marketplace, whereby adoptive parents make decisions around choosing their future child, based on the understanding that there is a limited pool of available children. Secondly, the concepts of family practices and displays of family, whereby understandings of what constitutes a family are seen as active rather than static, created through the everyday interactions and activities of family members. Families convey a sense of belonging to each other through their actions. Thirdly, the notion of identity work, which includes the ways by which adoptive families engage in understanding issues of who they are as a family, the process and circumstances by which they were brought together and how they negotiate and understand their ongoing relationship to the child's birth family. Finally, I outline the concept of adopters as being subject to surveillance on various levels as they establish a relationship with their new child.

## Key analytic concepts

### Adoption as a marketplace

Several scholars have drawn on the concept of the marketplace when theorising about family formation in adoption (Raleigh, 2016; Skidmore et al., 2016; Higgins and Smith, 2002; Fonseca, 2006). In a sociologically focused examination of research literature around family formation in adoption in the US, Raleigh (2016) argues that the process of choice-making by adoptive parents can be considered to be an 'assortative marketplace', whereby adoptive parents make implicit choices about the profile of the child that they hope to parent. For example, Raleigh (2016) suggests that through choosing international adoption, there may be less likelihood of contact with the child's birth family than in private adoption or adoption from care, but more chance that the adoption will be transracial. In contrast, in domestic adoption from foster care, adoptive parents may be more likely to adopt an older child but will incur fewer financial costs. As is evident here, the notion that adoption is a marketplace is, potentially, an uncomfortable analogy. In the UK, this analogy is perhaps less obvious or evident, as prospective adopters of children from care (the primary means by which children are adopted in the UK) are not expected to incur any significant financial costs and have less choice around differing types of adoption (e.g. private adoption is not lawful in the UK).

Also in US research, Skidmore and colleagues (2016) used survey data to explore variation in adoption expenses incurred by 182 parents in Michigan, who adopted domestically from care, transnationally and through private adoption. Examples of expenses that adoptive parents in the US context may incur include (in private adoption) paying for the birth mothers' nutritional and medical expenses, paying for social work services or (in international adoption) paying for international travel. They found that up to 74 percent of the variation in expenses could be explained by child characteristics, as parents' expenses tended to be lower for older children, black and minority ethnic (BAME) children and children with special needs. Their research indicates therefore, that in the US, parents are willing to 'pay a premium' for certain child attributes which are often considered to be 'desirable'. Rather than taking exception to the financial implications incurred which reflect child characteristics, the authors suggest that these differences should be further exploited, advocating that subsidies should be given to incentivise parents to adopt hard to place children. The authors justify their position by asserting:

Given the demonstrated importance of permanency for the well-being of the child and the cost (to the state) of prolonged and long-term child placement in foster care, as well as the long-run potential societal costs associated with failure to achieve permanency, there is general

agreement among social work policy makers that adoption subsidies and other nonmonetary supports are warranted. (Skidmore et al., 2016, p.189)

In a critical commentary of the transnational adoption of children from Brazil, Fonesca (2006) suggests that the 'market' is driven by consumer preferences which are informed by Western commodity logic. The prospective adopter (as the 'consumer') 'pays' for a white infant in good health with 'no strings attached' (p.159) in terms of any expectation on ongoing interactions with or connection to the child's birth family. She highlights that the assumption of a lack of ongoing contact in international adoptions provides a stark juxtaposition to the growing trend for increased openness in terms ongoing contact with birth families for those who have been adopted domestically in affluent 'receiving countries' (p.162).

In spite of differences in practices, some scholars have still used this concept in relation to UK adoption practices around adoption from care (e.g. Higgins and Smith, 2002; Garrett, 2018), as elements of the adoption process have, arguably, become increasingly commercialised (Higgins and Smith, 2002; Garrett, 2018). Higgins and Smith (2002), in a critical and theoretically informed discussion of the adoption process in the UK consider the moral consequences of using marketing techniques, particularly in relation to child-specific advertising (such as that which previously appeared in the British Association of Adoption and Fostering's *'Be My Parent'* magazine). They suggest that, in this type of publication:

The child is positioned for the respective audience, classified as a child in need rather than a child per se. This process is exemplified by the accompanying text within *'Be My Parent'*. This provides a formulaic pattern of traits that build up an image of the child in much the same way that estate agents develop their own language of expression. The child is dissembled into aggregates of functionally-specific traits. Hence we encounter the parlance of child adoption – 'hard to place', 'the siblings', 'behavioural problems', 'race', 'culture' (Higgins and Smith, 2002, p.186)

Higgins and Smith argue that through child-specific advertising, the child is presented as a category for the perusal of the intended audience (adoptive parents) rather than as a child in their own right. This has been made to be considered acceptable through the belief that the end (of achieving a permanent family), justifies the uncomfortable means (marketing the child to prospective parents). Similarly, Garrett (2018) critiques adoption activity days, events where prospective adopters can meet children who are available for adoption, as being 'consumer driven':

These are events designed to provide an opportunity for potential adopters to briefly engage with a number of children prior to making a decision about whether or not they wish to adopt a particular child ... In this way, the 'customer' is afforded the opportunity to shop around, to peruse and select from an array of 'goods' (Garrett, 2018, p.1251)

Despite these critiques, the analogy of the adopter as the 'consumer' in adoption is not entirely straightforward. Higgins and Smith (2002) suggest that it is not just children who are commodified by the adoption process. They argue that declining numbers of prospective adopters has meant that adoption agencies have needed to widen the criteria of who is considered an acceptable future parent to include previously excluded groups, such as single parents or same sex couples. Therefore, they suggest that, for adoptive parents, like waiting children, 'relative value is determined by supply and demand and the needs of the marketplace' (p.187). Indeed, historically, there was a tendency to link single and older adopters with hard to place children, as both were seen as undesirable groups (Lowe et al., 1999; Owen, 1994). Furthermore, it has been found that children's social workers can be unwilling to consider matching children with 'untraditional' families, such as single-parent families and same sex couples (Dance et al., 2010). Same-sex adopters in the US have commented that they have felt pressured to accept matches due to feeling that they were less desirable than heterosexual couples (Moyer and Goldberg, 2017). Thus, there is a suggestion that there is a hierarchy of adopters, whereby some potential adopters are overlooked in favour of others.

Issues of supply and demand are clearly pertinent to adoption practice. This has been the case for some time. Through examining the ways in which adoption has evolved historically we can see how adoption practices have been adapted to meet the needs and views of the time (Keating, 2009). As Kirton (2013) points out, in the 1950s there was an excess of 'demand' by adoptive parents over the 'supply' of children available, which meant that adopters were able to be scrutinised more closely than they had previously. In the 1960s and 1970s changing social circumstances such as the availability of contraception and abortion meant that fewer children were available for adoption (Ball, 2005). The high demand for adoptive children meant that children who were previously not considered as suitable for adoption became available to potential parents as these children's relative value increased (Ball, 2005; Triseliotis et al., 1997). Today, the mismatch between the (often high level) needs of children available for adoption and the availability of adoptive parents to meet those needs is commonly lamented (Department for Education, 2011, Kirton, 2013, National Adoption Service, 2018b) Despite targeted recruitment of adoptive parents for hard to place children, the mismatch between the needs of children and the desires of parents persists (Dance et al., 2017; Rogers, 2017).

Given the examples outlined above, the analogy of adoption as a marketplace seems to be both uncomfortable and compelling. Given this provocative analogy, outrage at the notion of adoption as marketplace is somewhat predictable and perhaps an oversimplification of the complex moral societal issue around state intervention in family life and the related practices around matching prospective adoptive parents with children (Tarren-Sweeney, 2016; Higgins and Smith, 2002). There is a need for balance, therefore, regarding how issues around adoption are represented and the stances that are subsequently taken on these matters. Whilst there are persuasive explanations as to why adoption practices have evolved in the way that they have, it is important to consider that markets have moral limits, and thus, to ensure that adoption practices and processes are ethically justifiable, it seems sensible to both consider and critique the experiences of all those involved in adoption as they navigate this complex terrain (Sandel, 2013; Higgins and Smith, 2002; Featherstone and Gupta, 2018). Therefore, in this thesis I explore how adoptive parents in this study experienced the process of identifying the children that they went on to parent, and consider, from their accounts, whether the marketplace is a fitting conceptual lens through which to understand this experience. Having outlined the notion of adoption as a marketplace, in the next section I detail the concept of family practices around family formation.

### Family practices and displays of family

Another key concept which theoretically informs this thesis is the notion of family practices, and, more specifically, practices of family forming. Family sociologist, David Morgan, developed the notion of 'family practices' as a way to define and describe families in current society (Morgan, 1996, Morgan, 2011a; Morgan, 2011b). He thought that previous sociological descriptions of the family as a 'thing', or something which is 'thing-like', reflects ideas of heteronormativity and fails to do justice to the flow and fluidity which is apparent in modern family life (Morgan, 2011b, p.3). He suggests that a consequence of this previously narrow understanding of 'the family' excluded and marginalised families who do not fit with heteronormative ideals around what constitutes a family (such as adoptive families). Therefore, he advocated for a focus on everyday actions in family life; 'doing' rather than being, and suggests that the term 'family practices' may convey a more accurate picture of modern family lives, as this encapsulates a sense of the active, the everyday, the regular and the potential flexibility of those who are counted as family members. He suggests that 'family' is something that people 'do', and through the ways that family is 'done', ideas and understandings of family are both created and recreated (Morgan, 2011a, p.177).

Family practices are actions which are orientated to another person, and through enacting these practices, the other is defined as a family member (Morgan, 2011b). The contexts in which family practices are enacted are often shaped by emotion:

This orientation to others, who may be present or absent, is not, for the most part, something which is emotionally flat or neutral. There may be the desire to please another, or to conform to some sense of obligation to that other, or avoid causing displeasure to that other (Morgan, 2011b, p.111)

Alongside this emotional dimension, Morgan also outlines that the sharing of space and time, the body and body management, and questions of morality (including notions of how things should be done) are key to how he understands the ways that family lives are lived in the current context. Thus, attention is given in this dissertation to each of these key elements in the establishment of family practices with older-placed adoptees.

Building on Morgan's concept of family practices, Finch (2007) developed the notion of 'displays of family'. She suggests that, due to the fundamentally social nature of family practices, 'the meaning of one's actions has to be both conveyed to, and understood by, relevant others if those actions are to be effective in constituting "family" practices' (p.66). She notes that this is pertinent to the notion of identity in families, as, due to the fluid nature of modern family lives, there is a need to display the relationships that are meaningful to the individual. Finch (2007) suggests that the need to display family relationships may be particularly pressing at times of transition in family life:

There are certain circumstances where the need for display becomes more intense, at least for the moment. This may be because new individuals – new relationships – come into the picture. But equally it can result from circumstances changing: an adult child goes to live in a different part of the country, a woman who has previously focused on caring for children takes a full-time job, a parent suddenly becomes much more dependent (Finch, 2007, p.72)

Hence, at the beginning of adoptive family life with older children, the need to display to the child or children that they belong in their new family has particular importance as the relationship is not yet fully established, and as the child or children may have previously experienced multiple homes, parents and carers elsewhere. Finch suggests that various tools can be used to aid how family relationships are displayed. For example, tools which can be used include physical objects (i.e. photographs or domestic artefacts); actions (such as the giving of gifts); narratives or stories which can be used as a vehicle through which 'my family' (p.77) is communicated.

Jones (2011) suggests that the concepts of family practices and displays of family are useful analytic tools when considering and understanding the ways that adoptive families form and maintain kinship bonds, both within the adoptive family and with the child's birth family, as these processes are often more complex than they are in normative families. Jones (2011) states 'these processes involve active

work in order to build intimate family relationships between adopters and adoptees and retain the significance of biological connections.’ (p.53). Jones (2009) found that a core challenge when children are adopted by parents who were previously strangers to them is to find ways of doing family life which enables adopters and adoptees to ‘gain and maintain a sense of being family’ (p.131). She suggests that this is a task not only for the early months after the child arrives in the home, but one which endures throughout family life. For her participants (adoptive parents who were reflecting back on their family lives), the early days together with their child were often described as a particular time of challenge:

The stories of becoming a family were ... characterised by struggle, angst, exhaustion and conveyed a sense of a rite of passage into parenthood which although different from the birth of a child was equally significant and life changing. These stories of struggle appeared to function as confirmation of the deep commitment shown by adoptive parents to becoming a parent and being a family and made visible the great efforts expended by adopters to create a family (Jones, 2009, p.133)

Furthermore, she notes that, for adopters of older children, there were specific challenges, where parents described their new kin as 'like visitors almost' or 'basically strangers' (p.134) when they arrived in the home, although the parents noted, when reflecting back on their experiences, that familiarity was gained, and relationships were forged, over time as they learnt together how to be a family. In addition, other work on early adoptive family life has indicated that at the beginning of relationships there may be a clash between parents and children in terms of their ‘family scripts’, the ways in which they understand and do family life (Tasker and Wood, 2016). The researchers suggest that this may be especially problematic where couple adopters have older sibling groups placed with them, as their ways of ‘doing’ family as a couple or as a sibling group, are, to an extent, already established.

Taken together, the literature outlined in this section indicates that beginnings of adoptive family life with older children may be a time when it is particularly important that family members display family to each other. It may be a time where there are clashes between how family is understood and performed by differing members of the new family. Furthermore, if, as Morgan suggests, ‘family’ involves active practices, this study considers how new parents go about establishing family practices and displaying the permanent nature of their relationship to older children who have understandings of how family life is done which have been forged elsewhere.

Having given an overview of current literature on family practices and displays of family, and how this may be of particular relevance for adoptive families of older children at the beginnings of adoptive



family life, the next section outlines some key considerations in terms of issues of identity in adoptive families.

### Identity work

Identity is a central concept in adoption, and has been the subject of much theoretical and empirical psychosocial research (e.g. Grotevant et al., 2000; Von Korff, 2008; Brodzinsky, 2006; Brodzinsky, 1987; Kaye, 1990; Kirk, 1964; Neil et al., 2015; Wrobel and Dillon, 2009; MacDonald, 2017a; Carsten, 2000). Jones (2009) sees a major task for adoptive families as that of 'developing a positive identity as a family despite perceived differences from cultural norms' (p.166). She calls the work that families do to achieve this 'identity work' (p.167). She suggests that this work takes place on three levels: on at the individual level; within the private realm of the family and at the wider level of the community / society. She describes that one of the ways in which families undertake this work is through 'adoption talk' (p.180), the process of talking about adoption, both within and outside of the immediate family. Within the family, Jones found that, adoptive parents engaged with their children by telling child-friendly stories, by looking for opportunities to discuss adoption-related issues and by drawing on the stories of others.

Adoptive parents play a key role in determining, and maintaining, the level of openness around adoption within their families. Von Korff et al. (2010) note the important role that adoptive parents play in helping their child to develop an understanding of their identity as an adopted person. They suggest that one of the most challenging tasks facing adoptive parents is 'the responsibility to come to terms with and make decisions about the adoptive family's connection to their child's birth family' (p.123). Von Korff and colleagues see adoptive parents as 'identity agents', who share the joint task of identity formation with their children, rather than identity formation being solely the task of the adoptee. Their study of infant adoption found that where adoptive mothers exercised their identity agency around issues related to the child's identity, this influenced the parent's own formation of their identity as an adoptive parent. Thus engaging in identity work with the child was a bi-directional process. Other psychosocial research has suggested that adoptive parents have an ongoing role in supporting their child to understand issues of identity, as the child's understanding of adoption will change according to their age and developmental stage (Brodzinsky, 1987).

Adoptive parents can find various ways to engage with their child about adoptive issues (Jones, 2009, MacDonald, 2017a). One way that they may do this, is through telling the child, in narrative form, about the reasons that they arrived in their new family (Ryan and Walker, 2016; Watson et al., 2015b). In current social work practice, helping the child to make sense of their past by explaining it in narrative form (often referred to as 'life story work') is generally endorsed (Ryan and Walker, 2016;

Watson et al., 2015a; Watson et al., 2015b; Rees, 2017; McCrossan, 2017). The role of storytelling in exploring and making sense of identities has been widely discussed (e.g. Atkinson, 2002; Coffey and Atkinson, 1996; Reissman, 1993; Simmonds, 2000; Warin, 2010). However, there are particular complexities around constructing stories about adoptive issues. The construction of an adoption story is complex, as it involves multiple actors (the child, the birth family, the adoptive family and the placing agency) and the navigation of difficult issues, including moral and ethical issues (for example, infertility, abuse, neglect, substance misuse and the separation of siblings; Jones and Hackett, 2007). The beginnings of adoptive family life, although sometimes framed as a happy ending (Featherstone and Gupta, 2018; Simmonds, 2000), can be the result of unspeakable sadness for many of the actors involved. It can be difficult, therefore, for adoptive parents to know how to approach these stories with their child.

Although historically there has been a level of secrecy around adoption and adoption-related matters, in the last four decades there has been a clear shift towards openness in adoptive family life (Jones, 2013). Although the confidentiality offered to families following the post-war period served a purpose in terms of protecting all parties from the stigma associated with infertility and illegitimacy, there has since been increased recognition that secrecy can also create difficulties, perhaps especially for the adoptee, in terms of hindering them from understanding their own identity as an adopted person (Neil et al., 2015). Furthermore, due to the changing nature of adoption, where adoptees tend to be placed with new families at an older age rather than as relinquished infants, secrecy around adoption has become less achievable, as adoptees have memories of life before adoption (Neil et al., 2015). Moreover, the development and use of social media means that it is becoming increasingly difficult to maintain confidentiality around adoption (Greenhow et al., 2017).

Linked to this shift towards openness, a consideration for adoptive families in terms of their identity formation is how, and to what extent, the child's birth family should be incorporated into their family lives. Research has indicated that there may be benefits for the child in terms of identity formation if a level of openness is maintained about or with the child's birth family (Featherstone and Gupta, 2018; Brodzinsky, 2006; Neil et al., 2011; Neil et al., 2015). The birth family can be incorporated into the lives of the adoptive family in various ways. One way this could happen is through continued contact with birth family members (this could range from occasional contact via post to face-to-face family time). Alternatively, this could be through open communication within the adoptive family about adoption-related matters. The first approach (where there is a level of contact with the birth family) is often referred to by adoption researchers as 'structural openness', and the second approach is referred to as 'communicative openness' (Neil, 2009). Brodzinsky, who coined the term 'communicative openness' describes it as follows:

It includes, amongst other things, a willingness on the part of individuals to consider the meaning of adoption in their lives, to share that meaning with others, to explore adoption related issues in the context of family life, to acknowledge and support the child's dual connection to two families (Brodzinsky, 2005, p.149)

Structural openness and communicative openness are often linked (Brodzinsky, 2006, Neil, 2009). This means that families who are more likely to facilitate a level of contact with birth family members are also more likely to communicate openly about matters of adoption (Brodzinsky, 2006; Neil, 2009; Neil et al., 2015), although this is not always the case (Brodzinsky, 2005; Jones and Hackett, 2011).

Although there may be some benefits for children in terms of identity development in keeping in touch with birth family members, this type of contact can be a highly emotive and difficult undertaking for all participants, and does not always result in positive relationships with the birth family or positive outcomes for the child (Grotevant, 2000; Jones and Hackett, 2011; Howe and Steele, 2004; Howe, 2003). It is important to note, that the way that families enact openness is highly individual and no single arrangement is best for everyone (Grotevant, 2000). Whilst there has historically been a lack of large-scale research studies into the prevalence and type of contact between adoptive families and birth families in the UK (McDonald and McSherry, 2011), a recent large-scale survey undertaken by Adoption UK indicated that 84% of their respondents had ongoing indirect contact (e.g. letter contact) with members of their child's birth family, and 23% indicated that they had had direct contact with a member of the child's birth family in the previous year, with families in Northern Ireland having the highest levels of birth family contact (Adoption UK, 2019a). In Northern Ireland, evidence suggests that there is a strong presumption of direct contact between adoptees and their birth families, with many children continuing to have ongoing contact with birth family members, including their birth parents (MacDonald, 2017b). Undertaking and sustaining contact with birth families can involve a huge amount of empathy and emotional energy on the behalf of the adoptive parent (Neil, 2004; Neil et al., 2011). Establishing relationships with birth family members may be particularly challenging for adoptive parents in early family life, before relationships with the child are fully established, although this may ease over time (Neil et al., 2011).

Considering the differing ways in which adoptive families make sense of, and how they (do or do not) sustain, the dual connection between the adoptive family and birth family, a key issue explored in this dissertation is how adoptive parents began to grapple with, and understand, issues of adoptive identity with their child. As noted above, engaging with identity issues may be a particular challenge during early family life whilst relationships between family members are still being formed and whilst the parent is adjusting to their new parenting identity. With older-placed children, it is possible that

this is may be an especially complex task, as engaging with this risks highlighting a 'psychological gap' (p.33) or separateness between the parent and child whilst bonds are still being established (Brodzinsky, 1987). It also involves engaging with conceptual ideas that the child may not yet be developmentally able to understand and which are potentially unpleasant or upsetting (Brodzinsky, 1987; Simmonds, 2000). Therefore, this dissertation explores adoptive parents' approaches as they began to undertake identity work with their child and the emotions that engaging with this elicited.

Having noted key literature in relation to identity work in adoptive families, the next section discusses surveillance and risk as concepts which inform this research.

### Surveillance and risk

Through the process of adoption (as described in the previous chapter), adoptive parents are subject to scrutiny and surveillance from the conception of their family lives (Kempenaar, 2015). The bureaucratic surveillance to which adoptive parents are subject, is a feature of adoptive family life which separates the transition to adoptive parenthood from normative transitions to parenthood. Although those who make normative transitions to parenthood are, arguably, also subject to some level of scrutiny (both formally via midwives and health visitors and informally from family members and friends), this is unlikely to be as prominent, or experienced as explicitly, as the way in which new adoptive parents are scrutinised by social workers. The experience of professional surveillance in early family life, although often not unwelcome, can be uncomfortable (Lewis, 2018; Eriksson, 2016a). Furthermore, although adoptive parents are often not dependent in the same ways as more traditional social work clients (for example through poverty or issues related to substance misuse), during the adoption process, and in early adoptive family life, they are made dependent due to their reliance on social workers as key gatekeepers, scrutinisers and assessors in the process of allowing them to become (or continue to be) parents (Eriksson, 2016b). Social workers wield power over adoptive parents by forging trusting relationships with them, requiring them to disclose information about themselves and through their entitlement to make judgements on the basis of their interpretations of the information that they have been given (Eriksson, 2016b).

Adoptive parents are in a precarious legal position at the beginning of adoptive family life. In UK law, it is not possible for adoptive parents to apply to the courts to legally formalise their relationship with their new child until the child has lived with them for at least ten weeks (Adoption and Children Act, 2002, s.42 (2)). Children maintain their 'looked-after' child status until the adoption is legally formalised through the making of an adoption order, and therefore, until this point, parental responsibility is shared between the placing local authority, the adoptive parents and the birth parents, although the local authority has the priority in exercising this (Doughty et al., 2017). Hence,

unlike in normative transitions to parenthood, adoptive parents experience a qualified level of parental autonomy during the transition to parenthood (Luckock and Hart, 2005). Prior to the making of the adoption order, adoptive families are subject to scrutiny from social work professionals, who are required by law to regularly visit the family. The Adoption Agencies (Wales) Regulations (2005) outline that the social worker must ensure that they 'provide such advice and assistance to the prospective adopter as the agency considers necessary' (s.37 (5) c). However, as well as advising and assisting, the social worker is required to feed information into reviews whereby the following is considered: 'whether the adoption agency remain satisfied that the child should still be placed for adoption', alongside the child's needs, welfare, progress and development and whether any additional support services are required (s.37 (7)). Therefore, social workers have a dual role, simultaneously subjecting adoptive families to scrutiny in a process of ongoing assessment, whilst supporting them by the provision of assistance and advice.

A matter of consideration in terms of professional support and scrutiny, is to what extent adoptive families should be considered in policy as 'the same' as biological families, and to what extent it should be anticipated that adoptive families will need additional support. In legal terms, adoptive parents, after the adoption has been legally formalised through the making of an adoption order, are considered to replicate autonomous normative biological families, whilst adoption policy appears to suggest that adoptive parents should provide 'reparative parenting for particularly vulnerable children' (Luckock and Hart, 2005, p.125). Adoptive parents therefore are subject to ambiguous messages about the expectations which are placed upon them. This ambiguity is reinforced by a legal requirement for Children's Services to provide a post-adoption assessment of need to adoptive families when this is requested, without a corresponding duty to provide any services (Lushey et al., 2017, Adoption and Children Act, 2002 (s.4)). The implication of this is that at times when local authority budgets are squeezed, adoption support is unlikely to be prioritised (Rees and Hodgson, 2017).

Underlying the professional scrutiny to which adoptive families are subject in early family life, are understandings of risk management, whereby the child's welfare is believed to be safeguarded through the professional surveillance of the family (Featherstone and Gupta, 2018, Wrennal, 2010). Conceptions of risk have become a dominant force in modern society (Beck, 1992), and increasingly, social work operates in a context where families are scrutinised through a 'risk lens' (Gupta and Featherstone, 2020; Featherstone et al., 2018a; Lowe et al., 1999; Parton, 2017; Wrennal, 2010), focusing narrowly on matters of child protection, often at the expense of the provision of more holistic family support (Featherstone et al., 2013). The heightened awareness of risk amongst professionals is likely to impact on the way that services are delivered and received (Broadhurst et al., 2010; Hall et

al., 2010), which perhaps goes some way to explaining why adoptive parents who are struggling have found themselves subject to child protection investigations when seeking support from Children's Services (Selwyn et al., 2014b; Gupta and Featherstone, 2020). It is worth considering whether this focus on risk is an appropriate mode for work with new adoptive parents where there is no history or evidence of abuse, and which could create friction in working relationships. Moreover, the intervention of professionals in family life has the potential to undermine parental confidence. As Furedi (2001) argues: 'The very existence of an outside source of authority puts parents on permanent trial. Parents are unlikely to have a strong sense of control if they constantly feel the need to prove themselves.' (p.174)

Alongside the overt professional scrutiny that adoptive parents experience, it is also possible that they, to an extent, may subject themselves to a level of self-surveillance. Foucault, a key sociological thinker on issues of power and surveillance, argued that whilst historically individuals were controlled by the threat of being subject to public punishment, we are now controlled more subtly through surveillance techniques (Foucault, 1977). He used the idea of Jeremy Bentham's (1791) design for a prison, the Panopticon, to illustrate ideas of how, if individuals feel subject to scrutiny, they are likely to modify their behaviour accordingly. In Bentham's design, prison cells were arranged around a central watchtower. Each cell would be well lit, to ensure that the prisoners were constantly visible, to enable the possibility of continuous surveillance. Foucault suggests that the effect of this design would be that prisoners would become self-conscious and paranoid. In the knowledge that that they could be subject to surveillance, the actual act of surveillance by guards was, to some extent, rendered unnecessary. Prisoners would begin to police themselves, unable to verify when and whether they were being watched (Foucault, 1977; Henderson et al., 2010).

Foucault's concept of surveillance has been applied to modern motherhood, to explain the way that the demands placed on, and expectations of, mothers have increased over the last sixty years. For example, Henderson et al (2010) found that mothers who practised 'intensive parenting' (defined by the authors as feeling pressured to be perfect parents), were more likely to be judgemental of other parents and were more likely to be self-surveilling through their feelings of guilt around their imperfections. They suggest, therefore, that motherhood has become a 'psychological police state' (p.241), whereby mothers police both themselves and others around them. The increasing expectations on parents in the modern age have also been noted in other academic literature (e.g. Beck and Beck-Gernsheim, 2002; Hoffman, 2009; Furedi, 2001; Geinger et al., 2014; Gillies, 2005a). It is possible that adoptive parents may feel additional pressure to perform parenthood in particular ways, for example, through employing intensive or 'attachment parenting' practices due to parents' concerns that their child may experience difficulties around attachment due to their early exposure

to adversity, even though the evidence base for the effectiveness of these practices is contentious (Pylypa, 2016).

Considering this policy ambivalence around the needs of adoptive families; the uncomfortable experience that adoptive parents can have of support and scrutiny from social workers; and internalised pressures around parenting in contemporary society; this thesis examines adoptive parents' experiences of scrutiny and support early on in their family lives. A key point for consideration therefore, is to what extent professional intervention in family life is experienced as a help or a hindrance by new adoptive parents.

### Chapter conclusion

In this chapter, I outline the key concepts which provide a framework for my thesis, and a lens through which to consider the transition to adoptive parenthood. The first of these, is the idea of adoption is a marketplace, where prospective adopters make decisions around how to secure their preferred child, in the knowledge that there is a limited supply of available children (Raleigh, 2016). Issues of supply and demand have shaped the way that adoption is practiced (Kirton, 2013; Keating, 2009; Higgins and Smith, 2002). In the marketplace, to some extent, both waiting parents and children are commodified, as they are assigned relative value (Higgins and Smith, 2002). In the empirical chapters, I use this concept to interrogate the experiences of adoptive parents, to assess whether the analogy of the marketplace resonated with their experiences of becoming parents, and if so, how this played out.

Secondly, I described the idea of family forming practices, drawing on Morgan's (1996; 2011b) idea that families can be identified through the everyday, active interactions between them. These practices are often emotional, embodied, shaped by shared space and time and informed by moral understandings of what it means to be family (Morgan, 2011b). Adoptive families actively work to gain and display family relationships to each other (Jones and Hackett, 2011; Finch, 2007). This is something is worked upon throughout the life course, but is likely to be a particular challenge at the outset of family life for families of older adoptees (Jones, 2009). In the empirical chapters, I pay attention to the active role played by parents in creating family practices with their new older children, and give consideration to the emotional, embodied and moral contexts in which family practices are created.

The third concept which informs this thesis is the identity work that adoptive families need to undertake to make sense of their relationships with each other and the circumstances by which they were brought together. Adoptive parents therefore exercise identity agency, whereby they determine

the level of openness around adoption in their families (Von Korff et al., 2010). Like Von Korff and colleagues (2010), in this research, I consider the development of identity in new adoptive families to be bi-directional, meaning that both parents and children influenced how the other understands identity issues. This is likely to be particularly true in families who adopt older-placed children at the outset of adoptive family life, due to the child's greater agency, communicative and cognitive abilities.

The final key concept outlined in this chapter is the surveillance of newly formed adoptive families. A distinctive feature of early adoptive family lives is the experience of scrutiny from social work professionals. Experiencing the professional gaze can be an uncomfortable experience for new parents (Eriksson, 2016a; Lewis, 2018; Eriksson, 2016b). Adoptive parents may also subject themselves to a level of scrutiny, where they feel pressured to perform parenthood in particular ways (Henderson et al., 2010; Pylypa, 2016). In this dissertation, I use the concepts of surveillance and risk to examine adoptive parents' experiences of support and scrutiny in adoptive family life, and consider whether social work intervention was found to be helpful or a hindrance.

Having outlined the key concepts which informed this study, in the next chapter, the methodology, I describe further how I operationalised the ideas explained above in my approach to analysis. In addition, I outline matters of research design, epistemological and ethical considerations and my involvement in the larger study from which the data for this study were drawn.



## Chapter Four: Research Design and Methodology

This chapter outlines the methods used in the study and provides a reflexive narrative of the research process. In this chapter, firstly, I outline the origins and development of this research project. As previously stated, data were generated as part of the Wales Adoption Cohort Study, a national study of new families who adopted children from Wales. In this chapter, I give an overview of the data collection methods used in the Wales Adoption Cohort Study and reflect on generating data as part of a team. I then describe the methodological and analytical approach taken for the research project presented in this dissertation, including the methods of analysis. Considerations of research design, noted throughout this dissertation, are in line with Braun and Clarke's (2013) broad understanding of research design as something which incorporates the goals of the study, the theoretical framework, the ethics and the methods which are used to generate and analyse the data.

### The Wales Adoption Cohort Study

The Wales Adoption Cohort Study was a study of Welsh children placed for adoption in a 13-month period, from 1<sup>st</sup> July 2014 to 31<sup>st</sup> July 2015<sup>16</sup>. The study used a sequential mixed-methods approach and was conducted by a multidisciplinary research team<sup>17</sup>. The team comprised researchers from a variety of disciplinary and professional backgrounds, including psychologists, social workers, sociologists, and a lawyer. Academics at all levels were involved in the study, from professors to doctoral students. Whilst acknowledging that individual identities are not singular (Lingard et al., 2007), some key features in terms of team members' identities were as follows: the team was all-female, all-white, included an adoptee, an adoptive parent, several (former) social work practitioners, two pregnant researchers (who both became mothers during the study period), and several biological parents with children of varying ages. I was one of two doctoral students working on the study.

The research methods used in the study are outlined below:

1. An analysis of children's social services documentation. Data were generated from adoption documents known as the Child Assessment Report for Adoption (CARA)<sup>18</sup> for every child from

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<sup>16</sup> The Wales Adoption Cohort Study was funded by the National Institute for Social Care and Health Research (NISCHR). The project reference number was SC-12-04. For further information see: <https://sites.cardiff.ac.uk/adoptioncohort/>

<sup>17</sup> Examples of publications from this study as as follows: Anthony et al., 2016; Doughty, Meakings, & Shelton, 2017; Meakings et al., 2018; Meakings, Shelton, & Coffey, 2016.

<sup>18</sup> Also known as the Child Adoption Report (CAR)

Wales who was placed for adoption in a 13-month period. Throughout this thesis, these data are referred to as the CARA data. In these documents, social workers reported on children's needs and experiences, including their health, education, emotional and behavioural development, self-care skills, identity, family and social presentation. They included information about the child's birth parents and the reasons that the child was placed for adoption. The documents were completed by social workers who had worked with the children's birth families. Documentation was accessed via local authority adoption teams and permission for their use was granted by the Welsh Government.

Data gathered from CARA records by the research team included demographic factors (for example, age, gender and ethnicity of each child), reasons for the adoption decision, and information about the birth parents (for example, their educational background and health circumstances). Researchers gathered the data on site at local authority offices and entered anonymised data directly into an SPSS database. More than 250 discrete pieces of information were sought regarding each child. Data were gathered for 374 children, which was the entire population of children who were placed for adoption from Wales in the study period.

2. Questionnaires were issued to adoptive parents at two time points, approximately four- and sixteen- months after the new child or children arrived in the family home. Qualitative and quantitative data were generated through the questionnaires, including background characteristics of the adoptive family, their support needs and experiences, and their views on how the placement was faring. Validated measures and scales were contained within the questionnaire, including the Strengths and Difficulties Questionnaire (Goodman, 1997); the Child Behaviour Checklist (Achenbach and Rescorla, 2000; Achenbach and Rescorla, 2001); an adapted version of the Carer Questionnaire (Golding and Picken, 2004); Parenting Sense of Competency (Johnston and Marsh, 1989; Ohan et al., 2000); and the Beck Depression Inventory (Beck and Beamesderfer, 1974).

In order to be included in the study, adoptive parents needed to have a child from Wales placed with them during the study time period. Parents willing to take part in the study were offered a year's membership to an adoption organisation (Adoption UK) for completing the first questionnaire. For each stage of the study in which they were involved, they were also offered a complimentary book, from a list of possible titles, relating to adoption. Parents from 84 families who met the inclusion criteria responded to the first questionnaire, and 73 to the second questionnaire.

3. In-depth interviews were undertaken with adoptive parents, approximately nine months after the child or children arrived in the family home. Participants were parents who had completed the questionnaire and who had agreed to a follow-up interview. The detailed interview schedule included questions about initial motivations for adopting, assessment, preparation, linking and matching, introductions, support and contact arrangements with significant others<sup>19</sup>. Once completed, the interviews were transcribed verbatim from audio recordings which were made during the interview interaction. Parents from 40 families participated in the interviews. Interviews took place in family homes. Children were not interviewed as part of the study.

The primary aims of the Wales Adoption Cohort Study were to explore factors associated with early placement success; to identify support needs in early placement; to explore the impact of pre-adoption decision making, both from local authorities and the courts, on early family life; and to establish a prospective cohort with the potential to be followed up in future research studies. Decisions about the study methods were made collectively by members of the research team. The study team were also advised by a steering group which included adoptive parents, adult adoptees, professionals involved in adoption, and experienced adoption researchers. Ethical approval for the study was granted by the Research Ethics Committee at Cardiff University, School of Social Sciences. Initial Information about the study was given to new adoptive parents via local authority adoption teams, and adoptive parents could then choose to opt-in to the study if they were interested in participating.

Below I provide a table (table 1) which illustrates the various data sources and the subsamples which related to the adoption of older children.

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<sup>19</sup> The interview schedule is included in appendix 5.

Table 1 Data sources and subsamples

	Description	Child/ren aged 4 and over	Child/ren aged under 4	Total Sample
<b>Child's Assessment Reports for Adoption (CARA) Data</b>	<i>Collected from social services records on all of the children placed for adoption from Wales over a 13-month time period, from 1<sup>st</sup> July 2014 to 31<sup>st</sup> July 2015.</i>	N=86 23%	N=288 77%	N=374 100%
<b>Questionnaire 1 Time One (T1)</b>	<i>Issued to new adoptive parents who had adopted a Welsh child approximately 4 months after the child/ren had arrived in their home.</i>	N=26 30.95%	N=58 69.04%	N=84 100%
<b>Interviews</b>	<i>Interviews were conducting with adoptive parents (drawn from the respondents to the questionnaire) approximately 9-months after the child or children arrived in the home.</i>	N=26 65%	N=14 35%	N=40 100%
<b>Questionnaire 2 Time Two (T2)</b>	<i>Issued to the same adoptive parents approximately 16 months after the child/ren had arrived in their new home.</i>	N=24 32.87%	N=49 67.12%	N=73 100%

As noted previously, parents in 40 families were interviewed 9-months after a new child or children arrived in the family home. From those 40 families, 14 had a child placed who was aged four or over. It is this subsample of interviews with 14 families which provide the primary source of data in this dissertation. The interviews conducted with this subsample of parents ranged in length from 1 hour 48 minutes in to 3 hours 40 minutes (average 2 hours 43 minutes). I have also drawn on data regarding the entire sample of families who completed questionnaires at both time points, and have briefly outlined data regarding the children's ages at placement from the CARA data.

Below, I outline some reflections on gathering data as a corporate endeavour.

## Generating data in a multidisciplinary research project

There are possibilities afforded by researching in teams. Barry et al. (1999) suggest that teamwork can improve methodological design and foster higher levels of conceptual thinking. Multiple researchers bring diversity through their individual attributes by eliciting different responses from participants and adding 'complementarity' to research (Pezalla et al., 2012, p.184). Conversely, a challenge of multidisciplinary research is that researchers have to work with a diverse range of disciplinary perspectives across multiple scholarly communities, which can create the conditions for both 'creativity and conflict' (Lingard et al., 2007, p.505-506). This means that researchers often work as 'knowledge brokers' (Lingard et al., 2007, p.506), translating across disciplinary boundaries where there may be a lack of common vocabulary (Massey et al., 2006). This can create challenges when trying to achieve a 'common understanding' (Siltanen et al., 2008, p.49) as team members may represent differing (and possibly conflicting) views around research paradigms and approaches.

Through engaging in the process of gathering data as part of a team, I was provided with an opportunity to strengthen my research project, enabling me to draw on a large corpus of data obtained from multiple sources, the creation of which was informed by a range of different disciplinary perspectives and drawing upon the breadth of experiences of multiple researchers (Barry et al., 1999; Massey et al., 2006). In the current context in terms of funding requirements for research, researchers are increasingly being required to utilise more efficient ways of producing or accessing data, such as working on team projects or undertaking secondary analysis of data (James, 2012, Massey et al., 2006; Barry et al., 1999; Davidson et al., 2019). In this context, therefore, it has been useful for me to gain experience and skills in gathering data as a part of a team, and to utilise the extensive data which was created in this manner.

## Creating and using a (semi-) structured interview schedule to generate data

As a research team, a great deal of consideration was given as to how to best undertake the qualitative research interviews. As we comprised a relatively large team and wanted to use the research instrument to cover our wide-ranging areas of interest, we were aware that the interview schedule had the potential to be lengthy. Also, as multiple interviewers were due to conduct the interviews, we wanted to ensure a level of consistency throughout the interviews. Therefore, a detailed and relatively tightly structured interview schedule was created with scripted questions to ensure that they were well-phrased. The schedule contained our differing areas of interest around the transition to adoptive parenthood. Thus, a relatively structured interview schedule was created (see appendix 5). Some advantages of taking a relatively standardised approach to interviewing was that it reduced variation

in the questions asked due to the participants being interviewed by multiple researchers and increased comparability between responses (Bryman, 2004; Bell et al., 2016). The questions in the schedule were precisely and carefully worded, leaving less room for clumsy phrasing of questions from researchers which could have risked offending participants or damaging rapport (Braun and Clarke, 2013). The use of the schedule meant that questions were designed to flow logically and were clustered into topic-based sections (Braun and Clarke, 2013). The questions were designed to be 'open' to 'facilitate a richer discussion about the phenomenon of interest' (Connelly and Peltzer, 2016, p.53).

To allow for the possibility that scripted questions could also be 'conversational' and 'informal' (Mason, 2018, p.116) and to allow for sensitive responses to participants (Bell et al., 2016), it was agreed as a team that we could apply an element of flexibility around how the schedule was used, rephrasing questions or adapting the order in which they came, if this felt appropriate during the interviews. Therefore, in reality, the way in which the interview schedule was employed by researchers was that our relatively standardised tool was used in a flexible manner. As I have referred to it in the title of this section, a suitable term for this approach is an in-depth, (semi-) structured approach to interviewing. Adoptive parents responded well to the questions asked and rich data were subsequently generated. The thoughtful and detailed responses that they gave perhaps demonstrates both the individual skills of the researchers in the interview team (Pezalla et al., 2012; Bell et al., 2016) and the adoptive parents' capacities to reflect on their experiences, which may have been developed and honed through engaging in the process of assessment and through their preparation to adopt training (Leon et al., 2018). Thus, the quality and richness of the data generated was greatly enhanced by this semi-structured, in-depth approach.

## Research focus and approach

The focus of my individual research project was on parents who adopt older children, defined as children aged four and over when they moved into their new home. The data generated from the cohort study interviews formed the main source of data for my study. My study was primarily focused on interviews with parents from 14 adoptive families who have adopted an older child, drawing on the rich qualitative data generated during in-depth interviews. Quantitative data from the questionnaires at both time points have been used to supplement and contextualise experiences of adoptive parents of older children, when compared with those who adopted younger-placed children. Although the data for my study was generated through a team project, the research design and approach to analysis presented in this dissertation were mine alone. Thus, in some ways, the design of my individual doctoral research project, and the analysis of the data for this, shared similarities with

approaches used in secondary analysis of data, as I needed to create my own project from data which had been produced by others, rather than using the more collaborative approaches which would be utilised in projects which are a team endeavour from start to finish.

### Using multiple methods: epistemological considerations

Although this thesis uses both qualitative and quantitative methods, it is arguable the approach I have taken cannot be referred to as a mixed methods approach, as each component of my study answers a different research question, rather than taking a more integrated approach. Therefore, the term 'multiple methods' is perhaps more appropriate for the approach used here (Morse and Cheek, 2014). It is notable that there are practical challenges regarding truly integrating methodologies. Many researchers who have claimed to use a mixed method approach have questioned the extent to which they have been able to truly integrate their findings, particularly as researchers tend to operate in discrete domains depending on their methodological preferences and are generally more confident in one methodological approach rather than both (Bryman, 2007).

I employed a constructionist approach to the study, seeing experience as socially produced and reproduced, rather than existing independently (Braun and Clarke, 2006). Constructionism provides useful insights for social work research because it problematises that which seems obvious and is taken for granted (Parton and O'Byrne 2000). It challenges conventional wisdom, and is suspicious of positivism, suggesting that we should critically assess our assumptions about the world and ways of understanding. It understands that knowledge of the world is shaped by our interactions with others. Winter (2006) supports this view, arguing that social constructionism can shed light on the way that social work is enacted. Constructionism does not endorse the position that knowledge is just 'made up', but this epistemological viewpoint upholds that what we know about the world and ourselves is produced through the way that we talk about it and the meaning that we derive from the systems in the world in which we live (Braun and Clarke, 2013). Furthermore, in terms of the way that I understand the qualitative data, generated from interviews with adoptive parents, is that I see the interview as a performance, an interaction between the researcher and the researched, which is grounded in the context in which it was made (Denzin, 2001). Like Denzin (2001), I do not think that there is an 'essential' or true self, but instead that we have different selves and ways of performing these selves in differing social situations.

In addition, whilst I am predominately a qualitative researcher, I see value in quantification. Hence, in this research I adopted a pluralistic methodological approach, remaining open to trying, and learning from, new approaches (Mason, 2011; Denzin, 2012). Although I have drawn on both quantitative and

qualitative data, the approach that I have taken has been 'qualitatively driven', leaning on epistemological considerations generally associated with qualitative, constructionist approaches. Mason (2006) argues that a 'qualitatively driven' approach to mixing methods offers potential for generating insight into the complexities and contexts of social experience and enhances our capabilities for explanation and ability to generalise. She argues that:

Social experience and lived realities are multi-dimensional and ... our understandings are impoverished and may be inadequate if we view these phenomena only along a single dimension (Mason, 2006, p.10)

She suggests that mixing methods can allow us to think at both the macro and micro level. She considers the limited methodological repertoire in which many researchers operate due to narrow disciplinary allegiances. She argues that this may mean that entire dimensions of social experience are missed. She advocates for moving beyond 'paradigm wars' (p.22) to enable creative and innovative research which allows new ways of seeing to emerge. It has also been argued that a benefit of mixing methods, is that researchers can 'mix and match' research design in order to give them the best chance of answering specific research questions and attempt to increase the benefits and reduce the costs associated with both positions (Johnson and Onwuegbuzie, 2004). Mason, in a later work, discusses an evolving new approach to research, which she calls 'facet methodology'. This methodological approach embraces a pluralistic attitude to research. She explains that in this approach:

Research fields are seen as constructed through combinations and constellations of *facets* as we might see in a cut gemstone, where facets refract and intensify light, taking up the background, and creating flashes of depth and colour as well as patches of shadow. In facet methodology, the gemstone is the overall research question or problematic, and facets are conceived as different methodological-substantive planes and surfaces, which are designed to be capable of casting and refracting light in a variety of ways that help to define the overall object of concern by creating flashes of insight (Mason, 2011, p.75).

It is in this spirit, that I have tried to conduct my research, whilst acknowledging my own limitations, in that my skills in qualitative research are stronger than my skills in quantitative research, and, like other researchers before me, I have perhaps not been able to do justice to the full range of data generated from the study (Bryman, 2007).



## Thoughts on research quality and rigour

In this study, I have found Braun and Clarke's 15-point checklist for good qualitative research a useful guide in considering the quality of my research (Braun and Clarke, 2013). The guide includes points such as, 'data have been analysed – interpreted, made sense of – rather than just paraphrased or described' and 'the language and concepts used in the report are consistent with the epistemological position of the analysis' (p.287). In completing the quantitative analysis, I was mindful of the traditional criterion for quantitative research (Bryman, 2004). Lincoln (1995) has argued that issues of research quality and ethics are intertwined, and that quality research must therefore be ethical research. She therefore proposes a criterion for assessing quality through an explicit recognition of the author's positionality; the way in which they engage with wider debates in the academic community; how they represent marginalised voices; and their concern for human dignity and justice. I have tried to be mindful of this throughout the process of conducting my study. Later in this chapter, I reflect on the ethical dilemmas encountered in the research process

Although the interview sample was relatively small, I do not see this as a limitation of the project. As, Braun and Clark (2016) suggest 'bigger isn't necessarily better' (p.742). They argue that in working with a smaller sample, the researcher may be better able to present the nuance and complexity of the data. A consideration however, is that the interviews represent a snapshot of one moment in time of a relatively small group of adoptive parents in the study, and as such cannot necessarily be seen as reflecting the reality of their family lives on an ongoing basis. Conversely, a strength of the interview data (and also the questionnaire data), is that it reflects a similar point in time for all the families, allowing for comparisons to be drawn between families as they were at a similar stage in family forming at each time point. The data presented therefore reflects a range of experiences in differing families. The use of the quantitative data in this study, helps to contextualise the accounts of the participants gained through the interviews, thus adding quality to the findings through using multiple sources of data to understand the experiences of participants, providing an insight into the ongoing and changing experiences of the families in the study. The use of differing types of data in this study, allows for triangulation, a way to shed light on a social experience through differing means and through looking at it from different angles (Denzin, 2012; Mason, 2011).

Generalisation can be understood as 'an act of reasoning that involves drawing broad conclusions from particular instances—that is, making an inference about the unobserved based on the observed' (Polit and Beck, 2010, p.1451). In this study it is possible to generalise from the findings in several ways. Firstly, the use of quantitative data allows for a level of statistical generalisation about the characteristics and experiences of adoptive parents of older children more broadly (Polit and Beck,

2010; Smith, 2018). The characteristics of children whose families responded to the questionnaire, when compared to all children placed from Wales within the study period (n=374) were representative in terms of gender and past experiences of abuse and neglect (Anthony, 2018). This was true at both questionnaire time points, despite a level of participant attrition between time one and two. The questionnaire sample was slightly older in terms of the mean age of children placed, as respondents to the questionnaire were asked to comment on the eldest child that they had placed with them, rather than each child that they had placed<sup>20</sup>. Furthermore, when compared to Welsh Government data on adoptive parents' relationship statuses and ethnicity, the sample were similar to the characteristics of adoptive parents in general (Anthony, 2018).

My aim, in my analysis of the qualitative interview data, was not to adhere to statistical understandings of generalisation but instead to provide credible 'thick', in-depth, culturally situated illustrations which provoke empathy and identification with the research participants in the reader (Tracy, 2010, Smith, 2018). It is my hope that the range of experiences of the participants presented in this dissertation go beyond the individual contexts in which they were produced and resonate with the experiences of adoptive parents of older children more broadly (Polit and Beck, 2010). Furthermore, although these findings are situated in their 'local' context (i.e. parents who adopt older children), through my approach to analysing the data (which is outlined in more detail below), elements of the analysis and findings presented in this report may transcend the local context and resonate more widely in a range of social contexts (Coffey and Atkinson, 1996), for example, with experiences of adoptive parents more generally, or in terms of family forming in other non-normative family types, such as in reconstituted families.

As Roulston (2010), argues, representations of findings 'are always partial, arbitrary, and situated, rather than unitary, final, and holistic' (p.220). I aim for my work to be generative, to open up new ways of thinking about the non-normative transition to parenthood experienced by adopters of older children. Through 'evocative storytelling' (Tracy, 2010, p.845) about the experiences of parents in the study, I hope to provoke reflective thinking in those who read and engage with my work. One way by which the ability to generalise from research findings can be understood by qualitative researchers (and arguably also researchers who use multiple methods), is through 'transferability', a joint enterprise through which the detailed descriptions given by the researcher allows the reader to evaluate the extent to which the findings can be applied to other settings (Polit and Beck, 2010; Roulston, 2010; Meyrick, 2006). Furthermore, in my analysis of the data, I make connections with the

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<sup>20</sup> The mean age of children at placement from the CARA data was 2.06 years (n=374); T1 questionnaire, mean age at placement was 2.38 years (n=84).

work of other scholars in order to build my arguments, thereby using their work to demonstrate the theoretical generalisability from the findings outlined in this dissertation (Smith, 2018; Freeman et al., 2007).

I do not see my analysis as an interpretation of the data which would be necessarily be replicable by others due to the reflexive nature of qualitative research, whereby something of myself has been 'injected' in to the analysis (Blaikie, 2012, p.217). Like Braun and Clarke (2016), I do not view themes generated by the researcher as uncovering 'ontologically real, discrete (themes)... identifiable by researchers – like diamonds scattered in the sand, waiting to plucked-up by a lucky passer-by ...' (p.740) but instead as more like the baking of a cake, where 'a whole combination of materials (ingredients), processes and skills combine to produce a cake ... the cake isn't waiting to be "revealed" – it comes into being through activity and engagement (p.740). Therefore, the unique combination of 'ingredients' and the way in which I have engaged with them would be unlikely to be repeated in the same way by another researcher.

#### Taking a thematic approach to analysis

I used a thematic approach to analysing the qualitative data in my study. The techniques that I used to analyse the quantitative data are described separately, in chapter five. Although there are many variations of thematic analysis, my approach to analysis was informed by Braun and Clarke's widely cited work in this area (Braun and Clarke, 2006; Clarke and Braun, 2017). Thematic analysis can be defined as 'a process of interpretation of qualitative data in order to find patterns of meaning across the data' (Crowe et al., 2015, p.617). Thematic analysis is 'relatively unique' amongst qualitative analytic approaches, as it is purely a method for analysis, and does not provide a method of data collection, theoretical or epistemological positions or ontological frameworks (Braun and Clarke, 2013, p.178). This level of flexibility allowed in thematic analysis was an important consideration for how I approached analysis in my study, as I was using methods of data collection which were determined by the broader research project from which my data were drawn.

In view of the flexibility offered by this approach, Braun and Clarke (2012) comment that when undertaking thematic analysis, researchers need to make explicit choices about where their work falls on these continua in order to ensure that their analysis is meaningful. I took an abductive, critical and constructionist approach to data analysis. An abductive approach is where theory and research are seen as intertwined (Blaikie, 2012). The data are reinterpreted in light of emerging theoretical ideas and therefore can change in the process, meaning that 'research becomes a dialogue between data and theory mediated by the researcher' (Blaikie, 2012, p.156). Whilst this approach is sometimes

described as inductive, this is misleading, as in this approach theory is generated throughout the research process, not just at the end. Mason (2018) explains that, in an abductive approach:

Theory, data generation and data analysis are developed simultaneously in a dialectical and iterative process. If you are developing theory in this way, you will devise an iterative method for moving back and forth between data analysis, interpretation and the process of explanation or theory construction (Mason, 2018, p.228)

Attride-Stirling (2001), in an account of the process of thematic analysis, argues that the value of qualitative research lies in its exploratory and explanatory power. She comments that this is unachievable without a rigorous approach at all stages of the research process. She laments that the analytic stage is often under-reported due to the intuitive and non-linear way that analysis is often undertaken. She thus suggests a need for interpretative tools and guidelines around how to approach qualitative analysis. However, the risk of breaking down these processes into step-by-step guidelines, is that it falsely gives the impression of a mechanistic process, without fully accounting for the true messiness, or back-and-forth nature, of analysis. Braun and Clark (2006; 2012) outline a six-phase approach to thematic analysis which has been widely referenced. The phases in this approach are as follows: 1) familiarising yourself with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing potential themes; 5) defining and naming themes and 6) producing the report. I broadly followed this approach to analysis, whilst recognising this process was not straightforward or linear.

I read and re-read the interview transcripts, sometimes referring to the audio recordings of interviews in order to check tone, and to clarify meaning. As I immersed myself in the interview data from my subsample of 14 interviews, I coded my data. Simultaneously, whilst undertaking this preliminary analysis, I read widely, and from this wider reading I identified various analytical lenses to create an analytical framework for coding, as suggested by Gale and colleagues (2013). In line with the view of Gale et al. (2013), this framework was refined throughout the coding process in order to include new codes as they became apparent in each transcript. Each qualitative findings chapter contains an analytic lens, to help me to draw new insights in each area. In this way, I consider the process of analysis to be theoretically-informed. As Coffey and Atkinson (1996) explain, new ideas do not simply arise from the process of analysis, but ideas need to be 'played' with to glean new insights. An example of a coding framework document developed during the process of analyses is included in appendix 7.

Analysis was not a distinct stage of research, but a reflexive activity which occurred throughout the cyclical process of conducting research (Coffey and Atkinson, 1996). Gathering data and making meaning from it were active processes (Braun and Clarke, 2012; Mason, 2018). As Mason (2018)

asserts, rather than being 'collected' a more useful term for how data are produced is 'generated' (p.21), as researchers are not neutral collectors of information from a social world from which they are separate. Rather, the researcher is actively engaged in the construction of knowledge about the world. Throughout analysis, I aimed to go beyond the semantic content of the data in order to explore the latent, that is, the underlying ideas, assumptions and social worlds that were being reproduced through the data (Braun and Clarke, 2006). I kept in mind that the interviews were a social performance and a co-constructed interaction between interviewee and interviewer (Rapley, 2001). Although the interview questions were broadly the same, interviewees are likely to have responded differently to the interviewer who was facilitating the interview than they would have to a different interviewer, depending on differences and similarities that they perceived between themselves and the researcher (Abell et al., 2006) and the way in which the researcher responded to them (Pezalla et al., 2012). Furthermore, the interview (and indeed the questionnaire data) provides a snapshot in terms of the adopters' perceptions of their family life at a particular moment in time. Had they been interviewed or completed the questionnaire on a different day, they may have emphasised and omitted different points than they did on the day that the data were produced.

#### [Analysing qualitative data which were produced by others](#)

Four members of the research team (including myself) conducted the interviews in the wider study. I conducted 10 of the 40 interviews undertaken for the wider study. The interviews that I was involved in were for children placed at a range of ages, not just older children. A challenge of undertaking fieldwork as a team endeavour was that I have needed to make meaning from interviews at which I was not physically present. As noted by previous scholars, what is observed by a researcher during, prior, and subsequent to the interview interaction can build up a useful picture of the lived experience of research participants (Kvale and Brinkmann, 2015; Mannay and Morgan, 2015). I found these insights from the interviews which I conducted useful when starting to analyse the data. I felt like I knew the families involved in these interviews. I could remember key points of our conversation and I had sensory reminders to help me to recall what was discussed. I could remember how I had emotionally responded to participants and whether I felt that rapport had come easily or been fought for. Not only did meeting the participants face-to-face help me to gain an insight into embodied aspects of the participants' identities (i.e. their ethnicity / age / gender), but also gave me a glimpse into the context in which family lives are lived. As part of the interview process, I was greeted by enthusiastic pets, I could see children's toys, photographs, I met children, and I could see how the parents and children interacted with each other. I could see the layout and décor of the home. I could

share in the social niceties of the interview situation. I partook in small talk with adoptive families. I drank the tea that they made for me and ate the biscuits that they offered.

In contrast, some of this embodied knowledge and understanding of the research context was not as easily accessible in the interviews at which I was not present. Therefore, I had to work a bit harder in terms trying to understand and make meaning from interviews which were conducted by my colleagues. This was not necessarily problematic. As James (2012) argues, it is possible to draw valuable meaning from data which one has not collected first hand as 'it is clear that many excellent research accounts *are* produced by research teams and have been for many years' (p.565). Although the data were collected as part of a shared endeavour, as my PhD focus, research questions and the subsequent analysis of data were separate from, though aligned with, the aims of the overall study, meaning that the process of analysis of data perhaps shared similarities with secondary analysis of data (James, 2012; Tarrant, 2016; Hammersley, 2010). Whilst Hammersley (2010) highlights that it can be difficult for secondary analysts of qualitative data and for team researchers to have the same level of understanding around the process of data collection as the primary researcher, he argues that having been present in the interview does not mean that one has an exhaustive knowledge of what occurred. Indeed, much can be forgotten or misremembered about the interview by the primary researcher.

To counter the challenges posed both by team research and secondary analysis of data, Shaw and Holland (2014) suggest that it is necessary to have a 'reflexive awareness ... of the relationships between the original researcher and the participants (as far as discernible) and the secondary researcher and the data' (p.97). Furthermore, perhaps the process of analysing secondary data is perhaps not that different to the process of analysing data which have been collected first-hand. Bishop (2007), in an article where she reflects on the differences between working with primary and secondary data, found that the actual practice of secondary analysis of data was very similar to the process of working with primary data, in terms of how the researcher works back and forth between data sources and research questions. Many experienced researchers do not collect all their own data. James suggests that to successfully analyse second-hand data the interpreter must employ their 'analytic imagination' to build a picture of their participants (p.566). To achieve this, I made use of the tools available to me. I had access to transcripts and audio recordings. From listening to the audio recordings, I could get a sense of how the conversation went, the tone, a sense of the rapport between researcher and participant, the participant's accent, background noises and interruptions which gave me insights into the participants' lives. I read and re-read the transcripts to make sense of them. I ensured that I asked questions of my colleagues to help set the scene and I sought out opportunities

to reflect with them on the research process. This provided me with the insights that I needed to make sense of the data.

### Ethical considerations

The Wales Adoption Cohort Study received ethical approval from Cardiff University's School of Social Sciences ethics committee prior to the commencement of the fieldwork (a copy of the approval letter is provided in the appendix 1). Access to social services data was approved by the Welsh Government and was in line with the Data Protection Act 1998 (the General Data Protection Regulation [2016] was not in force at the time of data collection). Information regarding the use of data from the study was provided to participants in the cover letters which accompanied the questionnaires. Informed consent was sought from participants prior to each interview (see appendix 4 for the consent information form which is included in the interview schedule).

Ethical considerations in research are not a one-off event, to be forgotten once the research proposal has been ratified by a formal ethics committee. Ethical considerations must be negotiated and reassessed throughout the process of research. As Shaw and Holland (2014) state:

We perceive benefits in anticipating and planning for ethical issues through a process of institutional review, whilst recognising that ethical research conduct is an ongoing process from the early development stages to dissemination and beyond (p.102).

A key ethical concern of mine when undertaking and writing up the study was how to represent the participants and their families to preserve their anonymity. Welsh communities can seem small, as people are often well known to each other. Adoption communities in Wales are perhaps smaller still. I wondered how to maintain the anonymity of my participants whilst trying to keep their stories and family contexts intact. I changed participants' names, localities, and occupations, choosing alternatives that maintained a sense of similarity to the reality. I changed details regarding family structure. I played with gender and sexualities. In some cases, to preserve anonymity, I attributed stories to other families. I had initially planned to introduce each family in turn in the thesis, emphasising key points about their family structure and characteristics, but I found this to be ethically problematic as it appeared impossible to do this and to preserve their anonymity, whilst maintaining any level of accuracy.

The consent form given to participants by the wider research team stated the following: *'The information you provide will be included in a report, but it will not be possible for others to identify you from anything published.'* However, as in this thesis I have attempted to, as far as possible, keep family

stories intact, only changing details where necessary, without changing their story. As Saunders et al. (2014) demonstrate, guaranteeing complete anonymity can be an 'unachievable goal' in qualitative research (p.617). Furthermore, as I include parents' accounts of their interactions with social workers in this thesis, which were not always favourably told, it is possible that professionals who have been involved, may be able to identify both themselves and the families. Although I have tried to maintain anonymity, it is perhaps not possible to guarantee this, which, for me, poses an ethical dilemma. In response to these dilemmas around informed consent and anonymity, I have taken the view that ethical responsibility ultimately lies with me as a researcher (Mannay, 2014) and therefore I have used my judgement to try to ensure that my participants' privacy is maintained as much as possible and that the way that I represent them is both honest and fair.

### Locating the self

Coffey (1999) asserts the importance of 'locating the self' (p.17) by acknowledging the impact that the researcher's identity has on the research setting, as well as the impact of fieldwork on the individual. As Plummer (2001) argues:

The social researcher is not a medium through which knowledge is discovered, he or she can also be seen as a 'constructor' of 'knowledge'. We need to look at how the researcher's personal and social world led to these constructions and how such constructions are subsequently used in the social world (p.206)

It is therefore important that researchers consider their impact on the data that they gather and the way in which they interpret them. One way to identify the impact of the researcher is through self-awareness and reflexive thinking throughout the process of the research (Koch, 1993). Reflexivity adds quality to research by accounting for the researcher's own biases and therefore adding to the trustworthiness of the research (Berger, 2015; Koch, 1993). I was careful to reflect on my positionality, its impact on the data produced and my subsequent analysis of the data. As stated above, a challenge of conducting research as a member of a team was gaining the same level of insight about how the participants may have responded to the embodied (or other) attributes of my colleagues' identities. Below, I discuss the impact of elements of my identity on the research.

As I have highlighted in previous work (Palmer 2019) my identity is multifaceted and there are several characteristics which I considered important to reflect upon throughout the research process. The way I view the world and have experienced it are shaped by my identity as a social worker / research novice / white / middle class / British / straight woman. The concepts of the researcher as an 'insider' or 'outsider' and the impact of this on the research setting have been widely discussed (e.g. Daly,



1992; Mannay, 2010; Morriss, 2015; Wiederhold, 2014). Both positions have potential benefits and drawbacks. Outsiders may lack understanding because they do not have intimate knowledge of the research topic (Berger, 2015). In contrast, participants may not explain their experiences as fully to insiders, assuming that, due to their shared experience, explanation is unnecessary (Daly, 1992; Morriss, 2015). Conversely, it has been argued these binary categories of insider / outsider are overly simplistic. Our identities are more complicated than this. As Wolf (1996) argues, 'A number of feminist researchers reject this simplistic dichotomy of insider-outsider' (p.16). As an interviewer, in many ways I was an insider. I was from a similar class background to most of my participants, as a well-educated, middle-class, professional person. Simultaneously, I am an outsider. I am not an adoptive parent and I have never experienced the process of becoming an adoptive parent. My participants had received social work services as prospective adopters, and later, as adoptive parents, whereas I, as a former social work practitioner, have only ever been the deliverer of services and never the recipient. Below, I consider two key elements of my identity and how these may have impacted on the research process.

### My pregnant self

I became pregnant early in the process of data collection. When conducting interviews, I was between 14 and 30 weeks pregnant. An important aspect of my identity to examine here is my embodied identity as a pregnant woman. I was worried about how my visibly pregnant body would be received by participants in the study. Most participants had initially hoped to start a family biologically, but several had been affected by infertility or, where they had conceived, they had experienced multiple miscarriages and had not been able to carry a child to full term. Several participants had experienced secondary infertility after having a child biologically. Others had decided to adopt as they considered themselves to be older and felt that it was unlikely that they would conceive biologically. I was aware that my pregnant body may highlight a key point of difference between myself and the participants. Difference between researcher and participant can result in closed-down responses to interview questions (Abell et al., 2006). Interviews are not only about verbal communication. It is estimated that approximately 90% of communication is non-verbal and thus the face-to-face interview is an 'embodied communication' (Brinkmann and Kvale, 2015). Whilst some researchers have found their pregnant bodies to be a useful tool in eliciting responses from their participants (e.g. Jordon, 2006, Reich, 2003), as I have previously discussed elsewhere (Palmer, 2019), I was concerned that, in this instance, my pregnant form may be perceived as a threat, highlighting difference or serving as an unwelcome reminder of the adopter's own grief. I was concerned about the potential impact on my participants of the perceived insensitivity of being questioned about their reasons for adopting by a

pregnant researcher. As a member of a research team, I was aware of my corporate responsibility for generating data and was worried that if the data elicited by the interviews was in any way substandard due to this, that it would be detrimental to the wider study.

Due to my concerns outlined above, I actively tried to conceal my pregnancy by choosing my clothing carefully and by trying not to communicate my pregnancy through my posture or body language. Through this practice, I was engaged in producing my 'fieldwork body', the 'bodily performance' that I felt was necessary to successfully carry out the interviews (Coffey, 1999). For example, on one occasion, the couple being interviewed suggested that we sat on bar stools around the kitchen counter. Sitting on a bar stool for three hours whilst pregnant was uncomfortable, but I did not want to reveal my discomfort to the couple in case this prompted a further consideration of why I was uncomfortable. In this instance, I am certain that I was overthinking the matter, but the example serves to illustrate the 'performance' that I was giving to the participants and the lengths to which I went to manage the impression that I was giving to others (Goffman, 1959). This attempted deception, felt uncomfortable to me, as I hold the view that emancipatory research should involve openness and honesty from both researcher and participant (Oakley, 1982), however, I balanced this with the pragmatic acknowledgement that researchers in the field frequently downplay and emphasise parts of their identity in order to build rapport with participants (Reich, 2013; Wolf, 1996).

It is difficult to know whether my participants were aware that I was pregnant. If they were, I do not know what impact this had on their responses to the interview or their feelings about me as an interviewer. In the ten interviews in which I was involved, only one adopter asked me about my pregnancy, and this happened at the beginning of the interview. The participant did not seem to be upset or overly concerned about the fact that I was pregnant, but my sensitivity to the issue made me feel flustered and meant that I perhaps did not probe about the couple's reasons for adopting as I may have done had my pregnancy not been mentioned. At the end of a subsequent interview, I was asked whether I had any children. The participant had several birth children, had been a foster carer and had chosen to adopt a child in her care. Due to the circumstances of the adoption and having completed the interview itself, I felt less concerned about revealing my pregnant state than I did with the previous adopter (who was a first-time parent).

The desire for sensitivity to my participants had a profound impact on my own perception of myself as a pregnant person. I was intensely aware of my changing body and my desire not to upset adopters leaked into my everyday experience of pregnancy. I reacted irritably to friends and family members who commented on my changing figure. I became anxious about my growing bump and made every effort to hide it. The nature of the research impacted on my perception of my own situation. I felt

enormous guilt about having been able to conceive easily whilst feeling ambivalent about the prospect of parenthood. The injustice of fertility weighed heavily on me, especially when comparing myself to those who had been highly motivated to become parents, and yet had been unable to conceive. Although I had been looking forward to the fieldwork, I was eager to finish the interviews before my pregnancy became too visible.

My emotional response to interviews came as a surprise, particularly because, as a social worker, I was used to working in an emotionally demanding context. Coffey (1999) views 'emotional connectedness to the process and practices of fieldwork, to analysis and writing (as) ... normal and appropriate' (p.158). However, although I had become used to emotional responses being part of my social work role, what I found challenging about my emotions in the context of my research was that I was unable to untangle my own feelings about parenthood, as they were so deeply entwined with my experiences in the research setting, perhaps causing me to over-identify with my participants (Benoot and Bilsen, 2016). I was profoundly affected by the subject, as I was negotiating my own forthcoming transition to parenthood and identity as a parent-to-be, whilst helping others to reflect on their own experiences of this transition. In some ways, it is only through the process of reflecting on the interviews, with the advantage of time and distance from them that I have understood quite how profoundly the experience affected me. As Mauthner and Doucet (2003) assert, there are limits to what we can access about ourselves from thinking reflexively at any one moment in time, and distance from the research context can increase our understanding.

Although problematic during fieldwork, when analysing the data, my identity as a new parent felt advantageous. It gave me insights into a normative transition to parenthood. Due to this, I had increased empathy for the adopters in the study, as I had my own lived experience of the challenges and frustrations of new parenthood which enabled me to think broadly about the differences and similarities in becoming a parent biologically and in becoming a parent through adoption to an older child.

### [My social work self](#)

Another element of my identity which it is useful to consider, is my professional identity as a social worker. This was something which I felt more comfortable revealing in some stages of the fieldwork than others. During the process of data collection within local authority social work offices, I felt that it was helpful to reveal my professional status. Although I was not collecting data in an office in which I had worked, or with former colleagues with whom I was previously familiar, there was a certain

familiarity in being based within a social work office and accessing and interpreting social work documents.

Whilst in the social work offices, I did not feel any need to conceal my former profession in any way, and instead felt that disclosing my identity as a former practitioner enhanced how the social work team members perceived my ability to understand. Conversely, as an interviewer conducting interviews with adopters, although I felt comfortable with the process of going into adopters' homes and discussing their experiences, as this was familiar from my social work role, I was aware of difference, knowing that I had never experienced what it was to be in the shoes of an adoptive parent. Therefore, in contrast to my openness about my professional role whilst conducting research in social work offices, my identity as a social worker was something which I did not proactively volunteer to participants unless they asked me specifically about how I came to be interested in the topic. I did not want participants to feel that they could not be open about their feelings about social workers and the relationships that they had formed with professionals, in case they had any kind of assumption that I would be overly loyal to my profession. My social work identity also influenced how I interpreted the data. It took me some time to stop reading the interview transcripts as a social worker, searching for risks and responses to the assertions of adoptive parents, and to look at the data as a social researcher, interpreting it to glean empirical and theoretical insights into the lives of participants.

## Chapter summary

In this chapter I have summarised the methods used in the Wales Adoption Cohort Study, the wider study from which my data are drawn. I have reflected on my experience of being part of a multi-disciplinary research team, outlined the challenges of undertaking qualitative fieldwork as a team member and described how these challenges have been tackled in the process of my research. I have described the methodological approach taken in my individual research project where I focus on the transition to parenthood for adopters of older-placed children. I have outlined how I have made sense of the methodological challenges arising from using multiple methods in my study and the implications of this in terms of research quality and rigour. I have discussed the ethical dilemmas that I faced in the research process, particularly focusing on how I attempted to preserve the anonymity of my participants, whilst keeping their family stories in context and intact. I have reflected on key elements of my identity and how these may have impacted upon fieldwork and shaped how I interpreted the data. Noting these methodological considerations, the remainder of the thesis is dedicated to presenting the empirical findings from the research. Findings are presented in five chapters. The first of these chapters, to which we now turn, provides context for the remainder, through a comparative

exploration of the differences in the characteristics, experiences and support needs of adopters of older-placed children, when compared with parents who adopted younger children.

# Chapter Five: Demographics and Differences – Comparisons between Adopters of Older- and Younger- Placed Children

## Introduction

There is evidence to suggest that there may be challenges associated with parenting children who are placed for adoption at an older age (Palacios et al., 2019; Selwyn et al., 2014b; Harris-Waller et al., 2016; Nalavany et al., 2009). In this chapter, I use quantitative data to frame the discussion around the experiences and characteristics of adoptive parents of older-placed children, defined in this study as parents who had children placed for adoption with them when they were aged four or over. A benefit of my involvement with the wider study, the Wales Adoption Cohort Study, is that I have been able to access a rich data corpus, which enables me to paint a picture of the experiences of the parents of older-placed children using different types of data. The numerical data presented in this chapter allows me to describe the demographic characteristics of the families of older and younger children who participated in the cohort study and to situate the experiences of adopters of older children in relation to adopters of younger children.

In this chapter I address the following research question:

- What are the differences in characteristics, support needs and experiences of adjustment of those who adopt older children compared with adopters of younger children?

The chapter uses data drawn from questionnaires issued to adoptive parents at two time points, approximately four- and sixteen-months after the child moved into the adoptive family home. These data are described in more detail in the section below.

## Description of data sources

The data analysed in this chapter are drawn from two rounds of questionnaire data as described in table 2:

Table 2: Data sources

	Description	Child/ren aged 4 and over	Child/ren aged under 4	Total Sample
<b>Questionnaire 1 Time One (T1)</b>	<i>Issued to new adoptive parents who had adopted a Welsh child approximately 4 months after the child/ren had arrived in their home.</i>	N=26 30.95%	N=58 69.04%	N=84 100%
<b>Questionnaire 2 Time Two (T2)</b>	<i>Issued to the same adoptive parents approximately 16 months after the child or children arrived in the home.</i>	N=24 32.87%	N=49 67.12%	N=73 100%

### [A note on eligibility and data collection](#)

Parents were eligible for the study if they had adopted a Welsh child placed within the study period (from 1<sup>st</sup> July to 2014 to 31<sup>st</sup> July 2015). Although all the children were from Wales, they were placed with families living in England and Wales. For the process of completing questionnaires to not be too arduous for adoptive parents, those who had adopted sibling groups were asked to focus only on the needs of the eldest child placed in the study window.

The areas of enquiry in this chapter are presented in three distinct sections, which each consider differences between adopters of older- and younger placed children. In the first of these sections demographic characteristics of adoptive parents are outlined. Secondly, contrasting support needs are highlighted and finally, variations are noted in the way that parents adjusted to family life.

### [Characteristics compared: adopters of older- and younger- placed children](#)

In this section, I outline and compare characteristics of adoptive parents of older- and younger-placed children. As noted in table 2, the first questionnaire was completed by 84 adoptive parents, of which 30.95% (n=26) were adopters of older children. The second questionnaire was completed by 73 adoptive parents, of which 32.43% (n=24) were adopters of older children.

## Approach to analysis

The dataset was divided to compare adopters of older- and younger-placed children. Where differences between adopters of older and younger-placed children were apparent, where possible, variables were tested for association using the chi-square test.

## Results

Demographic characteristics are outlined in Table 3:

Table 3: Demographic characteristics of adopters of younger- and older-placed children

		Adopters of Under 4s	Adopters of Over 4s
<b>Age of adopter at placement (mean)</b>		39.02 (Range=25-62, SD=6.559, n=57)	42.54 (Range=22-53, SD=7.763, n=26)
<b>Family income bracket</b>	Up to £10,000	1.7% (n=1)	7.7% (n=2)
	£10,000-19,999	5.2% (n=3)	7.7% (n=2)
	£20,000-29,999	19% (n=11)	11.5% (n=3)
	£30,000-49,000	31% (n=18)	26.9% (n=7)
	£50,000-74,999	31% (n=18)	26.9 (n=7)
	£75,000+	12.1% (n=7)	19.2% (n=5)
	<i>Total</i>	<i>100% (n=58)</i>	<i>100% (n=26)</i>
<b>Level of Education of adoptive parent</b>	O-levels / GCSEs	5.2% (n=3)	7.7% (n=2)
	A-levels / Highers	13.8% (n=8)	7.7% (n=2)
	Vocational Training	12.1% (n=7)	15.4% (n=4)
	University Degree	31% (n=18)	34.6% (n=9)
	Higher or Postgraduate Degree	37.9% (n=22)	34.6% (n=9)
	<i>Total</i>	<i>100% (n=58)</i>	<i>100% (n=26)</i>
<b>Ethnicity</b>	White British	96.6% (n=56)	100% (n=26)
	White Irish	1.7% (n=1)	0% (n=0)
	Asian Pakistani	1.7% (n=1)	0% (n=0)
	<i>Total</i>	<i>100% (n=58)</i>	<i>100% (n=26)</i>
<b>Religion</b>	No religion	37.9% (n=25)	34.6% (n=9)
	Christian	56.1% (n=37)	61.5% (n=16)
	Jewish	3% (n=2)	0% (n=0)
	Muslim	1.5% (n=1)	0% (n=0)
	Other	1.5% (n=1)	3.8% (n=1)
	<i>Total</i>	<i>100% (n=66)</i>	<i>100% (n=26)</i>
<b>Main Language</b>	English	94.7% (n=54)	100% (n=26)
	Welsh	5.3% (n=3)	0% (n=0)
	<i>Total</i>	<i>100% (57)</i>	<i>100% (n=26)</i>

As is evident from the table, adoptive parents of older- and younger-placed children are broadly similar in terms of demographic characteristics. One difference between groups which is notable here,



is that the average age of adoptive parents is slightly higher for adopters of older children. The majority of parents, both those adopting children under four and those adopting children over four, were educated to degree level or higher (69.2% for adopters of older children and 68.9% for adopters of younger children). This is above average for the UK population, as it was estimated in 2017 that 42% of the population who were aged between 20 and 65 were graduates (Office of National Statistics, 2017a). There were no striking differences between groups regarding their family income, with 73% of adopters of older children and 74.1% of adopters of younger children having an annual family income of over £30,000 or more. The national average household income for 2014-2015 (when the questionnaire was completed) was £31,440, and therefore the majority of adoptive families had a household income which was either similar to, or above, the national average (Office of National Statistics, 2017b). The emerging picture from the data is that adoptive families as a group tend to be relatively affluent and well-educated. The majority of adopters in both groups identified as Christian (61.5% of adopters of older children and 56.1% of adopters of younger placed children), which is similar to the level of those who identify as Christian overall in the UK (Office of National Statistics, 2013). There were minor differences between groups in terms of language and ethnicity, but these were small. It is not possible to know whether these small differences would be replicated in a larger sample.

Table 4: Family characteristics and relationship to the child/ren, divided into groups

		Adopters of Under 4s	Adopters of Over 4s
<b>Relationship status</b>	Heterosexual couple	83.3% (n=40)	75% (n=18)
	Same-sex couple	4.2% (n=2)	4.2% (n=1)
	Single parent	12.5% (n=6)	20.8% (n=5)
	<i>Total</i>	<i>100% (n=48)</i>	<i>100% (n=24)</i>
<b>Relationship to child</b>	Stranger adopters	94.5% (n=56)	96.2% (n=25)
	Child's former foster carer	3.5% (n=2)	3.8% (n=1)
	<i>Total</i>	<i>100% (n=58)</i>	<i>100% (n=26)</i>
<b>Previously adopted children in the home</b>	Yes	17% (n=8)	4.2% (n=1)
	No	83% (n=39)	95.8% (n=95.8)
	<i>Total</i>	<i>100 (n=47)</i>	<i>100 (n=24)</i>
<b>Birth children in the home</b>	Yes	26.1% (n=12)	8.3% (n=2)
	No	73.9% (n=34)	91.7% (n=22)
	<i>Total</i>	<i>100% (n=48)</i>	<i>100% (n=24)</i>
<b>Children adopted as part of a sibling group</b>	Sibling group of 2	12.8% (n=6)	45.8% (n=11)
	Sibling group of 3 or more	2.1% (n=1)	16.7% (n=4)
	No	85.1% (n=40)	37.5% (n=9)
	<i>Total</i>	<i>100% (n=47)</i>	<i>100% (n=24)</i>

Adopters of older children were less likely to have birth children or previously placed adoptive children ( $\chi^2 (1, n=71) = 6.552, p=0.01$ ) than adopters of younger children. 42.6% (n=20) of parents of younger-placed children had a previous child compared with just 12.5% (n=3) of adopters of older children. Adopters of older children were also more likely to adopt children as part of a sibling group. This was also found to be statistically associated when using the chi-square test ( $\chi^2 (1, n=71) = 16.838, p<0.001$ ). 62.5% (n=15) of older-placed children were placed in sibling groups of two or more, compared with 14.9% (n=7) of younger placed children. In both groups, adopters were overwhelmingly strangers to the children prior to adoption, with a very small minority in each group being the child's former foster carer.

## Discussion

The analysis of the differences in characteristics of parents who adopted older and younger children found that, in terms of demographic characteristics, the parents were similar. Where differences were identified, the relatively small sample size (e.g. in terms of the minimal differences in the average age of adopters, language, or ethnicity) means that these should be interpreted cautiously. However, when exploring characteristics relating to family structure, there were two statistically associated differences between groups. These differences were that adopters of older children were more likely to be first-time parents and that they were more likely to adopt sibling groups. It may be that adopters of older children are more likely to be first time parents, as parents with existing children preferred to adopt younger children (Frost and Goldberg, 2019). It is possible that parents feel that it will be easier on existing children to introduce a younger child into the family dynamic rather than an older child (Frost and Goldberg, 2019, Brodzinsky, 2013). Whatever the reasons for caution around introducing older children into established families, this means that older-placed children are less likely to be parented by adopters who already have parenting experience.

There are both some possible stressors and facilitating factors for parents who already have children. First time parents of older children are more likely to have to negotiate a significant transition in terms of grappling with the change in their own identity through becoming a parent, and in terms of having to learn and accomplish the tasks associated with parenthood for the first time (Frost and Goldberg, 2019). This can be a challenging transition, whereas the transition to parenting for a second (or subsequent) time, may, in some ways, in spite of increased parenting tasks, be an easier transition, due to having previous experience of parenting and a pre-established parenting identity (Frost and Goldberg, 2019). However, there is some evidence that previous experience in parenting may not necessarily be a facilitative factor. Quinton et al. (1998), in a study of 61 children placed in middle childhood, found that previously childless couples were more adaptable than experienced parents

who tended to be less flexible in their approach. Furthermore, in a review of the research evidence around matching, Quinton (2012) highlighted that disruptions studies have found no association between previous experience of adoptive parenting and family stability.

For the 12.5% (n=3) of the subsample of adopters who introduced an older child to existing children (either birth children or previously adopted), the parents had to negotiate the complexity of newly formed sibling relationships and dynamics between children, which can cause children to feel jealous or displaced (Meakings et al., 2017). Existing children in the home can be overlooked by professionals in terms of the preparation for the arrival of a new child in the home (Meakings et al., 2017). Therefore, for the new parents in my study, despite their inexperience in terms of parenting, they arguably had an advantage in that they did not have to negotiate the emotional complexity of the impact of the arrival of a new child on their existing children (Frost and Goldberg, 2019). Although adopters of older children were less likely to have existing children in the home, they were significantly more likely to feel, at four-months' post-placement, in need of support with family forming. This may be due to the increased likelihood that adopters of older children were more likely to adopt sibling groups. Adopting sibling groups can be a challenge for new adoptive parents as the pre-established dynamic between siblings can add complexity to establishing new relationships with adoptive parents (Tasker and Wood, 2016).

For 62.5% (n=15) of parents in the subsample of adopters of older children, their experiences of becoming an adoptive parent was intertwined with the experience of becoming a parent to multiple children. Previous studies have had mixed findings regarding the placement of siblings. Whereas several studies have indicated that the placement of siblings is associated with family stability (Jones, 2016; Holloway, 1997; Dance and Rushton, 2005), other studies have suggested that, where there are difficulties in family life, the combination of children's needs can prove too difficult for the parent or parents to manage (Selwyn, 2018; Randall, 2013; Tasker and Wood, 2016). However, despite the challenges, there are important benefits for children in being placed together. Siblings can be a source of comfort and reassurance to each other (Meakings et al., 2017), and there are benefits to children's wellbeing associated with being placed with siblings (Jones, 2016). These factors are obviously important when children are negotiating the transition to a new family.

Having considered differences in characteristics between adopters of older- and younger-placed children, the next section will consider parents' perceptions of the support needs in their new family, as reflected in the quantitative data gathered from questionnaires.

## Professional support needs

This section compares the support needs of adoptive parents who had older children placed with them and those who had younger children placed. Below, I explain my approach to analysis. I then present the results of this analysis and discuss my interpretation of the results.

### Approach to analysis

An aim of this thesis is to examine the professional support needs of adoptive parents in early family life. I took an exploratory approach to the analysis, rather than being hypothesis driven. Parents were asked in both questionnaires in which areas they needed support following the placement of their child or children. Questionnaire one (four-months post-placement) included more variables relating to support whereas questionnaire two (approximately sixteen-months post-placement) included a more streamlined number of variables relating to the need for support. These variables focused specifically on the need for professional support, and it is this therefore which is reported here, rather than focusing more generally on support needs which were met informally by friends, family members or by semi-professional support offered by organisations such as Adoption UK.

In both questionnaires, parents were asked about the need for and provision of support in different areas. Possible answers in the questionnaires included: 'no', 'needed, but not provided' and 'provided'. In order to investigate statistical differences in support needs between groups, the variables were recoded into binary categories, either 'not needed' or 'needed'. The new 'needed' variable therefore focuses on the need for support, regardless of whether the need was met. Differences between groups were then explored using cross tabulations and interrogated using the chi-square test. For purposes of clarity, an example of a cross tabulation is given in table 5.

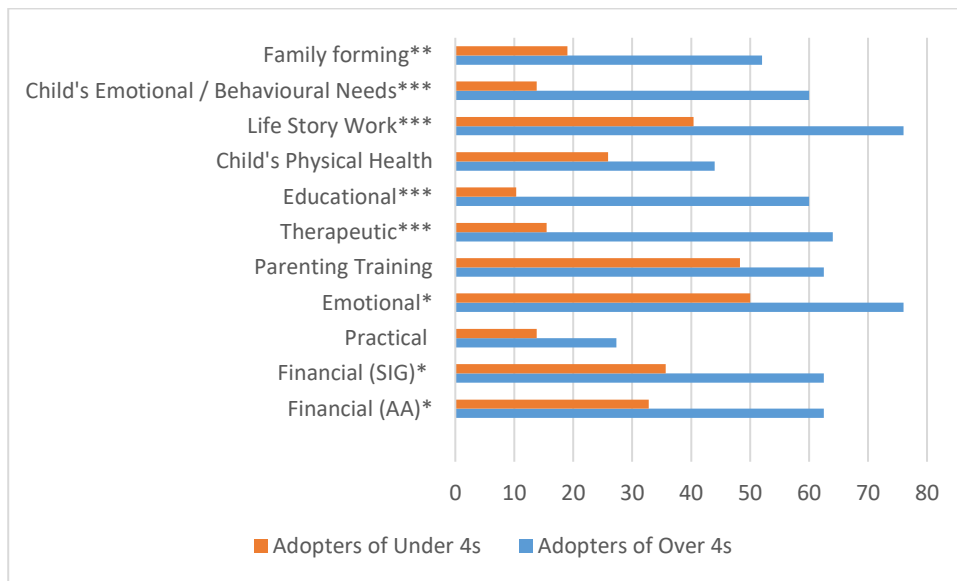
Table 5: Cross tabulation - adopters' need for financial support (adoption allowance)

		<b>Financial Support (Adoption Allowance)</b>		
		<b>Not needed</b>	<b>Needed</b>	<b>Total</b>
<b>Child's age group at placement</b>	<i>Over 4s</i>	9	15	24
	<i>% within Child's age group at placement</i>	37.5%	62.5%	100%
	<i>Under 4s</i>	39	19	58
	<i>% within Child's age group at placement</i>	67.2%	32.8%	100%
	<i>Total</i>	48	34	82
	<i>% within Child's age group at placement</i>	58.5%	41.5%	100%

## Results

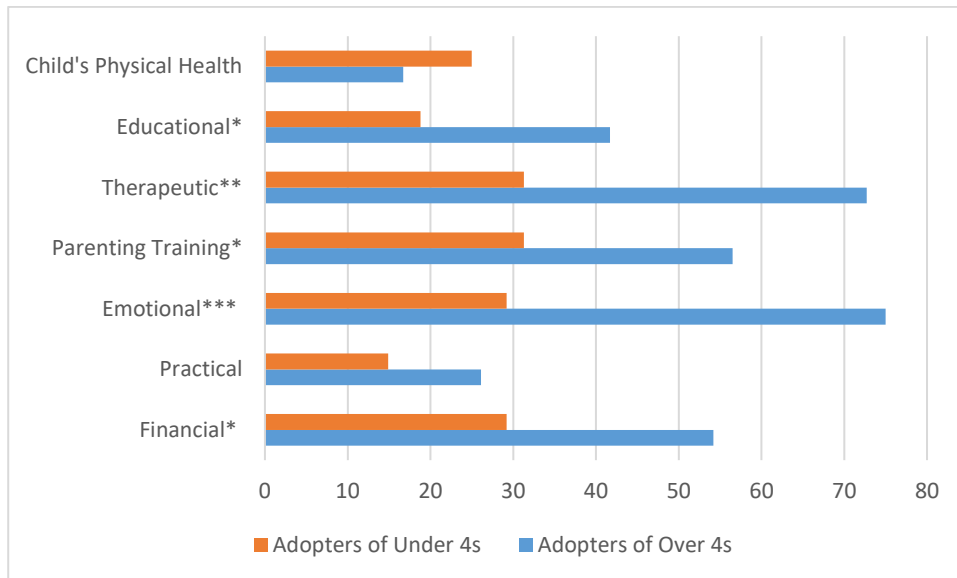
The bar charts in this section represent the adoptive parents' support needs in different areas. Importantly, adoptive parents of older-placed children considered that they had greater support needs than adopters of younger-placed children in all areas at both time points, with the exception of child physical health needs at time two. There was found to be an association between higher support needs and parenting older children in most variables, as is demonstrated in Table 6. Adoptive parents of older- and younger-placed children's support needs at four months' post-placement are represented in figure 3 and support needs at 16 months' post-placement are represented in figure 4. The following variables were only included in the questionnaire at time one, and therefore it was not possible to present results for them at both time points: support with family forming; support in helping the child to make sense of adoption (referred to in figure 3 as life story work); and support with the child's emotional and behavioural needs. Also of note is that the need for financial support in questionnaire one was split into two categories; settling in grant (SIG) and adoption allowance (AA), whereas at time two financial support was just one general category.

Figure 3: Support needs (both met and unmet) of adopters of older- and younger-placed children (%), four months' post-placement



Note. \* = p < .05, \*\*=p < .01, \*\*\* = p < .001

Figure 4: Support needs (both met and unmet) of adopters of older- and younger-placed children (%), sixteen months' post-placement



Note. \* = p < .05, \*\*=p < .01, \*\*\* = p < .001, \*\*\*

At both time points, adopters of older children were significantly more likely to state that they were in need of the following types of support: educational, therapeutic, emotional, financial and training around parenting skills. These results are considered in more detail in the discussion section below.

Table 6: Support needs (both met and unmet) – support needs (%) and chi square test results

	T1				T2			
	Under 4s (% need)	Over 4s (% need)	$\chi^2$ (df)	<i>p</i>	Under 4s (% need)	Over 4s (% need)	$\chi^2$ (df)	<i>p</i>
<b>Family forming</b>	19	52	9.275 (1)	.002	-	-	-	-
<b>Child's emotional / behavioural needs</b>	60	13.8	18.620 (1)	.000	-	-	-	-
<b>Life story work</b>	40.4	76	8.839 (1)	.003	-	-	-	-
<b>Child's physical health</b>	25.9	44	2.672 (1)	.102	25	16.7	.643 (1)	.423
<b>Educational</b>	10.3	60	22.791 (1)	.000	18.8	41.7	4.326 (1)	.038
<b>Therapeutic</b>	15.5	64	19.510 (1)	.000	31.3	72.7	10.519 (1)	.001
<b>Parent training</b>	48.3	62.5	1.377 (1)	.241	31.3	56.5	4.158 (1)	.041
<b>Emotional</b>	50	76	4.843 (1)	.028	29.2	75	13.612 (1)	.000
<b>Practical</b>	13.8	27.3	2.007 (1)	.157	14.9	26.1	1.279 (1)	.258
<b>Financial (SIG)</b>	35.7	62.5	4.898 (1)	.027	-	-	-	-
<b>Financial (AA)</b>	32.8	62.5	6.187 (1)	.013	-	-	-	-
<b>Financial (general)</b>	-	-	-	-	29.2	54.2	4.267 (1)	.039

## Discussion

Parents of older children reported significantly greater support needs at both time points, in a variety of areas. At four-months' post placement, adoptive parents of older children perceived that they had significantly more needs in the following areas: family forming; life story work; child's emotional and behavioural development, educational, therapeutic, emotional, and financial. At sixteen months' post-placement adoptive parents stated that they needed more support in the areas of education, parenting skills, therapeutic support, emotional support, and again, in terms of finances. Some of these support needs are possibly related to the child's age. For instance, children under the age of four may be less likely to be considered as having educational support needs, as they are not of statutory school age. Also, in some instances, due to the child's advanced age, their support needs may be becoming clearer. For example, it is unlikely that pre-verbal children would be considered in need of therapeutic or emotional and behavioural support.

One explanation for this increased need for support, may be due to increased child needs, where older children are likely to experience more early adversity from their younger placed counterparts, and

therefore may have more ongoing needs, resulting from their early experiences (Palacios et al., 2019; Anthony and Shelton, 2017). Increased child difficulties may make older placed children more challenging to parent, as there appears to be a link between parental stress and the difficulties of the child (Harris-Waller et al., 2016; Santos-Nunes et al., 2018). However, it is unlikely to be purely factors related to the child which underlie the need for support in family life. Other factors, relating to parents (such as unrealistic expectations and a lack of willingness to seek help) and relating to the support systems around adoption (such as poor matching, a lack of accurate information sharing pre-placement and poor post-placement support), are also likely to contribute to difficulties (Palacios et al., 2019).

Adoptive families are likely to need a level of ongoing support as they face unique psychosocial tasks across the lifespan (Brodzinsky, 1987; Jones and Hackett, 2011). These are not necessarily linked to particular child difficulties (such as emotional or behavioural concerns), but rather around managing the 'normal' issues in adoptive family life, such as life story work, preparation for adoption, the need for advice and reassurance about child developmental or health issues, the challenge of blending together a new family and grappling with links to the child's birth family (Meakings et al., 2018; Tasker and Wood, 2016; Jones and Hackett, 2011). It is possible that for adopters of older children, in early family life, these complex tasks are more pressing than for adopters of younger children due to the increased agency, cognitive and verbal capacity of older children. These tasks then need to be negotiated alongside the process of building a relationship with the child or children, which adds complexity to accomplishing them.

As identified in the analysis presented above, family support needs were still ongoing sixteen months' after the child had been placed in the home, both for adopters of older children, and to a lesser extent, for adopters of younger children. Most families in the study, sixteen months after the child or children had arrived, had already legally formalised the adoption. For adopters of older placed children, 87.5% had had either acquired the adoption order, or had applied for the order and were waiting for this to be granted. This was also the case for 98% of adopters of younger placed children. Therefore, what is notable, is that adoptive families, who were post-order still had considerable ongoing support needs. This suggests that the need for, and provision of, family support should not end once adoptive relationships have been legally secured (Lowe et al., 1999; Kempenaar, 2015; Ottaway et al., 2014; Luckock and Hart, 2005).

The findings from this analysis add weight to the need for post-adoption support, whereby there is an expectation that adoptive families may need additional support even after the adoption has legally been formalised (Lowe et al., 1999). It is important therefore to normalise the need for support



(Lushey et al., 2017), so that adoptive parents feel comfortable and secure in seeking help when the need arises, rather than waiting until they hit crisis point. The beginning of adoptive family life, should perhaps be viewed as the 'beginning' of a commitment to providing families with support as needed, rather than seeing adoption as the 'end' of the process for Children's Services (Kempenaar, 2015, p.147).

Having considered the differing support needs of adopters of older- and younger-placed children, the next section considers how parents were adjusting to adoptive family life.

### Adjustment to adoptive family life

Measuring parental adjustment and satisfaction is a way to assess 'outcomes' in adoptive family life which moves beyond the narrow focus on family breakdown which many studies have taken (Quinton et al., 1998; Palacios and Brodzinsky, 2010). This section considers parental adjustment and satisfaction. The way in which these are conceptualised is described in the next section.

### Approach to analysis

At the end of each questionnaire, adopters were asked a series of summary questions (see appendices 3 and 6 for the overall list of questions). I chose to explore variables relating solely to adjustment to adoption and the extent to which adoptive parents felt that adoptive family life had met their expectations, again comparing the experiences of adoptive parents of older children with those who adopted younger children. The original variables appeared in the questionnaires as outlined in figure 5:

Figure 5: Survey questions related to child and parent adjustment to adoptive family life

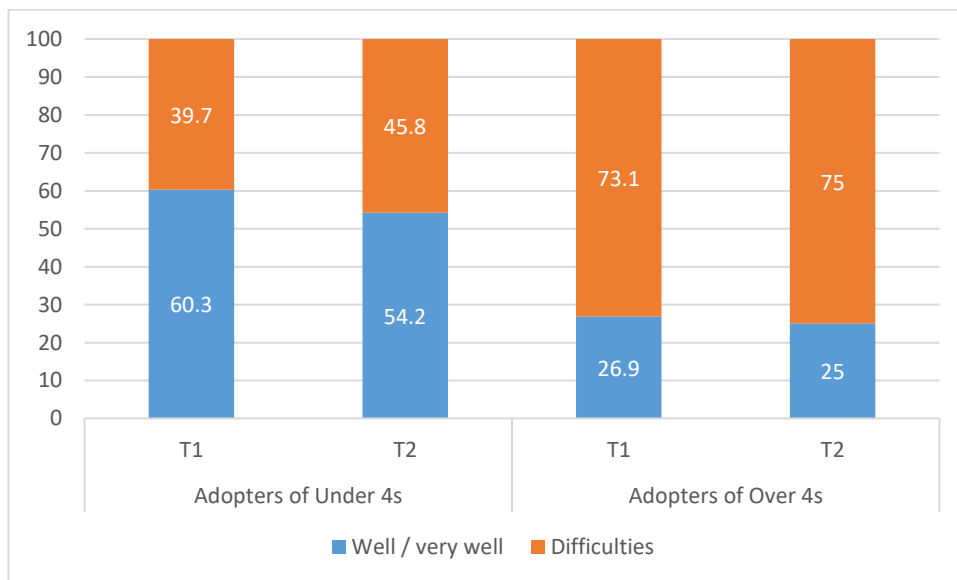
<p><b>Overall, how well do you think your child has settled into their adoptive home?</b></p> <ul style="list-style-type: none"><li>• Well or very well – little or no difficulty 1 <input type="checkbox"/></li><li>• Some difficulties, most of which I had expected 2 <input type="checkbox"/></li><li>• Some difficulties, most of which I had <b>not</b> expected 3 <input type="checkbox"/></li><li>• There are many difficulties 4 <input type="checkbox"/></li></ul>
<p><b>Overall, how well do you think <u>you</u> have adjusted to adoptive family life?</b></p> <ul style="list-style-type: none"><li>• Well or very well – little or no difficulty 1 <input type="checkbox"/></li><li>• Some difficulties, most of which I had expected 2 <input type="checkbox"/></li><li>• Some difficulties, most of which I had <b>not</b> expected 3 <input type="checkbox"/></li><li>• I am finding it very difficult 4 <input type="checkbox"/></li></ul>
<p><b>Please mark the statement that best fits your view</b></p> <ul style="list-style-type: none"><li>• On the whole, adoptive family life has exceeded my expectations 1 <input type="checkbox"/></li><li>• On the whole, adoptive family life has met my expectations 2 <input type="checkbox"/></li><li>• On the whole, adoptive family life has not lived up to my expectations 3 <input type="checkbox"/></li></ul>

Again, for purposes of analysis, it was necessary to recode the variables so that the groups could be compared using cross-tabulations. Therefore, the adjustment variables were transformed into binary variables, with the responses grouped into 'well or very well' or 'difficulties'. Adoptive parents' feelings around the extent to which adoptive family life met their expectations were also recoded into a binary variable with possible outcomes of 'adoptive family life has exceeded or met my expectations' and 'adoptive family life has not met my expectations'. The question about adopters' expectations was asked at time two only, and therefore it is not possible to report on adopters' feelings of the extent to which adoptive family life met their expectations at time one. The results of chi-square tests are reported below.

## Results

As explained above, adoptive parents in the Wales Adoption Cohort Study were asked in the questionnaire at both time points how well they felt they were adjusting to family life. Those who had adopted children who were older at time of placement were experiencing significantly more difficulties than those who had adopted younger children at both time points ( $T1 = \chi^2 (1, n=84) = 8.021, p=0.005, T2 = \chi^2 (1, 72) = 5.513, p=0.019$ ; see figure 4). Surprisingly, for both groups, parents' difficulties appeared to increase slightly from four months' post-placement (T1) to sixteen months' post-placement (T2), although this figure needs to be viewed with some caution, as several participants dropped out of the study between time one and time two, and therefore we do not know what the adjustment experiences of the families who dropped out would have been.

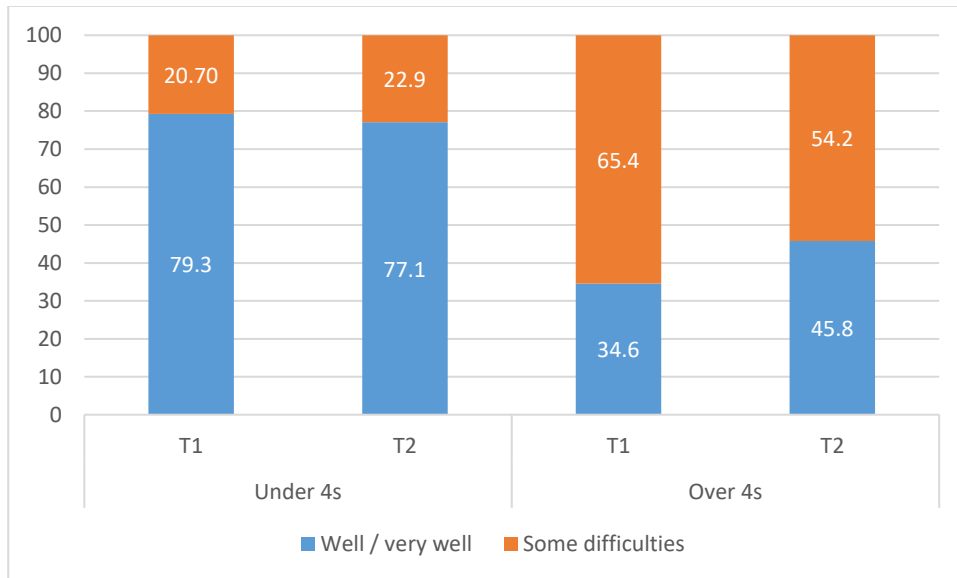
Figure 6: Parent adjustment to family life at T1 and T2 (%)



Parents' perceptions of their child's adjustment to adoption are detailed in figure 6. Parents of older children, at both time points, were significantly more likely to perceive their child to be having difficulties in adjusting to family life than parents of younger children ( $T1 = \chi^2 (1, n=84) = 15.865, p=0.000, T2 = \chi^2 (1, n=72) = 7.031, p=0.008$ ). It seems logical that there would be a relationship between adoptive parents' feelings of adjustment and their perception of how their child is adjusting to family life. However, there were some marked differences between the experiences of parents and their perception of how their child was adjusting, with these data suggesting that adoptive parents of both older- and younger-placed children felt that they were struggling with their own adjustment to family life more than their child was. Interestingly, whilst there was a slight increase in difficulties in adjusting for adopters of older children between four- and sixteen months' post-placement, there was

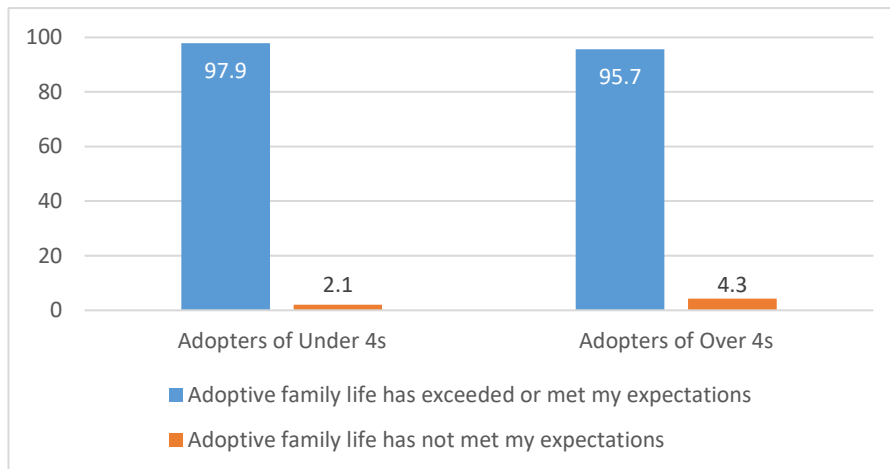
a decrease in their perception of their child's experience of difficulties in adjustment. This finding will be considered in more detail in the discussion section of this chapter.

Figure 7: Child adjustment to family life at T1 and T2 (%)



In the questionnaire, parents were asked at approximately 16 months' post-placement, whether adoptive family life had exceeded, met, or not lived up to their expectations. Despite the increased difficulties in adjustment noted by adoptive parents who adopted older children, only one parent from the older-placed sample felt that the experience had not met their expectations (see figure 8). This is a noteworthy finding, as despite a higher incidence of difficulties in terms of parental adjustment, the vast majority of adopters of older-placed children maintained that they felt positively about having adopted their child.

Figure 8: Adoptive parents' responses regarding whether or not adoptive family life has met their expectations (T2)



## Discussion

Adopters of older-placed children perceived that they were having considerably more difficulties in adjusting to adoptive family life than parents of younger-placed children at both time points. Seventy-five percent of adopters of older children stated that they were experiencing difficulties in adjusting sixteen months after the arrival of the child or children, compared with 45.8% of adopters of younger children. Again, this suggests that there are increased challenges associated with becoming a parent to an older child. When we explore these numbers in more detail, 46.2% of adopters of older children stated that their difficulties in adjustment were 'expected' difficulties. At sixteen months' post-placement this was the case for 33.3% of adopters of older children. This means that at both time points, approximately 20% of parents of older-placed children were experiencing 'unexpected' or 'many' difficulties. It is worth considering that for adopters of older children the period of adjustment may take an extended amount of time, possibly even up to two years after the arrival of the child or children (Lavner et al., 2014, Moyer and Goldberg, 2017)

Although it would seem logical that parents' adjustment to parenthood would be linked with their perception of how their child is adjusting to family life, this did not seem to be the case. Although adopters of older children appeared to be experiencing increased difficulties in adjusting over time, older-placed children were perceived as having less difficulties in adjusting over time (see figures 6 and 7). This is a surprising finding. A possible explanation is that perhaps older children were more able to express their feelings of grief and loss in their new home than their younger counterparts, meaning that their parents were better able to respond to these feelings, resulting in the child's greater level of adjustment over time. It is also possible that the increased level of openness in families in early family life, facilitated by the child's increased agency, verbal and cognitive abilities, although helpful

for the child, as Howe (2003) suggests, created increased pressure on the adoptive parent, and so contributed to their difficulties in adjusting over time. Conversely, an alternative explanation for this discrepancy may be that where adoptive parents were focusing on their own struggles around adjustment, they found it more difficult to connect with their child's adjustment experiences (Boswell and Cudmore, 2014). Another possibility is that this apparent discrepancy may be due to methodological issues, as adoptive parents were asked, when filling out the questionnaire to focus on their oldest child, but it is possible that where they had become parents to multiple children that it was not (or not exclusively) the needs of the older child which were causing them difficulties in adjustment (Randall, 2013; Selwyn, 2018).

Somewhat unexpectedly, considering the relatively high numbers of adopters (both of older and younger placed children) who reported difficulties in adjusting to family life, the vast majority of adopters in both groups reported that adoptive family life had either met, or exceeded their expectations. This links to previous studies, which have found that generally adoptive parents report high levels of satisfaction with family life (Suwalsky et al., 2015; Levy-Shiff et al., 1991; Ceballo et al., 2004; Cleary et al., 2018). The results of this analysis suggest that even where adoptive parents were personally struggling with the adjustment to family life, they still felt positively that that family life had met their expectations. It is possible that this may be the result of effective preparation by professionals in terms of helping parents to anticipate difficulties in early parenthood. Thus, it may be that even though family life was initially challenging, parents had been prepared for this and as such had realistic expectations.

## Limitations

There are several limitations with the analysis presented here. Firstly, it presents a somewhat simplistic picture of differences between the experiences of adoptive families, as families were compared solely based on whether they adopted older or younger children. What this analysis does not account for is the impact of other factors on their experiences. As noted throughout this chapter, adopters of older children were more likely to adopt sibling groups. It is possible therefore that it was not adopting the older child per se which caused difficulties, but the experience of becoming a parent to multiple children. Related to this, it is important to note that adoptive parents were asked only to describe their perceptions of their oldest placed child's adjustment experience. Therefore, it is possible that for adopters of sibling groups, parents' difficulties in adjusting could be linked to the needs of a younger child or, perhaps, the combination of needs from various children (Selwyn, 2018; Randall, 2013).

These data only reflect the experiences of adoptive parents over the first 16-months after their child or children were placed. It is not possible to know whether these early struggles would decrease over an extended period. As noted by Moyer and Goldberg (2017) and Lavner et al. (2014), adopters of older children may require a lengthy bonding period with their child or children. It is possible, therefore, that if the parents were followed up after, for example, a period of two years, there might be a more similar picture between the experiences of adopters of older- and younger-placed children.

Another limitation is that the sample size is relatively small, which limits the possibilities afforded by statistical testing. In terms of providing a complete picture of support needs, some variables were only included in the questionnaire four-months' post-placement, and therefore it is not possible to comment whether adoptive parents of older children still needed ongoing support in terms of helping their child to make sense of matters relating to adoption and in terms of emotional and behavioural support for the child twelve months after the child or children arrived in the home. Finally, as some families dropped out between time-points, it is not possible to reflect the ongoing needs and experiences of the families that dropped out.

## Chapter conclusion

The analysis presented here has demonstrated that adopters of older children are more likely to be first-time parents and to adopt siblings than adopters of younger children. Despite their lack of previous parenting experience, there are some possible facilitating factors associated with being a first time parent, including the fact that first time parents may be more flexible in how they approach parenthood (Quinton, 2012; Quinton et al., 1998). Through the adoption of sibling groups, adopters are likely to have to navigate complex pre-established dynamics which may make their early experiences of family life challenging (Tasker and Wood, 2016; Groze, 1996), although over the long term the adoption of siblings may be beneficial in terms of family stability (Jones, 2016).

Adopters of older children were more likely to have support needs in a variety of areas at both time points, including the need for emotional, financial, therapeutic, and educational support. Despite most families having secured the adoption order, support needs were ongoing. This provides evidence that adoptive families have ongoing support needs even after they have legally formalised their family relationships. The analysis presented here suggests that there are increased complexities around adopting an older child, although it is not clear what the root cause of these complexities are. Some possible explanations are that they may be to do with the ongoing needs arising from the child's early adverse experiences (Palacios et al., 2019), the extended length of time that it may take to bond with an older-child (Moyer and Goldberg, 2017; Lavner et al., 2014), the pressing challenge of

managing the tasks of 'retaining' the significance of birth family relationships with trying to 'gain' or form relations with an older child (Jones and Hackett, 2011, p.45), or the challenge of trying to balance the (sometimes competing) needs of multiple children in early parenthood (Selwyn, 2018; Randall, 2013). Although adoptive parents of older children reported more difficulties in adjusting to family life than parents of younger children, interestingly, in both groups, very few parents felt that family life had not met or exceeded their expectations.

Having given an overview of the increased challenges for adopters of older children in early family life, the remaining empirical chapters explore in more detail some of the complex areas which need to be navigated by adoptive parents of older children. In the next chapter, consideration is given to how adopters of older children came to the decision to adopt an older child and how they experienced the process of decision-making around this.



# Chapter Six: Entering the Adoption Marketplace

## Introduction

In the introductory chapter of this thesis, I highlight how older children are considered as ‘hard to place’, and as such, at the beginning of the adoption process, may be considered less desirable than younger adoptees by some prospective adoptive parents (Ward, 2011; Triseliotis et al., 1997; Department for Education, 2013; Rogers, 2017). It has been noted that there is a mismatch between the children who are available for adoption (who may be older, have additional needs, be Black, Asian and Minority Ethnic [BAME] and / or be part of a sibling group) and the preferences of prospective adoptive parents in terms of their future child (Triseliotis et al., 1997; Lowe et al., 1999; Department for Education, 2011; National Adoption Service, 2018b; Dance et al., 2017). In view of this, this chapter is a response to the following research question:

- What motivates parents to adopt older children, and what informs and influences their decision-making around this?

In this chapter, adopters’ motivations for adopting and their initial preferences about their future child or children are outlined. I demonstrate how some adopters moved away from their initial preferences as part of the adoption process. Attention is given to how the parents in my study came to parent their children. I explore the concept of decision-making in adoption using the concept of the ‘marketplace’ (as discussed in Chapter Three) as a lens by which to explore the adoption process. Through this conceptualisation, I explore how adoptive parents in the study experienced the process of adopting a child in light of issues around the supply and demand of prospective parents and children (Kirton, 2013; Quinton, 2012; Higgins and Smith, 2002). Moreover, if older children are considered harder to place and therefore (in marketplace terms), are less desirable, I explore the reasons that adopters chose to parent them. Consideration is given to whether the marketplace is indeed a fitting analogy for the process. Although the process of matching<sup>21</sup> adults with children involves numerous

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<sup>21</sup> Farmer and Dance (2016) define matching as: “The process of identifying a family whose resources will, as far as possible, meet the assessed needs of a particular child or sibling group, throughout childhood and beyond ... it involves fitting parents’ strengths to the needs of children awaiting placement’ (p.975).

actors<sup>22</sup>, this chapter focuses on how this process was experienced by adoptive parents and the reasoning underpinning the decisions that they made regarding their adopted child.

### Why adoption?

There was a range of reasons that the parents in the sample had reached the decision to adopt. In all but one of the fourteen families represented in the interviews, the parents had initially arrived at adoption for reasons of involuntary childlessness. The remaining family arrived at adoption for altruistic reasons linked to their religious beliefs. Some adopters had explored assisted reproductive technology (including fertility medication and IVF). For others, when they struggled to conceive, they had quickly decided to adopt, seeing it as preferable to the treadmill of treatments involved in 'doing infertility' (Sandelowski et al., 1993). Some parents had managed to conceive, but then experienced multiple miscarriages. Some had decided to adopt as they felt that it was unlikely that they would conceive due to their advanced age. Others had considered becoming long-term foster carers as a route to caring for a child but had decided that adoption was preferable due to the greater legal entitlement and permanency that it offered. The adopters in the interview sample had a range of previous parenting experience. In three families there were existing children in the family – Michael and Rose shared the care of his children from a previous relationship; Fiona and Paul were caring for a relative on a Special Guardianship Order; and Pippa and George had previously adopted children who were now adults. For these families, adoption was a means to extend their family, rather than a way to begin their family. In the remaining eleven families, the adopters were first-time parents. Notably, no-one in the sample had been the foster carer for the child, and as such, all of the parents were strangers to their child when they began the adoption process.

Many of the adoptive parents had considered various options prior to making the decision to adopt. For example:

*I think the thing for us is, medically we're both fine, without getting too personal, but it just wasn't happening. We'd said, through experiences that we've had with friends and colleagues ... that we weren't prepared to go down the IVF route. We'd seen too many couples, in fairness,*

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<sup>22</sup> These include the social worker for the child, the adoption social worker, and panel of individuals whose responsibly it is to scrutinise potential matches, the 'agency decision-maker' - the individual in the local authority who has the final say in approving matches - and finally, to a more limited extent, the child.

*that were brilliant together just literally fall apart and ... there was this constant loss ... and both of us really struggled with that (Phillip, parent of children aged five and two)<sup>23</sup>*

*We had talked about, if we couldn't have our own children, alternatives, and we had both said that we would never go down the IVF route because... well for a variety of reasons, but one of which was there are loads of children who actually need a loving home and also just because it doesn't always work, you can go through an awful lot of expense and heartache and actually not have a child (through IVF) (Rebecca, parent of a six-year-old)*

Phillip described the potential strain on relationships caused by IVF and had decided that, for him and his wife, this was not worth the risk. They chose to adopt, seeing it as potentially putting less of a strain on their relationship. Rebecca considered the emotional and financial cost of IVF. Her argument is moral and pragmatic, and, using both marketplace and moral rationale, the excess in supply of children needing homes, was a compelling reason for her and her husband to consider adoption. Both Rebecca and Phillip resist the dominant narrative of adoption being the 'last resort' (Baxter et al., 2014), but after considering their options, on balance, they found adoption a preferable option to pursuing fertility treatment. Sandelowski et al. (1989) used the concept of 'mazing' to describe how involuntarily childless couples negotiate and weigh up possible paths to parenthood. They suggest that the array of options may appear like a maze, as there are numerous possible turnings, which often do not have a clear or knowable outcome. The authors point out that the 'obviously fertile' do not have to grapple with the decisions and dilemmas which arise from this. Entering the maze involves a 'calculus of pursuit' (p.223), weighing up the potential cost (i.e. financial, physical, emotional, time) of each option and deciding whether to pursue it. The examples above link to this concept, demonstrating how individuals evaluate the different options available to them when deciding on which path to parenthood to choose.

For those who had been 'doing infertility', adoption offered an opportunity to step off the 'treadmill' of infertility treatment (Ward and Smeeton, 2015).

Ben: *We didn't want to keep doing IVF ... it's hard ... it just wasn't helping anybody really, you just want to be getting on with your life, don't you?*

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<sup>23</sup> Names have been changed for all participants in the study and key details about each family (including children's ages and genders and parents' occupations) have been altered in order to preserve their anonymity.

Sophie: *Yeah, exactly, and we thought well, we can spend ... five or ten years trying through IVF or we can have a family now and help two children as well ... We kind of dealt with the IVF thing quite quickly ... and moved on.*

(Parents of children aged six and four)

In Ben and Sophie's calculus of pursuit, adoption gave them an opportunity to provide a home to children who needed it, as well as giving them an opportunity to move away from the uncertain and lengthy process of IVF. They were able to positively reframe their experience, highlighting the societal benefits of their decision to adopt (*'we can have a family now and help two children as well'*), thus using moral reasoning (Jennings et al., 2014). Adoption was therefore viewed as 'win-win', a chance to become parents, whilst providing a permanent home to a child who needed one (Costa and Tasker, 2018). Sophie's comment challenges notions that those who have experienced infertility necessarily need time to grieve prior to turning toward adoption (Ward and Smeeton, 2015) and resists the narrative of profound grief and loss that often surrounds infertility and IVF, through Sophie's comment that: *'we dealt with the IVF thing quickly'*.

This was not the case for all parents. Another parent arrived at adoption with some trepidation, due to her understanding of the needs of adopted children, arising from their early experiences:

*I tried IVF first of all ... everyone was saying to me, why don't you try adoption, as if it was the easy option ... I said to them, "look these kids are damaged ... you know the fairies don't bring them and they're all not untouched ... they are damaged children" ... So, I was a little bit nervous of it which is why I tried IVF. It was unsuccessful and so then I licked my wounds for a while, and I thought ... "what am I going to do?" ... A lot of people have said to me you're brave (for adopting) ... but quite honestly, brave for me would have been deciding, right, I'm not going to have children (Linda, parent of a five-year-old)*

For Linda, IVF was a less risky way to achieve parenthood due to the 'damage' incurred to children in their pre-adoptive lives. As Ward and Smeeton (2015) note, adoptees are stigmatised by (mis)understandings around the damage done to them by their early experiences. Although this may be the case for some children, it is incorrect to assume this is the case for all adoptees. As Selwyn et al. (2006) note, children can surprise by their resilience. It was only once Linda had unsuccessfully attempted IVF that she began to consider adoption as an option. Although Linda considered adoption to be a risky pursuit, she decided that it was a risk worth taking to achieve parenthood. This option, despite its risks, was less 'brave' than contemplating a life without a child. In each instance here,

adoption represented a move away from infertility and a chance to move toward the future (Goldberg et al., 2009, Jennings et al., 2014)

In the next section, the parents' initial thoughts about their future child or children are explored.

### Initial preferences

Several participants described the family that they had '*always wanted*' at interview. Typically, these preferences were articulated by adoptive mothers rather than fathers. It is possible to infer from these sentiments that they had longed for children for some time:

*Initially I always imagined ... I suppose an 18-month-(old), I always wanted a little girl ... I had a picture of a little blonde 18-month-old [laughs].* (Sophie, parent of children aged six and four)

*I always wanted a girl ... and that was my dream ... so I stuck it out for a little bit longer and I was lucky that I got Darcy (daughter) you know?* (Linda, parent of a five-year-old)

*I suppose I pushed Nick (husband) slightly into the four (children) because I have always wanted a big family* (Charlotte, parent of children aged four, twins aged three, and 18 months)<sup>24</sup>

The use of the word '*always*' is emotive. It suggests that the participants had fantasised about their future family life, possibly since childhood. In adoption, this type of fantasy plays a role in the ideas that parents form about the type of child that they hope to adopt. As part of the process of identifying potential matches with children, prospective parents are asked by social workers to note their preferences for their future child, presumably in order to secure a child who is similar to the child imagined by the adoptive parents. They may see children's profiles, pictures, or videos of the child prior to adoption or even may see the child face-to-face (for example in an adoption activity day) prior to pursuing a match. As described in Chapter Three, these means of presenting children to adoptive parents using marketing techniques can serve to commodify the child (Higgins and Smith, 2002). Also in line with notions of the marketplace in adoption, parents can specify which attributes they do not want in a future child. For instance, parents may feel that they would be unable to cope with the potential challenges presented by a child who has experienced certain types of abuse. They may also specify whether they feel that they would be unable to cope with certain disabilities. This again highlights the 'maze' of options and marketplace ideas of customer choice which adoptive parents

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<sup>24</sup> Key details have been changed including children's ages, the number of children, and children's genders for all families involved in the study to preserve their anonymity, whilst also trying to maintain the essence of the context in which they were made.

must navigate to achieve their goal of parenthood (Sandelowski et al., 1989). These conversations and decisions were frequently described as a difficult part of the adoption process. Below, Phillip discussed his experience of this:

*To be honest ... they give you an awful questionnaire asking ... well ... do you mind if the child has a touch of down's syndrome ... What colour? ... Race? ... Religion? ... It was horrible in a way because you quite literally did feel like some form of a Nazi because you was just sat there thinking, well actually, what does every parent want, really? Well you're looking for the box that says one perfect child please. Well, there aint no such thing ... and so that, I think made both of us feel really, really uncomfortable (Phillip, parent of children aged five and two)*

Phillip's discomfort with this tick-box method of expressing preferences is tangible. This activity, undertaken as Phillip describes, as a hypothetical exercise, makes it challenging to imagine a real child and their actual needs. His comments indicate that choice in the adoption marketplace is not always something which is viewed positively by adoptive parents. Cousins (2003) suggests that a profile of an actual child which highlights their needs may be a more meaningful way of making a match, rather than relying on hypothetical questions about 'types' of children. Furthermore, prospective adopters will be aware that through making choices around preferences, they are limiting the potential matches that may be made. Adopters are likely to be mindful that when they are expressing their preferences that they are still undergoing assessment and so may feel pressured to say they would be happy with certain attributes that they actually feel concerned about. Although a challenge, there may be some benefits to this process. Sandelowski et al. (1993) suggest that the process of making specifications to the adoption agency about the type of child parents would like to adopt, helps adopters to construct the 'right' child for them, which can help to establish a sense of entitlement and a belief in a perfect match.

### The 'perfect child'

Two interviewees admitted that, if they were completely honest, they were hoping for the 'perfect child'. Linda stated:

*I would challenge any adopter ... not any adopter, because there are some amazingly exceptional people out there who actually go for disabled children and they are wonderful, I mean, they are amazing ... to go and do that, but that's not me, I'm not that kind of person unfortunately. But I would say 80% maybe higher of adopters, they go into it thinking, well, I want the perfect child. Who doesn't? (Linda, parent of a five-year-old)*

Adopters have to balance the ideal child that they may have 'always' had in mind, with the reality of the available children who may have ongoing needs resulting from difficult early experiences, or who may have physical or learning disabilities. Seeking the 'perfect' child is not unique to adoptive parenthood, biological parents frequently decide to terminate pregnancies following antenatal screening in order to eliminate 'risky' children (Beck and Beck-Gernsheim, 2002) or indeed when they discover that their child has disabilities. Through adopting, parents are able to specify their preferences about their future child.

There were certain characteristics which were regarded as absolute limits by parents. There were many similarities regarding the attributes that parents in the study would not consider in their future child. Strikingly, most parents were unwilling to consider a child who had experienced sexual abuse. For example, Nicola stated:

*I think we talked about sexual abuse, partly because we wouldn't have known how to deal with that, but also, my husband is a teacher, and I think he was concerned that an adopted child of ours might say, "My daddy abused me," but what they might have meant was their birth family, but that people would then immediately think, "oh hang on", and so that was a concern of ours, so we said (no) (Nicola, parent of children aged four and two)*

Nicola explained that she would not know how to 'deal' with the issue of sexual abuse (presumably both in terms of the potential long-term impact and in terms of how to talk about it to their child). She also explained that her husband was concerned that there may be confusion caused by any disclosures made by the child which could inadvertently implicate him. As Brownlie (2001) suggests, there is a fine line between those we view as victims and those we come to view as potential victimisers. Here we can see that victims of sexual abuse are assumed to pose a risk (whether deliberately or inadvertently) by their potential to harm others. This example highlights how adoptees can be stigmatised by their early experiences. Sexual abuse appears to be more stigmatising than any other type of abuse. No other type of abuse was singled out as undesirable by interviewees. Kitzinger (1990) discusses perceptions of child sexual abuse as a 'crime against childhood ... it is the victim's youth that lends this form of assault its poignancy' (p.157). She states that societal notions of childhood innocence work as a 'double-edged sword' against those who have experienced sexual abuse, stigmatising 'knowing' children (p.160), whose experiences exclude them from conforming to understandings of idealised childhood. Therefore, sexually abused children risk being doubly victimised. Having already experienced abuse, they then become labelled as undesirable and therefore it is harder for them to find a permanent family. However, perhaps parents' concerns around sexual abuse were not unfounded. Interestingly, several studies of adoption disruption have

identified the child's experience of sexual abuse as a risk factor in terms of predicting family instability (McDonald et al., 1991; Nalavany et al., 2008). Furthermore, Groze (1996), in a study of 71 adoptive families, found that children who had been sexually abused found it more difficult to trust and respect their parents, when compared with children who had experienced other types of abuse.

All the adopters in the interview sample stated that they would not consider a child with severe disabilities or mental health problems. Below are examples of the types of reasoning used by adopters:

*I needed to go back to work and, because of my husband's job, we knew it would be difficult to look at a disability. Physical or learning disabled really, because I needed to go back to work and I couldn't afford the time* (Beverley, parent of a four-year-old)

*I think we, from our own sort of set-up here, I think, selfishly, we stayed away from any specific disability needs. Anything that would mean, in fairness, getting any alterations done to the house. And we had a discussion about ... whether or not, any of that would have changed had we had a child naturally that needed any of those sort of things ... I don't know ... But I think we tried to look for ... children that would probably best fit and complement with what we already had here as a set-up, and as a lifestyle* (Phillip, parent of children aged five and two)

In the first extract, Beverley explains that she needed to work and therefore would not have had time to care for a disabled child. There is an assumption that caring for a disabled child is more time-consuming than caring for a non-disabled child. Phillip echoes an argument made by several of the adopters, that his house would not meet the needs of a physically disabled child. Phillip's assertion highlights that 'choice' is viewed as a key concept in adoption. Phillip states that, through the adoption process, he hoped to find children who may '*best fit in and complement*' his lifestyle. Phillip alludes to the idea that if they had '*had a child naturally*' who had a disability that they would have made adaptations to their home, but given the option to choose, they would prefer to find children who could fit in with their current lifestyle. The ability to choose, in this instance, can be seen as an advantage of families formed socially rather than biologically, as it is a way to avoid the possible risk of disability which could be a factor with biological children.

### Thoughts on gender

Out of the fourteen adoptive families in my sample, all bar two expressed clear gender preferences at the outset of the adoption process. Some parents used moral reasoning, explaining that, as boys were perceived as less likely to find adoptive homes, they wanted to offer a permanent home to a child



who may not have otherwise had the opportunity. For some prospective parents, they felt choosing a child of a certain gender would fit better into the existing make-up of their family (e.g. their existing children may feel less threatened by the arrival of a child of the opposite gender). Several adopters used ideas of gender identity to inform their choice. Stereotypes of activities which adopters considered gender-specific were employed in decision-making and these ideas influenced their statement of preference of one gender over the other:

*We didn't have very many thoughts early on. I guess we had a preference towards a boy. We thought that would work better for us. Neither of us are particularly girly and into girly things, so we couldn't really relate too much, you know, if we got somebody who was really princessy, into pink and make-up (Julie, parent of children aged eight and five)*

*Right from the get go, we said we'd prefer to have a girl and there were a number of reasons for that actually, it was partly because I felt that I would be better with a girl because I think I was quite a girly girl and some of my interests, I thought, would be more conducive to being able to nurture a girl, so for the crafty stuff and things like that, and I couldn't really see myself standing on a football pitch (Rebecca, parent of a six-year-old)*

*I think, because we like walking, we go camping sometimes, we like the outdoors, we just thought a boy would be more inclined to – not saying that girls don't (Margaret, parent of a seven-year-old)*

Girls, in these accounts, are considered to be 'princessy', 'into pink and make-up' and interested in 'crafty stuff', whereas parents of boys are to be found 'standing on a football pitch' or 'outdoors'. These socially constructed ideas about gender, in these accounts, fed into the ideas that adopters had about their future children. It is particularly interesting that Julie and her partner are both women who do not conform to these stereotypical ideas about female interests, and yet they were put off adopting a girl, initially, because of stereotypes. These polarised gender stereotypes both served to encourage and deter adopters from considering one gender over the other.

Adopters understood that they were in competition with other parents and were aware of issues of supply and demand (Higgins and Smith, 2002, Kirton, 2013, Quinton, 2012). Adoptive parents use their understandings around the adoption 'marketplace' to inform their decisions around the preferred gender of their child. For example:

*You know you can't help what you want in life ... I know if I'd have had a birth child I couldn't have chosen the sex, but being as I was going for adoption, why not? So, my fall-back position*

*was, I would go for a boy and then I probably would have been placed quite quickly with a child because ... I've heard of other people having boys very quickly* (Linda, parent of a five-year-old)

For Linda, the understanding that girls were more in demand than boys provided an explanation for a lengthy waiting time prior to being matched with a girl. Again, the greater ability to choose the child's gender was an advantage of adoption over biological parenthood, despite potentially having to wait longer to be matched with the desired child.

### 'Like me'

A minority of adopters talked about how they had hoped that their child would share similarities with them:

*I wanted a child that looked a little bit like me* (Linda, parent of a five-year-old)

*Why do people have children? I think one of the reasons is, I don't know, it's a mirror of yourself isn't it? I probably wanted a child that was a bit like me, was ... a bit conforming and would do well in school, and go down that typical route* (Nicola, parent of children aged four and two)

Here, Linda highlights the importance of physical attributes, whereas Nicola wanted a child who shared similar personality traits and academic ability. Some critiques of matching have highlighted problematic elements of the process. Historically, matching has been focused on physically matching children with parents so that they resembled a biologically formed family (Herman, 2008, Quinton, 2012). Wegar (2000) suggests that this practice gives a contrary message about adoption. If it is key to adoptive success that the child bears a resemblance to the adopter, this practice, reiterates the message that the adoptive family seeks to emulate the biological family, but is not quite as good. Similarly, Modell and Dambacher (1997) argue that through ensuring resemblance between family members, this serves to preserve the invisibility of adoptive families. Perhaps physical matching helps adoptive families to 'pass' as normatively formed families, which may allow them to avoid the stigma which can be associated with adoption (Wegar, 2000, Weistra and Luke, 2017). Matching is a complex area and is no longer focused purely (or even mainly) on physical attributes. Rather than first considering resemblance, Dance et al. (2010) found that professionals identified that the top priority in making a match was meeting a child's emotional, behavioural and attachment needs. Other considerations, such as appearance, were generally considered as less critical. Professional practice is important to note, as although adopters can play a part in identifying their future child, it is ultimately professionals who have the final say about whether a match is approved. Furthermore, as highlighted by Nicola in the statement above, similarities are not isolated to physical resemblance.

Having explored the initial preferences of parents in the study, in the next section, consideration is given to the reasons why the adoptive parents came to the decision to adopt an older child.

### Why an older child?

In most families, there were multiple reasons for accepting a match with an older child. Some adopters, early in the process, had come to the decision that they did not want to parent a baby:

*When we discussed it initially, we said (aged) two to five ... we knew that younger than two would probably be a really steep learning curve. Rose (adoptive mother) is principle carer for (child) and I think it's tough being thrown into looking after a baby ... Also, we knew enough about it just from reading about the system that the chances of actually having a baby placed with you are very slim. So, it wasn't something that we'd even considered really, and then we thought five because, well again, just because that was a section on the form, it said two to five (Michael, parent of a seven-year-old)*

In Michael's account of his and his wife's decision-making, they had decided not to adopt a baby for two reasons. Firstly, caring for a baby would be a 'steep learning curve' and secondly, due to an understanding of the lack of available babies. Hence, the decision was informed by their current skill set and their understandings of the shape of the marketplace. We can also see the influence of the bureaucratic process on the decisions made by adoptive parents. Michael explains that the reason they set their preferred aged limit at five was 'just because that was a section on the form'. It is evident throughout this chapter that preferences are not necessarily static, changes to preferences happen throughout the adoption process, even from very early on. Dance and Farmer (2014) found that there was a great deal of movement in adopters' expectations from the point that they first considered adoption. For many adopters, as is evident in the example above, as soon as they heard that there was a lack of available babies, they automatically rethought their preferences.

Other parents, who had also settled early on adopting an older child, cited moral reasons for their decision:

*We didn't want a baby, but we were prepared to take up to about (age) 9. And we sort of knew that between 6 and 9 they were very unlikely to be placed, so we took the decision that we would do that mainly to give a kid another go really, a second chance (Jennifer, parent of children aged six and two)*

Through choosing an older child, Jennifer and her partner felt that they were giving a child a chance to have a home that they may not otherwise have. In this instance, the fact that the couple did not wish to parent a baby, gave an opportunity to perform a moral act. It is salient that although it was not altruism that motivated Jennifer and her partner to adopt initially (they came to adoption due to reasons of infertility), moral reasoning was still an important factor in their decision-making. Therefore, for many adopters, motivation is not binary – either due to infertility *or* moral reasoning. For many, infertility played a role in their decision to adopt, but was not the entire story. Some adopters began the process of adoption with awareness of the potential difficulties which can arise in adoptive family life and others grew to understand this throughout the assessment process. The decision to adopt, therefore, was often about both infertility *and* morality.

For other parents, their primary reason for choosing an older child was due to a consideration of their own age, or the ages of other family members, such as existing children in the home or family. Below is an example of this:

*I'm 44 and technically I would have been 37 when Tia (child) was born, and I think if you think about the bigger picture it means that we're not going to be dodderly elderly (parents) ... It made sense, and I think that I feel like I've caught people up (Rose, parent of a seven-year-old)*

Rose's statement that through having an older child that she has '*caught people up*' fits with Weir's (2003) notion of 'leapfrogging patterns' in adoptive families, whereby adopters can leapfrog through the stages of the life cycle, catching up with peers, through having a non-infant placed with them. Rose's assertion here resonates with the idea of 'passing' as a normatively formed family, through choosing to become a parent to an older child. An additional reason that several adopters cited for deciding on an older child was pragmatic, as they felt that having a school-aged child would make fitting child care around their employment easier.

### Older children as less risky

Another key theme in decision-making was the notion of adopting a child who was old enough for any developmental issues to be apparent. It was considered that there are more potential unknowns with younger children. Therefore, in this line of thought, adopting an older child is less risky than adopting a very young child where difficulties may be lurking, but not yet fully visible. Examples of this type of thinking are illustrated below:

*I thought 18 months to two-years-old because that way they are still young enough to have hopefully not been too emotionally damaged and scarred - mind you these days even in utero ...*

*but I didn't know that at the time. But equally by 18 months, two years you've got a fair idea if there are any major (problems) (Linda, parent of a five-year-old)*

Sophie: *Talking through it with our social worker, they explained that often babies have a lot of uncertainties in terms of health and ... development and so the age thing definitely moved.*

Ben: *Yeah ... Once we had been on the initial course, you learn more about children and what the pros and cons are of older or younger children, it actually made a bit more sense ... You never thought you would get a baby, and I'm not into babies anyway.*

(Parents to children aged six and four)

In some cases, adopters had arrived at the notion of older children being less developmentally risky prior to the assessment process. For others, conversations with social workers had been a catalyst for parents to arrive at this logic. Evidence suggests that developmental issues are particularly prevalent in the looked-after population (Ford et al., 2007; Woolgar and Scott, 2013), and therefore adoptive parents were keen to have a clear understanding of their future child's needs. Although Sophie had initially imagined parenting a younger child, an awareness of the state of the marketplace meant that Sophie did not think she would '*get a baby*' and Ben was not '*into babies anyway*'. It was through talking about options with their social worker that they understood that older children carried less uncertainties than younger children. Conversations with assessing social workers and professionals were often cited as an important source of information and expertise for adopters when making decisions around their future child.

### Stretching of preferences

Most commonly, adoptive parents had initially hoped to adopt a younger child, but through the process of assessment and through their developing perception of the state of the adoption marketplace had altered their preferences regarding the child's age. In some instances, this had happened prior to the point of any links being made with potential children. Adopters, in some cases, had been encouraged by their social worker fairly early in the process to widen the age bracket that they would accept in order to maximise their chances of securing a child. Indeed, previous research has noted that the initial preferences of adopters may need to be '*stretched*' (Dance et al., 2010; Farmer and Dance, 2016) to enable them to consider children who do not meet their initial

preferences. Stretching is 'the gap between what new parents want and the child they adopt' (Farmer and Dance, 2016).

Most parents in the study did not feel negatively about the movement from their initial preferences. They accepted that movement from their initial preferences and an element of flexibility was part of their journey through the adoption process. However, a final group had altered their criteria reluctantly, as they had not had any matches, and so they widened their criteria to increase their chances of securing a match. Ruth was encouraged by her social worker to consider a child who she would not have considered otherwise:

*My social worker nagged me, she said, "You need to look at this little boy," I said, "no I'm not", this was a bad time, it was all falling apart, and I thought can I carry on with this? I don't think I can. I had a serious discussion with her as to whether or not I could carry on with the process at that point, and she said, "You need to look at this little boy." "No, he's too old." "You need to look at him, I think it will work.", "No", and in the end she persuaded me to have his social worker and the family finder to come round and tell me a bit more about him (Ruth, parent of a five-year-old)*

In this instance, from Ruth's description, the social worker appeared highly assertive in the lengths that she went to in order to persuade Ruth to consider a particular child. As Ruth describes, this came at a time where she was considering abandoning the adoption process altogether. Despite Ruth protesting that the child was too old, the social worker persisted, and Ruth went on to be matched with the child despite her initial reservations about his age. This example highlights the role that social workers play as gatekeepers, salespeople and brokers in adoptive parents' journeys to parenthood. It is important that social workers do not stretch the preferences of adoptive parents too far. Farmer and Dance (2016) caution that, where serious compromises occur, if these are not able to be balanced with strengths elsewhere, this could threaten family stability.

In contrast to Ruth, Linda (below), came to the decision to accept an older child due to a lack of matches with younger children:

*She was nearly five at the time. But I'd had to open my scope up to older children, because I just wasn't getting anything with the younger ones, so it was a case of having to (Linda, parent of a five-year-old)*

Whereas for most adopters in the study, the decision to adopt an older child was framed as a positive, proactive choice, albeit sometimes after a process of learning about the needs and availability of the

children waiting for adoption, this was not the case for Linda or Ruth. For them, adopting an older child was seen as a 'last resort' (Lowe et al., 1999), the only option that remained available if they wanted become parents.

Following on from this consideration of how adopters' preferences on age moved throughout the process, it is useful to consider how adopters also changed their views on the number of children that they would accept. As noted in chapter four, older-placed children are more likely to form part of sibling groups than younger-placed children.

### Sibling groups

Out of the sample of fourteen families, half had begun the process with a desire to adopt a different number of children to the number that they eventually did adopt. There appeared to be a good deal of movement in this area. In the seven families where there was a shift regarding the number of children; four went on to have more children placed than they had imagined and three went on to have less children placed. Of those who adopted less than imagined, one was a single adopter who was persuaded that an individual child would be more manageable than siblings; one family were deemed not to have adequate financial resources to adopt two children; and one family, who had been fairly ambivalent about the number of children, through the assessment process decided that one child would be a better fit in their family than two.

Of those who had more children placed than they initially imagined, one set of adopters described their change of mind as being caused by the 'process', they had gradually changed the type of family they had in mind from seeing different profiles which had sibling pairs, rather than individual children. Several parents realised that if they adopted more than one child that they could instantly achieve their desired family size without having to repeat the process in future. One family broadened the number of children that they were willing to accept because the local authority offered a generous care package which included a home extension, enabling them to have the resources to adopt more children. In the final family, the adopters stated that their social worker had persuaded them to change their mind to consider two children rather than one. The adopters viewed their social workers' encouragement to consider more than one child as a sign that the worker recognised and appreciated their potential as parents:

*To be honest, looking back now ... our social worker was bloody crafty ... I think she saw what we were capable of perhaps in ways that we didn't, and she has spoken about it since, and said, "I walked in and I saw a loving home and you were ready" ... She knew that we were really serious, and she said to us quite candidly ... "you've said one, would you consider two?" And we*

*said “well ... we had always said if we had been lucky enough to naturally have one child we wouldn’t have stopped there” ... So, all of a sudden then she was saying ... “but you can cherry pick .... You’re taking them off the shelf, aren’t you?” And we sort of thought about it and said “well we’d be open to up to two” (Jennifer, parent of children aged six and two)*

Again, as described by Jennifer, adoption is seen as providing a greater ability to choose. Parents can ‘cherry pick’ their children. Far from being a ‘second best route to parenthood’ (Baxter et al., 2014), adoption is seen as a way by which parents are better able to make choices about the children that they parent. The social worker, in Jennifer’s account, uses the language of the marketplace, stating that they were ‘*taking them off the shelf*’. In addition to the influence of perceptions of choice, moral reasoning was employed by several parents who adopted sibling groups. For example, Phillip (adopter to children aged five and two) stated: ‘*We always said that we weren’t prepared to split up a sibling group ... We were adamant we weren’t going to break up a family*’. Adopting siblings was a way to perform a moral act, to keep siblings together who may have otherwise been separated.

Two families in the sample had adopted large sibling groups (defined as groups of three children or more). One of these parents, Charlotte, discussed how she had always hoped for a large family, and adopting a large sibling group was a way to achieve this instantly. Although the sibling group contained a child over the age of four, as a group, the children were relatively young, and so it was the combination of wanting a sibling group of relatively young children that led her to become a parent to an older child. Therefore, as Ivaldi (2000) suggests, in this instance, the adoption of a sibling group paints a distorting picture in terms of the parent’s desires about the age of her children, as it was not the child’s older age that influenced her decision-making, but it was the relatively young cumulative age of the sibling group that made her consider them.

### Finding the ‘right’ child: ideas of destiny and fate

The understanding that there was a ‘right’ child waiting for adopters was a powerful narrative within the interviews. Adopters phrased this in different ways. For many, when they saw their child’s profile, they had a sense that this was the right child for them. For example, Margaret explained:

*There was a couple of children that were sort of in the background but we both immediately had a connection with Tyrone and that was really important for us ... From the paperwork and his picture, we immediately... he was lively, he was energetic, he had some educational problems, but it was nothing that John and I felt we couldn’t cope with .... He just seemed perfect, didn’t he? (Margaret, parent of a seven-year-old)*



Rose spoke of it being '*chance and fantastic fate*' that they had found their daughter. Christina stated that she knew immediately they would accept the match as they fell in love with their child's name: '*Amber Violet, I just thought it was a beautiful name*'. Baxter et al. (2014) suggest, that through narratives of fate and destiny, adoptive parents can resist the idea that adoption is a second-best route to parenthood. In contrast, for Nicola, who did not feel an immediate connection with her children, it was difficult to explain why she had chosen them:

*It is difficult to put into words, because it sounds terrible, you sometimes take longer to choose a pair of shoes, or choose a house or something like that, and sometimes you choose a house without thinking about it too much, it's just I don't know what made us choose it (Nicola, parent of children aged four and two)*

The admission that there was no sense of connection with her children, is evidently uncomfortable for Nicola ('*it sounds terrible*'), as it is an acknowledgement of the potential randomness of the process. Through Nicola's admission, she appears aware that she has broken a 'feeling rule' (Hochschild, 1983), whereby adoptive parents are supposed to feel an instant sense of connection to their children. Through admitting that she did not feel this, she risks being seen as 'emotionally deviant' by others (Hochschild, 1983). As Clapton (2018) asserts, through the language used around adoption, children are commodified. Therefore, by comparing the process by which she came to parent her children as like choosing shoes, Nicola is contributing to this notion of commodification, through admitting her uncomfortable feelings around the experience. Stranger adopters need to navigate the complexity of the choice with which they are presented. The notion of the 'right' child can be helpful for adopters in terms of helping them to feel a sense of entitlement to their child (Krusiewicz and Wood, 2001; Sandelowski et al., 1993). Conversely, acknowledging the arbitrary nature of choosing future children, is an uncomfortable story to tell, and can serve to make adoptive relations to feel as if they have been haphazardly formed, rather than brought together by fate. As Nicola, in the telling of the story, does not create any sense of unique connection with her children or compelling reason for adopting them, this in some ways calls into question her sense of entitlement to the children (Krusiewicz and Wood, 2001).

The notion of the 'right' child was also called into question when parents felt an immediate emotional connection with a child's profile, only for the match not to be made. As Linda explained:

*(Social worker) presented me with a few profiles and I kept putting my name forward ... I mean the first one I looked at I can still remember her actually. She was a lovely little thing ... I can still see the picture in my mind's eye ... because it was that first one ... and I got all emotional and I*

*went “oh yes I want her”. I had no idea that the process would be the way it was you know. So, she (social worker) put my name forward and of course nothing came of it (Linda, parent of a five-year-old)*

The child’s profile clearly had a considerable impact on Linda. She notes that she ‘*can still see the picture in her mind’s eye*’. In her account she notes that her instant sense of connection with the child’s profile may have been, in part, due to her inexperience in the adoption process. Having gone on to express interest in numerous children which did not progress, Linda appears to have become pragmatic about the process, after learning that her expressions of interest in children often did not progress any further. It is possible that when parents, like Linda, are not considered as good matches for children by the child’s social worker, that they need to exercise a level of caution around their response to profiles, in the knowledge that even if they experience an emotional connection with a child or children, this does not mean that the children’s social workers will look favourably upon them. Unlike Linda, most parents in the sample were matched relatively quickly with their child or children and stories of unprogressed links with children were relatively uncommon. This may be that as parents who were open to adopting older children or sibling groups, there were more potential children who were available to them than parents who were determined to adopt infants or very young children.

The notion of the ‘right’ child was used by Charlotte to gain favour with professionals, who work as gatekeepers to available children. By remaining relatively open about her preferences, whilst being clear that she wanted the ‘right child’ was a strategy by which to be prioritised for waiting children:

*We didn’t really rule very much out, we were very open, but also because I know the system, I know that social workers don’t like closed down profiles, so if I state that we only want this, that and the other, when social workers have to make hard decisions, they are more likely to make a decision for people who are saying “we want the right kids” ... I mean, that isn’t why we did it, but also there are more adopters than there are children (Charlotte, parent of children aged four, three and 18 months)<sup>25</sup>*

In this instance, through reproducing the narrative of the ‘right child’, Charlotte felt it was possible to gain advantage over other adoptive parents, with whom she was aware that she was in competition. She cites issues of supply and demand as the justification to use tactics to gain advantage over other waiting parents. Here, an awareness of competition impacted on how Charlotte chose to present herself and her preferences during the assessment and matching process to ensure that she was a

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<sup>25</sup> As with all of the families involved in this study, as noted in the methodology, names of participants and key details about their lives and families have been changed in order to protect their anonymity.

favourable candidate for children. Charlotte's insider knowledge (her best friend was an adoption social worker) helped her to understand the best ways to 'play her cards right' to secure children (Eriksson, 2016a, p.217).

The strength of the narrative of the 'right' child was so powerful, that in Paul and Fiona's family, even after the child that they adopted returned to care due to family breakdown, Fiona still wondered whether the 'perfect child' was waiting for them:

*Paul: To ever adopt again, I couldn't think of anything worse at the moment. I couldn't think of anything worse than introducing another world of pain into our house.*

*Fiona: Which is such a shame because there is probably the perfect child that needs us. But really, I don't know if we're allowed to, because I understand from it all that the blame then goes onto the adoptive parents rather than the child, you know, why it's broken down.*

*(Parents of a six-year-old)*

Fiona used the notion of the fate to justify why they were unable to continue to support their adoptive daughter. Fiona's notion that there is still the 'perfect' child waiting for them suggests that the child was a disposable entity, and that a better child is still 'out there'. Had their adoptive daughter been the 'right' or 'perfect' child for them, the placement would not have broken down. As she was the 'wrong' child, they were unable to support her as she needed. Taken to its logical conclusion, it is evident that the notion of the 'right' child can be a dangerous one. If the child supplied proves not to be the 'right' one, should they then be replaced by a more favourable child? If marketplace principals become increasingly prevalent in terms of adoption practices (Garrett, 2018; Higgins and Smith, 2002), the risk is that children, as the 'goods' in adoption, become seen as increasingly disposable due to the moral limits of markets (Sandel, 2013). Interestingly, rather than blaming poor matching or poor decision-making on the behalf of professionals, or a lack of support for the failure of the adoption, Fiona appears to locate the 'blame' for family breakdown with the child. As Selwyn et al. (2014b) found, in adoptive families who experience difficulties, parents can feel blamed by 'supportive' services. It is possible that Fiona's location of blame with the child (as the faulty goods) was an attempt to shift blame from herself and her partner.

## Perceptions of the hierarchy of adopters

It is worth considering that it is not only adoptees who are commodified in the adoption process, adoptive parents are also attributed relative value (Higgins and Smith, 2002). In view of this, in this section, I consider the impact on adopters of their perceptions of their own desirability as potential parents and how this influenced the way in which they navigated the adoption process. The time between being approved and being matched with a child was a time of huge anxiety for several parents in the study. Adopters felt vulnerable in this time and often felt that they were being overlooked in favour of other adopters. Adoptive parents were aware that they were competing with other parents for children. Both single adopters in the sample explained at interview that they felt overlooked in favour of couples. In addition, one couple explained that they had been told that younger adopters were being prioritised:

*At one point I said "I've just got to have a month or two off. I can't deal with this. I can't keep looking at (adoption) magazines". I sort of kept looking and looking and looking and actually, I was at the bottom of the list because I'm single. So that bit, it was tough (Ruth, parent of a four-year-old)*

*We were not getting any matches ... so we asked to sit down with our social worker and her boss to find out what had been going on behind the scenes ... and they went through every local authority's interest in us and why we had been deemed to not be the right match and mostly it was local authorities choosing other people who were either younger than us or had got more parenting experience (Rebecca, parent of a six-year-old)*

Rebecca was led to understand that her and her partners' ages were a factor in why matches had not been made. This highlights the gatekeeping role played by social workers in the adoption process and the lack of transparency, where decisions are made '*behind the scenes*'. Moreover, although Ruth had not been formally told that matches were not being made because she was single, this seemed to her to be a likely explanation for her extended wait prior to being matched. Adopters' perceptions of how desirable they are deemed by professionals has been found to have an impact on parents' decisions around matching, causing them to stretch their preferences to secure a match (Moyer and Goldberg, 2017). Perceiving oneself as less desirable than others in the marketplace, is likely to increase the anxiety experienced by adopters in what is already an emotionally challenging time (Eriksson, 2016a; Rogers, 2017). It also highlights how adults can be made to feel commodified by the adoption process (Higgins and Smith, 2002).

## Children who had been 'mis-sold'

Several adopters spoke of the gap between the information that they had been given about their child (i.e. how the child had been marketed) and the reality of the child with whom they were presented.

Phillip stated:

*To be honest with you what we ended up with was...umm I hate putting children in the way of sounding like buying a car, but if I said that we were buying a top of the range car and it had everything on it, which is what we were led to believe, and then actually what we ended up with was a five-year-old car with bits that were broken, and didn't work on it anymore, and weren't quite strictly how the salesperson's pitch was (Phillip, parent of children aged five and two)*

As Phillip found, once he was living with his children, the reality was different to that which he had been led to believe from the profile that he had seen. Phillip's analogy here seems particularly crude and is reminiscent of ideas which would more comfortably fit with notions of 'consumer rights' than with the adoption of children. He acknowledges his discomfort at making the comparison. His analogy fits well with the notion of the marketplace in adoption. In creating a 'marketable' version of a child, for prospective adopters, it may be difficult to convey the reality of the child. Phillip went on to explain that information had come to light since his children had arrived in the adoptive home about his elder child's behaviour in foster care, which was in line with problematic behaviours that he had demonstrated in his adoptive home. Indeed, Randall (2013), in a study of adoption disruption found examples of social workers 'sometimes deliberately, sometimes accidentally - not disclosing full details of what was on record' (p.198). Randall suggests that withholding information disadvantages children who have already faced adversity even further. However, he acknowledges that unfortunately information will always be incomplete as 'even the most conscientious social worker can only know a fraction of what the child has experienced' (p.198). One risk of marketplace thinking, is that, if it is enacted by social workers, information that is unappealing may be downplayed in children's profiles to secure interest from adoptive parents.

Similarly, in another family, Fiona questioned the adoption process, suggesting that key information can be deliberately omitted by social workers to secure a match for children:

*I think the big thing is that the social workers want (children) to be adopted ... because they can see the benefits of them having a sound family environment ... so is it in the social workers' best interests to tell an adoptive family everything? And the answer is, well, possibly not. So, having spoken with the foster carers subsequently... there were bits that we maybe should have been told (Fiona, parent of a six-year-old)*

Fiona suggests that (children's) social workers are not impartial participants in the process. In her view, social workers have a vested interest. The social worker (as the salesperson) therefore markets the child to make them appear more desirable to the adopter (as the consumer) than is perhaps fully accurate. Moreover, social workers are looking for the best result for the child, rather than necessarily being interested in the needs or hopes of the adoptive parents. The parent is there to meet the needs of the child, not the other way around (Howe, 2003; Rogers, 2017). The information which Fiona was able to glean from her child's former foster carers subsequent to their child being placed, appeared to be different to the information that they were given prior to placement. As stated previously, in Fiona's family, the adoption went on to disrupt. The suggestion of social workers withholding known information is obviously hugely concerning, as for adopters to be prepared for parenthood, it is vital that all information known about the child is given to the parents and that adequate support is given to parents to enable them to parent the child effectively.

Although parents had outlined their preferences about their future children during the assessment process, several parents felt that they had ended up with a child who did not fit with the preferences that they had expressed. For example, Julie stated:

*Looking back now, I think we said that we didn't feel we could deal with a child with attachment difficulties and we feel like that's what we've got. So, there's something there that didn't go quite right* (Julie, parent of children aged eight and five)

Similarly, Rebecca felt that she had made clear that she had not wanted to adopt a child who had been sexually abused, but information that had come to light after her daughter was placed made her think that her child had previously experienced this type of abuse. She thought that the local authority professionals were likely to have been aware of this. From the perspectives of both Julie and Rebecca, it seemed likely that missing information had been available to professionals, but that professionals had either chosen to ignore the information available to them, or they had chosen not to pass it on to the adoptive parents. In two other families there were also difficulties around missing information. Sophie and Ben described that the placing authority had been '*quite cagey*' about the children's background. Their children's CARAs (the Child Assessment Report for Adoption) had not yet been provided at the time of the interview, approximately nine months after the children has arrived, documents which they should have had prior to being matched with the children (Coldrick and Doughty, 2017). Similarly, Charlotte described the local authority's approach to providing information about the children as '*sketchy*':

*We got the initial information and then asked for more ... we never felt like we got good quality information about the children at any stage ... our social worker went to read the files and there was loads and loads of stuff that they wouldn't let her see, which is so unusual (parent of children aged four, twins aged three, and 18 months)*

There are obvious implications for the misrepresentation of children in terms of the narrative of 'choice' which appears to be a feature of adoptive parenthood. If information is withheld, then adoptive parents are unable to make informed choices which are based on evidence, as all the information has not been made available to them. There is a risk that children being 'marketed' as adoptable may cause information to be withheld from adoptive parents. If information is deliberately overlooked or not passed on to adoptive parents, this is ethically questionable, especially as a lack of accuracy about the child's history has been linked to adoption disruption (Dance et al., 2017; Farmer and Dance, 2016; Selwyn et al., 2014b)

### Chapter conclusion

Adoptive parents came to the decision to adopt older children for numerous reasons. Although several parents had initially embarked on their adoption journey with adopting a younger child in mind, they had quickly rethought this idea once they had heard about the needs of children who were available for adoption (Dance and Farmer, 2014). This movement from their initial idea was often not seen negatively, but an element of flexibility in decision-making was part of the process of adoption. However, for a small number, they reluctantly widened their search criteria to include older children as this was seen as the only way that they would be able to secure a child. Other parents had started the process with adopting an older child in mind. For some this was framed morally, a way to provide permanency for a child who may be overlooked by other prospective parents. For others, the decision to adopt an older child was a way to avoid the negative aspects of caring for an infant, or as a way to mirror biologically formed relations. Hence, adoptive parents who were older at the transition to parenthood thought that it would be more fitting to adopt an older child, as a way to 'catch up' with their peers or perhaps to 'pass' as a normatively formed family. A perceived advantage of adopting older children, mentioned by several parents, was that it was felt that any developmental issues would be more apparent in older children, so there was a sense that adopters could have a clearer sense of the child's ongoing needs due to their older age. Therefore, adopting older children was a way to avoid the risk of developmental uncertainties.

The marketplace is an uncomfortable analogy, and yet it is evident that, in numerous ways, adopters in the study, were employing marketplace reasoning. Adopters were informed in their decision-

making by their understandings of the state of the marketplace in terms of the availability and characteristics of children available for adoption and an awareness that they were in competition with other prospective parents. Due to their awareness of the competition for children, adopters made choices and compromises to increase their chances of securing a child. Social workers performed the role of salespeople, communicating messages about the state of the marketplace to adoptive parents. Where social workers were believed to have misrepresented children to secure them a home, this called into question the narrative of choice and the extent to which adopters were able to exercise agency in the process. Sometimes adopters also felt commodified by the process, through their belief that they were considered less desirable than others in the hierarchy of prospective adopters. These parents felt emotionally vulnerable during in the matching process, and their sense of their (lack of) value in the market caused them to shift their thinking around their future child.

Notions of marketplace reasoning, moral reasoning, choice and fate (the understanding that there was a 'right' child 'out there' for the parent) were all identified as key themes in adopters' narrative accounts of their decision-making. In many instances, adopters used moral reasoning when making the decision to adopt older children, sibling groups or chose children of a particular gender. Moral reasoning and marketplace thinking were not necessarily mutually exclusive, adoptive parents considered the societal, as well as the personal, benefits of adopting a child. The ability to choose was not always viewed positively. Several adopters expressed discomfort with the ways in which the process commodified children. In some instances, parents used the language of the marketplace to highlight their discomfort at the process, such as where Phillip likened the adoption process to that of buying a used car and where Nicola compared her decision-making to choosing shoes. One way that adopters explained the rationale by which they chose their child or children, was by articulating their belief that there was a 'right' child for them. However, to find the 'right' child, it was necessary for adoptive parents to engage with and negotiate the uncomfortable decisions and processes that arose as part of being in the adoption marketplace. These uncomfortable decisions had to be made whilst parents were subject to professional scrutiny, as part of the ongoing process of assessment, in front of social workers, who had a role as gatekeepers to the children. Furthermore, as flexibility appeared to be valued by social work professionals, there was some pressure for adoptive parents to extend their preferences.

Identifying the factors which informed adopters' decision-making, demonstrated that the concept of the marketplace provides a useful, yet imperfect, lens by which to gain insights into adopters' decision-making around their future child or children in the UK context. Having considered the adopters' process of decision making around deciding to adopt older children, the next chapter



considers the experiences and feelings of adoptive parents when the children first arrived in the home, and when adopters began to understand the lived reality of becoming a parent.

# Chapter Seven: Routines, Rhythms and Relationships

## Introduction

In this chapter I draw on parents' narratives of their experiences of family forming. Clearly, there are differences between becoming a parent to a non-mobile and non-verbal young infant and becoming a parent to a child who is able to verbally express themselves, may have strong memories, has established relationships with previous caregivers and who is physically active and able. Adoptive parents of older children are not able to 'learn to parent' as their child progresses through expected developmental stages, unlike those who experience normative transitions to parenthood. In this chapter I use Morgan's (1996; 2011b) concept of family practices as an analytical lens, focusing on the active work that adoptive parents put into forming their family, to transform children who are like 'strangers' or 'visitors' (Jones, 2009, p.134) into kin. Morgan (2011b) describes his idea of family practices as follows: 'Family is something that people "do" and in doing create and recreate the idea of family' (p.177). In this theoretical conception therefore, families are created and can be understood through the everyday interactions and activities that are undertaken together, or with each other in mind. In this chapter, I explore how parents went about creating a new family, with older children who had already experienced family elsewhere.

This chapter considers the following question:

- How do adoptive parents begin to build relationships and family lives with older-placed children?

Below I outline how adoptive parents of older children talking about how they were having to quickly establish family practices, to try to 'catch up' with their child who had already experienced parenting elsewhere. Participants described the extent to which their lives had changed through becoming adoptive parents and how they began to establish routines and ways of 'doing' family with their children. Parents described the 'rollercoaster' of emotions that characterised their transition to parenthood and their experiences of bonding with their new children.

## 'Playing catch up'

As noted above, the participants in this study as adopters of older children, were becoming parents to children who could, to varying degrees, express feelings verbally and who had already experienced family lives elsewhere. Adopters were grappling with the challenges posed by adjusting to their new

role as parents, establishing relationships with their child or children, whilst managing the day-to-day tasks and demands of parenthood. Children were also adjusting to a new family form. Weir (2003) suggests that adoptive parents 'leap-frog' through certain stages of the life cycle, due to the rapid nature of their transition to parenthood. For adopters of older children, 'leap-frogging' posed challenges as they were having to quickly 'catch up' with their child. This was especially difficult for first-time parents, who were having to learn the parental tasks associated with caring for a child, alongside establishing a relationship with them. One couple described the challenges posed by this rapid transition to parenthood:

*Sophie: With a baby ... you've got more time to learn to understand the children and to understand where they are coming from ... you get more time to build that relationship with the children before they've got so much awareness.*

*Ben: We're trying to discipline them and stuff whilst building a relationship ... you don't know what the right thing to do is ... Should we discipline them like that? ...*

*Sophie: You're playing catch up all the time, aren't you? And trying to find out, trying to unpick their past and...*

*Ben: All at the same time as doing everything else. Trying to sort out their schools, trying to sort out all that kind of stuff ... you have to do all the practical stuff as well.*

(Parents of children aged six and four)

Due to the increased 'awareness' held by older children, these new adopters also experienced a level of scrutiny from their children, many of whom had clear and recent memories of being parented elsewhere. As first-time parents, Sophie and Ben were uncertain in their parental performance, trying to work out what approach to take to discipline, whereas the children, as the 'audience', already had a sense of family practices around discipline which had been established in their foster and birth families. This was a challenge that the new adoptive parents to older children in this study had to navigate. If they did not successfully 'perform' the parental role (a role which was likely to be new and unfamiliar), there was a risk that older children would notice, comment, or react negatively to their unconvincing performance. Thus alongside the professional scrutiny to which the adoptive parents were subject (as discussed in detail in chapter nine), and their own internalised expectations and ideals around how they had imagined that they would or 'should' parent (Henderson et al., 2010; Choi et al., 2005), these adoptive parents were also subject to a level of scrutiny from their new children.

Sophie and Ben commented on the detective work they were undertaking, trying to ‘unpick’ the children’s past, in order to understand the extent to which their early experiences had an ongoing impact on them and the way that they behaved, and how they, as parents, should respond to the children’s behaviour because of this. They were also ‘catching up’ by having to immediately make difficult decisions, such as deciding on the best school for their older child, a child whom they barely knew. The immediacy of the task of choosing a school, also meant an immediate disclosure and visibility of their adoptive family status to outsiders, thwarting the opportunity to ‘pass’ as biological relations to school staff, leaving them vulnerable to the potentially stigmatising views and actions of others (Wegar, 2000; Weistra and Luke, 2017).

An example of how adoptive parents in the study were trying to catch up with and get to know their children whilst establishing boundaries was given by Jennifer:

*When they came here, they liked to pretend they’d had a lot more chocolate and naughty things, because (foster carer) was very strict with food. And they only drunk water ... water and milk was all they drank. So they came here and they had squash. We were like, you can have squash so many times, you can have water the rest. They tried saying they didn’t like certain things. So every now and again I’d say, “I’ll text (foster carer)”, (they would say) “it’s alright we’ll eat it”.*  
(Jennifer, parent of children aged six and two)

This demonstrates a challenge of establishing family practices around food in a newly formed adoptive family, when the children had already experienced practices which were established in their previous home. In the example above, this task was complicated by the children’s previous experience of firm boundaries around food, and as such Jennifer questioned the extent she could trust the accounts given by the children of the expectations in their previous home. For Jennifer, maintaining a relationship with the children’s former foster carer was helpful, as it meant she could check the children’s accounts of their past with those of the foster carer. Jennifer and her partner asserted their authority as parents by establishing their own rules around food, rather than adhering to the ‘very strict’ approach taken by the foster carer.

Like Jennifer, Pippa also explained how she was trying to make sense of and unpick her older child’s accounts of her previous experiences:

*I remember in the early days, driving back from town, Seren (older child) said “what’s happened to the sky” and I said, “what do you mean?” and she said, “it’s going pink, it’s not usually pink”. I said, “it’s a sunset” and Seren goes “what’s a sunset?” ... And I think she had genuinely never seen a sunset so, as it was dusky, I just diverted straight down to the sea and on to the beach*

*and we watched the sunset ... I can't see how they've missed seeing that. But then other times she will say "I've never been on a bus" or "I've never done this because I've been in foster care", but (younger child) will tell me that they have done it, and so you're not quite sure if what she's saying is truthful (Pippa, parent of children aged eight and three)*

Pippa was unsure whether to fully trust her older child's account of the past, especially when her versions of events were contradicted by her younger sibling. A risk of challenging the child's version of events was that this could undermine the building of trust between her and the child. However, Pippa did feel that, due to the children's past experiences with the birth family and subsequently with the foster family, there were opportunities which they had missed out on, such as never having seen a sunset. For Pippa, part of building a relationship with her new child involved acknowledging that there were unknowns about her child's biography. Pippa's surprise at her new child missing out on this ordinary experience was palpable. Pippa felt it was important to ensure that Seren was given the opportunity to fully appreciate the sunset, and so Pippa '*diverted straight down to the sea*' to ensure that Seren was given that experience.

Similarly, to Pippa, Rebecca also felt that her new child had missed out on opportunities due to her previous experiences. Rebecca spoke of how her child needed to catch up in terms of her education, as this was not something that had been highly prioritised in her foster home:

*Mabli (child) is hungry to learn and I think she has suddenly realised what she has missed out on ... The one thing I would say, her foster carer was very loving, but not educated, and so there were no books in the house ... so in terms of education ... she had loads of catch up to do. The reason that Mabli has caught up is because (adoptive father) and I have spent a huge amount of time reading and doing key words and she's got magnets and she's got a whiteboard and we try and do something every day. That's because we are educated. We're not pushy, I never want to be a pushy parent, I just want her to catch up. (Rebecca, parent of a six-year-old)*

In Rebecca's account, it is evident that she felt there were perceived differences between attitudes towards education and learning between Mabli's old and new homes. Due to Rebecca's sense that Mabli had missed out educationally because of her experiences in foster care, her and her husband ensured that they invested time and resources in helping her to catch up. The lack of education of the foster carer and the lack of books available in the foster carer's house is possibly indicative of class differences between the foster home and the new adoptive home, the way in which class impacts upon expectations of family life, and the increased resources which were allocated to support the child's education within the adoptive home (Sinclair, 2005; Vincent and Ball, 2007; Hamilton et al.,

2007; Gillies, 2005b; Wills et al., 2011) Furthermore, in Rebecca's family, as in middle class families more generally, shared engagement with educational tasks can be a way to spend time together, a means through which intimacy can be forged and maintained (Gillies, 2005b). As Rebecca notes, as her and her husband are both '*educated*', supporting their child's ability to engage with education was a priority.

In each of these instances, we can see the emotion work (Hochschild, 1990) that is undertaken by parents of older children, when compared with those who experience normative transitions to parenthood. The task of becoming a parent is made more complex by the gaps in the parent's knowledge about the child's past experiences. In some instances, such as in the example given by Jennifer, parents were able to fill in some of these gaps through maintaining connections with significant others from the child's past. Parents were grappling with the differences between the family practices which they hoped to establish for their child or children and the practices which had been the norm in the child's previous homes. This is particularly evident in the examples given by Pippa and Rebecca, where both felt that their child had missed out on key experiences in their foster family. They were therefore trying to ensure that they supported their child to make up for these missed experiences. Parents were also having to work out their own rules and boundaries 'on the job', whilst their children had already experienced different practices elsewhere, such as in the examples given by Sophie and Ben and by Jennifer. This posed a potential challenge in terms of the adoptive parents' confidence in asserting their own parental autonomy and authority, as children could contradict or challenge the approach that they decided to take, through their reactions to new practices.

### Changed lives

Like in normatively formed families, the arrival of the children in the home was a key moment of change for adoptive parents. Denzin (2014) describes such key life experiences as moments of 'epiphany', an experience which 'touches every fabric of a person's life' (p.52). He explains that 'the meaning of these experiences are always given retrospectively, as they are relived and re-experienced in the stories persons tell about what has happened to them' (p.52). The parents in the study noted the extent to which their lives change following the arrival of the child or children. Several parents lamented the loss of their pre-parenting lifestyle and freedom. This fits with the experiences of many new parents, not just adoptive parents (Nystrom and Ohrling, 2004). For couple adopters this included missing the relationship that they had with their partner prior to adopting; no longer having the time to pursue their own interests; and incurring a loss in how much they were able to achieve due to the time-consuming tasks associated with caring for new children. As Julie stated:

*We missed each other, we missed the relationship we used to have, and we missed the things that we used to do. Everything was just about the children. But that bit is starting (slight laugh) to get a bit better now ... part of it is around the fact that we weren't aware of the extent of (older child's) issues, so we weren't really expecting that. And part of it is that we don't feel we're getting anywhere building the attachment with (older child). That's really hard. And this bit's getting better now but it's just the fact they're here... all of the time and they're just so full on, you know. That was quite hard to adjust to. It's been hard. The hardest thing we've ever done (Julie, parent of children aged eight and five).*

For Julie, the experience of parenting a child with greater needs than she had anticipated, caused her feelings of loss around her pre-parenting lifestyle to be heightened. The arrival of children in the home marked as significant change in the rhythm and activities of everyday life, (*'we missed the things we used to do'*). Julie explained that she missed her previous relationship with her partner since the children arrived. Commonly for parents who parent in couples, the relationship between them changes during the transition to parenthood. Drawing on family systems theory, Goldberg et al. (2014) suggest that following the arrival of a new child in a family, either by adoption or birth, there are fluctuating periods of disorganisation and stability where all family members seek to (re)establish their relationships with either other and find a 'new normal' (p.221). They explain that for couples who adopt, this means that time that was previously spent as a couple, is now spent as a family, meaning that patterns of intimacy and communication are subject to change. A complicating factor for couples in achieving quality time together is that adopters can face additional 'red tape' in early parenthood, meaning that it can be more difficult to secure child care prior to legal formalization of the adoption, as children's services can place demands on adoptive parents that babysitters need to have had formal checks. In two families, parents specifically commented how there was an expectation that any babysitters would have to have a DBS (Disclosure and Barring Service) check prior to undertaking babysitting. Thus, like in foster families (Nutt, 2006), the need to negotiate such complexities in early family life, are further examples of the complex transition to family life faced by adoptive families due to the interference of bureaucratic processes and scrutiny on parenting.

The intensity of having children around *'all of the time'* was a challenge which was noted by several parents in the study. A key element of understanding family practices is considering how families share space and time together (Morgan, 2011b). For example, Phillip commented on the lack of privacy he had experienced since the arrival of the children:

*You can be mid-shower in the morning and then suddenly look the other side of the shower screen to find a child sat on the toilet having a poo ... there is no escape ... You don't get to put*

*the lock on the bathroom door very often these days put it that way (Phillip, parent of children aged five and two)*

This illustrates how the boundaries around privacy in the home can shift after the arrival of children, meaning that spaces, which were once individual spaces, become shared. Although Philip was quite pragmatic about this shift, the sudden coming together of adults and older children in shared space was not always a comfortable experience for the new parents. Many parents in the study commented on how exhausting the early days in their newly formed family were. This was not just the case for parents who were new to parenting. Pippa and George were already experienced adoptive parents to (now adult) children. George explained how he found the early days of parenting their new children to be exhausting, especially as the younger child struggled to sleep and so they had many disturbed nights. George explained:

*I think back to when (previously adopted children) came ... I was working then. And I think I've actually found it harder this time because I've been at home. And I don't think there's any way we could have done it without my being at home. But as a bloke, you measure your day in what you achieve, and when you've got two very demanding children, you achieve very little. And getting your head around that, actually just thinking, getting them through to the end of the day, and getting them fed and bathed, washing done and into bed, that's an achievement. It's taken me a long time to get my head around that (George, parent to children aged eight and three)*

George felt that his prior experience of parenthood had eased the transition to becoming a parent to additional children, as he already understood what was required in the parental role. However, even with prior parenting experience, the arrival of new children was grueling. This was attributed to learning their individual personalities and needs, building relationships, the complexities arising from managing sibling dynamics, the lack of sleep and additional routine tasks associated with parenting extra children (such as feeding, bathing and laundry). Similarly, Christina, a first-time parent, described how the change in lifestyle came as a 'shock':

*It's just been a shock, no amount of training can prepare you for actually being given a child and saying there you go, carry on with life, and it's just a bit overwhelming. She constantly wants, we try our best, we're both working and weekends is family time, plus doing jobs round the house, but she craves someone to play with all the time and that's really difficult ... I think Amber was initially placed with a family with no other children so that we could give her full-on attention, (but) as time's gone on we realised that she needs other children around her and*



*that's difficult because when you work yourself and you've got housework to do and shopping to do and walking the dog to do, it's a juggle. And I just think, if you have a baby yourself, you get into your routine from baby stage whereas we were thrown into it with a four-year-old* (Christina, parent of a four-year-old)

As Christina describes, the combination of household tasks, work and spending time with her new daughter was a 'juggle'. She makes clear that she feels that the transition to parenting an older child is different to becoming a parent to a baby. Parents in the study commonly discussed the intensity of spending time with a child who wanted frequent entertainment and interaction. Christina felt the need for attention was heightened for her daughter, who came from a busy foster home where there were other children to play with, to being the only child in her new house. Entertaining a child, on top of the practical tasks of parenthood and running a household, was a difficult and new experience for most of the parents in the study.

Both fathers and mothers who had taken an extended period off work following the arrival of the children admitted to feeling overwhelmed by the tasks of parenthood. Phillip was the primary carer for the children in his household. Like George, he explained how exhausting he found looking after his new children, but also noted how fulfilled he felt by becoming a parent:

*If you can manage to get through to half past seven each day and then manage to probably string about a dozen sentences together between two grown-ups before eight o'clock then you've done well ... And don't get me wrong, in equal measure it's probably one of the loveliest feelings you'll probably ever have as well ... If I'm honest I'm knackered, I'm down on my feet by that stage... please don't ask me to watch anything too complex on telly ... You know it is exhausting but the fulfilment and stuff ... just way out measures any of that* (Phillip, parent of children aged five and two)

Both George and Phillip noted how strenuous adjusting to the tasks of parenthood was in early family life. This is consistent with findings from previous research that suggest that regardless of gender and sexual orientation in couples, those who take on primary roles in the care of children often find this challenging and overwhelming (Goldberg et al., 2014; Nystrom and Ohrling, 2004). Carl also noted both how demanding and rewarding it was to become a parent to his children. He noted that since his children had arrived, his priorities had shifted, meaning that he was working less in order to spend more time with them:

*Its 24/7 and it's hard, but for me, it's been massively positive because it just changes your life, so I do a lot less work now than I did before and I try and come home a 5 o'clock rather than*

*think, well, I'll stay until 8 o'clock. Because I want to see them.* (Carl, parent of children aged six and two)

Considering the changed lives of the parents in the study, in the next section, I outlined how adoptive parents started to put routines in place with their new children and how they worked to establish relationships with them.

### Establishing routines and relationships

In many families, parents were, to some extent, inheriting routines and rhythms which had been previously established in foster care. In some instances, these pre-established routines were viewed as facilitative, making the transition to family life easier for the adoptive parents. For example:

*I think the sort of day-to-day practicalities they are very good aren't they, with, like, they brush their teeth, they get out of bed... They sleep. The day-to-day stuff, they are very good, aren't they? They go to bed ... They get up in the morning, they get dressed don't they in the morning .... well sometimes!* (Sophie, parent of children aged six and four)

The routines and expectations which had been established in foster care could be contrary to the expectations held by adoptive parents around family life, and thus they had to work out what their expectations and boundaries were for the child. For Ruth, who considered that the child's routine in foster care had been overly 'regimented', it took time to change the child's routine into something which the adoptive parent felt was an approach which fitted with her own expectations with what was realistic and appropriate for of a child.

*He'd been in a regimented routine with his foster carers initially going to bed and getting up was incredibly easy. That disappeared after a month. So initially we had a period of time when he was so used to being put in his bedroom at eight o'clock at night, lights switched off, doors shut, not coming out until eight o'clock in the morning, that was the routine he stayed in, and then we're now trying to get a happy medium ... But yes, I had a couple of weeks where I'm thinking, my goodness, he's not a real five-year-old* (Ruth, parent of child aged five)

Although the adoptive parent appears comfortable with the more relaxed routine that she has fallen into with her child, she notes that this 'regimented' routine, had made bedtimes easier for her as a new parent when the child first arrived. This parent was finding her own way forward with her child, working out what would work for them as a family, which in this instance was different to the approach that he had been used to in his foster home. Thus parents were trying to find new ways forward, working out what to incorporate in terms of the child's former routines into the life of their new family, and what to change and adjust in order to 'do' family in the adoptive home.

Many parents in the study spoke positively about how well their children had responded to their attempts to put new routines in place. The ability of children to engage in activities outside the home was often commented on at interview, and in some instances was considered a marker of success in terms of the child settling into their new life. For example:

*He seems to really like it here, he seems to be happy, he's got lots of friends .... he's doing quite well in school. He's got a lot of potential .... They're both really open to trying new activities, ... we can take them anywhere, he'll (older child) happily go off with a smile and give things a go. They both do lots of after school activities, he does French, does after-school clubs, he does gymnastics, does karate. So yeah, that's really good. In the holidays, there's a couple of days they're off to activity camps and he does embrace all of that stuff (Julie, parent of children aged eight and five)*

For Julie, openness to trying and engaging with new activities was considered positive attribute in her new children. She noted at the interview that whilst she had found that her eldest child could sometimes be challenging at home, he was making good progress at school and at extracurricular activities, and he appeared to embrace these activities enthusiastically. The children's ease at undertaking activities away from the home appears to be a way by which Julie and her partner can 'display' their new family to outsiders (Finch, 2007), as she states '*we can take them anywhere*'. Engagement with and enthusiasm for afterschool and extracurricular activities is potentially reflective of middle class parenting practices, whereby enlisting children in enrichment activities is viewed as a way to 'do the right thing' for one's children by helping them to develop new skills (Vincent and Ball, 2007, p.1074). As noted in chapter five, most parents in the study were middle class.

In another family, Rose suggested that keeping her new daughter busy with activities was, in part, a way to manage her behaviour:

*She's a bright child, and she's energetic, and she's very inquisitive, and she likes to be busy, and I think that we have quite busy lives, we both have an educated background, and I think that with the wrong people she could be quite manipulative. I think we're quite firm with her, but we also say we're doing this, this, and this, and she likes doing all of those things ... She did the reading challenge at the library in a week, because we were going on holiday and she was desperate, so we had to go to the library every day and she kept getting books out. So she did this library challenge, and she has joined the choir, she does tap dancing, and singing, and she loves it. She wants to join the Brownies, and she loves being with people, she's a very sociable girl (Rose, parent of a seven-year-old child)*

In this statement, Rose shows considerable pride in, and admiration for, her new child, stating that she is '*bright*', '*energetic*' and '*inquisitive*'. Her daughter's fondness for busyness, which mirrors their own '*busy lives*', appears to be a point of commonality between them, reinforcing that she is the 'right' child for them, and thus appears to be a way to claim the child as their own (Sandelowski et al., 1993). Moreover, Rose states that whilst with the '*wrong people*' her child could potentially be '*quite manipulative*', implying by this assertion that her and her husband are the 'right' people for her. Rose implies that the fact that her and her husband are both '*educated*' has been a facilitative factor in establishing relationships with their '*bright*' and '*inquisitive*' child. Rose's positivity about her daughters' attributes and abilities again reflects middle class parenting practices, whereby children are frequently constructed as 'unique' and 'bright' by their parents (Gillies, 2005b, p.845).

For Phillip, developing a routine and planning activities with his children was considered a facilitative factor in building a relationship with them:

*What I've actually quite liked is that both the children respond very well to being in a routine, they love their routine ...I didn't realise ... how well that would go down. it's been a massive tool in our toolbox, to the point now where we've written out timetables for the summer holidays, so he (older child) knows what he's doing every day. And all those sort of things have just become amazingly important for us. I haven't had to cajole or anything to get anybody out of the door, actually generally nine times out of ten they're sat on the step waiting for me. (Phillip, parent of children aged five and two)*

Developing a routine is seen as a '*tool in the toolbox*', which has not just been helpful for the children, but also for Phillip. Planning activities, in their household appears to be a shared endeavour, which is not only done for the children's benefit, but also for Phillip, who appears to enjoy the routine and the predictability. Having planned activities appears to be, for Phillip and his children, a feature of how they are building their family lives together, a way of doing family which is special and '*amazingly important*' for both the children and for Phillip. The development of the routine appears to be mainly for the benefit of the older child ('*so he knows what he's doing*') and appears to be used, at least in part, as a behavioural management strategy, which is used to motivate the children, rather than needing to '*cajole*' them out of the house.

Food, and practices around eating, are often considered an important aspect of family life (Morgan, 2011b). For Rebecca, feeding her new child familiar food was a way to provide a source of comfort and familiarity in a time of much change:

*It's a bit of a cultural adjustment, do you know what I mean? They are taken ... it's like going from Mars to Venus isn't it? ... So even things like food ... it's totally different and I have felt*

*myself in the early weeks ... thinking ... I'm just going to give her fish fingers because there is no point in having a battle about something that's unfamiliar. Is that ideal? No. Actually there is nothing wrong with fish fingers. Sometimes you just think enough has changed, they actually just want to have chips, baked beans, and some fish fingers because its comfort. (Rebecca, parent of a six-year-old)*

The cultural adjustment that Rebecca is referring to here (which she stated explicitly during the interview, although it has not been possible to fully replicate the entire discussion here), is how the child was having to negotiate the significant class differences between her foster home and her current home (Featherstone and Gupta, 2018; Sinclair, 2005). Rebecca uses the provision of familiar food as a way to communicate care and concern for her new child (Finch, 2007; Rees et al., 2012). Her discussion around the choice of food suggests that she feels slightly conflicted about giving her child fish fingers, as she questions: *'is that ideal?'*, which she quickly answers with *'actually there is nothing wrong with fish fingers'*. It appears likely that fish fingers were not the choice of food that she imagined she would give to her child prior to her arrival. Previous research has noted the disjuncture between expectation and reality in parenthood, for new parents in general, not just for adoptive parents (Choi et al., 2005). As food and feeding practices in families can reflect social class expectations and norms (Wills et al., 2011), it is possible that Rebecca's initial hesitation around providing fish fingers for her child is that, as a middle class parent, this food is not what she anticipated that she would feed her child. As an older child, her daughter has a degree of agency and a greater capacity to verbalise her likes and dislikes than a much younger child would, meaning that for Rebecca, part of becoming her parent was about letting go of her own preferences in order to provide comfort to the child. Arguably, perhaps adopters of older children are, to an extent, forced to engage with their children's emotional states to a greater extent than adopters of younger children due to the child's agency and capacity to verbalise their previous experiences. Rebecca therefore used familiar food as a way to engage with her child's emotional state and by which to provide comfort.

In another family, the availability of food in the home, appeared to be a way by which trust was established with the children. Jennifer gave a poignant account of her children's reaction to the provision of food in their home when they first arrived:

*When they came here, the first day, we couldn't find them and they were standing there in the kitchen with the fridge door open, his arm around his brother, looking in the fridge. And we said what are you doing? And he (Rhys - older child) said "will there always be food in here? I was just showing Zach (younger brother), its ok, the fridge is full". And I just thought, oh my god. (Jennifer, parent of children aged six and two)*

The children's reaction, as described by Jennifer, suggests that the consistent availability of food in the home is in contrast to experiences that they may have had in previous homes. The incident is interpreted through Jennifer's understandings of the children's previous experiences of adversity. As there is an established link between poverty in birth families and the likelihood of children entering care (Elliott, 2019), it is conceivable that, in the context of the birth family home, the children experienced a lack of security around the regular provision of food. Therefore, the availability of food in the adoptive home could have signalled a dissimilarity between the birth family home and their new lives in the adoptive home. In this example, where the children chose to look in the fridge to check whether food was available, we can see how new adoptive parents of older children experience a level of scrutiny from their children, as the children explore and assess their new homes. Furthermore, the oldest child appears to have been examining the fridge as a protective action, as a way to provide reassurance to his younger sibling. Noting this, in the next section, adopters' experiences of becoming parents to multiple children are explored.

### Parenting siblings

As noted in chapter five, becoming a parent to an older child is often intertwined with becoming a parent to a sibling group, as older adoptees are often placed with siblings. Parents' experiences of establishing family practices with a sibling group were mixed. One participant, Pippa, noted a lack of information or training available around sibling dynamics in newly formed adoptive families. She commented: '*we've been basically just trawling the internet, trying to find anything that we can from others about adopting siblings*'. She spoke at interview about how, although becoming a parent to their older child had generally been relatively straightforward, the biggest complexity that had arisen was due to the interactions between her new daughters:

*I think we realised with siblings, you get the interaction between the siblings which is not usually positive, so we've had to deal with that. Seren (older child) is the boss and she expects to be able to be in control all the time and if you cross her on that, that's where we deal with behavioural problems (Pippa, parent of children aged eight and three)*

Likewise, Julie stated that her older child's behaviour appeared to have a negative impact on his sister:

*It's very stressful and then we've had times where (partner) and I have ended up in tears - and Daisy (younger child) she's witnessing this and witnessing Nathan (older child) getting angry. She'll sometimes run to the sofa and put her hand over her head as she doesn't want to hear it or see it. It's just a stressful house at times (Julie, parent of children aged eight and five)*

Julie went on to explain that their elder child often appeared to be jealous of her and her partners' relationship with Daisy, his youngest sister, as Daisy appeared to have bonded more quickly with her new parents than he had. She stated that both children could be quite controlling, and their play together often seemed to descend into power struggles. In contrast, Nicola, another parent in the study, did not feel that she had needed any additional support as a result of adopting siblings, and felt that the relationship between her children (aged four and two) was an ordinary sibling relationship. It was not only conflict between siblings which could cause anxiety for parents. For Charlotte (who adopted a large sibling group with one child aged four, twins aged three and a child aged 18 months) a challenge of parenting when the children had first arrived was their lack of interaction with each other, rather than any level of increased conflict or negative interactions between them. She therefore described how she and her husband had tried to support their children to learn to interact and play together.

There have been mixed findings from previous research about the impact of sibling relationships on adoptive placements. Jones (2016) in a literature review of sibling placements in international research, found that studies conducted since 2004 have mainly indicated that the placement of siblings is beneficial in terms of family stability. Pre-existing sibling relationships can be a source of comfort and stability for children in early family life (Meakings et al., 2017). However, Selwyn (2018) in a study of adoptive families who were experiencing difficulties, found that the placement of siblings at the same time, rather than being placed sequentially, was predictive of disruption. This is similar to findings from Randall (2013), that where families do experience difficulties, that the combination of children's needs can sometimes prove too much for parents to manage.

Dynamics between siblings in adoptive homes can bring complexities (Tasker and Wood, 2016). One complexity that was highlighted in two interviews was the experience of parenting a 'parentified' child, a child who has taken on a parental role to their sibling. Hooper and colleagues (2011) define parentification as 'the experiences and processes where children take on instrumental and emotional roles and responsibilities usually reserved for an adult' (p.1028).

*I think at the start I certainly struggled quite a bit with the relationship with Cassy (older child) ... I think certainly in terms of her relationship with Maddie (younger child), she kind of wanted to mother her at the start, so there was a bit of conflict I think between her and me as to who was going to be mum in the house (Sophie, parent of children aged six and four)*

Jennifer gave the following account of her oldest child's eagerness to be involved in the care of their younger child:

*When Zach (younger child) was potty training and he had first started going to the toilet himself ... If we weren't quick enough Rhys (older child) would be in there trying to wipe his brother's bum and lift him on the seat ... we kind of had to pull him back and say "No, big brothers don't do this, big brothers come and get mummies or daddies who then do it" (Jennifer, parent of children aged six and two)*

We can see in Sophie's account of her relationship with the children, that Cassy's desire to parent her younger sister initially created some friction in the early relationship between her and her new mother. However, later in the interview, Sophie reported that as the children settled into their new home, Cassy became more receptive to Sophie taking the parenting role in the relationship. For Jennifer, Rhys's wish to support his brother in intimate care tasks was not something that she necessarily felt had caused her and her partner distress or had necessarily created friction, but she saw it as something which they needed to teach Rhys to overcome. A challenge therefore of establishing expectations with older children, is attempting to understand, undo or alter practices and patterns of behaviour which have been established elsewhere.

It was not just sibling dynamics which could add complexity around adjustment to life as a newly formed family. In two families, adoptive parents commented how parenting a newly made 'only' child, a child who is used to the company of birth or foster siblings, can also be a challenge, due to the lack of readily available playmates. Rebecca noted:

*I think one thing Mabli (child) has really struggled with ... she is one of a number of siblings, she has been placed for adoption by herself, she was placed in foster care with other children and I think she really struggles being an only child, desperately struggles with it actually (Rebecca, parent of a six-year-old)*

In contrast, in two additional families, adoptive parents commented that they felt that taking on siblings had eased the transition to parenthood:

*I think if we'd have only had one and the one had been Rhys (older child) we'd have had a nightmare. I think because we had (older and younger child) we've had a much easier run in ... one reason is that they do play really well together ... I think we have gained a helluva lot by having the two of them ... But genuinely if we'd have had one and it had been Rhys (older child) - phew! I don't know what the hell we would have done, because he wouldn't have been diluted at all (Carl, parent to children aged six and two)*

As Carl stated, having two children together, especially those who play well together, can serve to dilute the intensity of the relationship with the child, particularly where their behavior is challenging.



Notably, it is the older child of the sibling pair that Carl sees as needing *'dilution'*. Phillip (parent to children aged five and two) also felt that this was the case in his family. He commented: *'I think it's probably helped tremendously in all honesty'*.

The analysis presented here, focusing specifically on older-placed children and sibling dynamics supports the findings of Meakings et al. (2017) regarding sibling relationships across the wider sample from the Wales Adoption Cohort Study. As Meakings and colleagues note, there were many positive features of placing siblings together, and siblings could be a source of warmth and reassurance to each other. However, as they suggest, adoptive parents had often not considered, or been prepared for the complexity that sibling dynamics could bring to family forming, and this is an important area where new parents of sibling groups may benefit from support. Moreover, it was not only problematic sibling dynamics which could be an area of challenge in new adoptive families. For children, becoming an only child, when they were used to the presence of other children could make it difficult to adjust to their new family life. Having considered the impact of the placement of siblings on adoptive family life, the next section highlights some of the highs and lows that adoptive parents described regarding life with their new child or children.

### A 'rollercoaster'

Several adoptive parents described their experience of becoming a parent as a *'rollercoaster'*, with extreme highs and lows. The analogy of a rollercoaster ride has also commonly been used to describe the transition to biological parenthood (Darvill et al., 2010). In my study, this description of the transition was particularly prevalent in families who had experienced some level of child-to-parent violence from their new child. Of the fourteen families interviewed, five had experienced child-to-parent violence. In the only family in the sample where the child had moved out of the adoptive home by the time of the interview, the adoptive parents stated that child-to-parent violence was the main reason that the adoption had disrupted. In a study of adoption disruption by Selwyn et al. (2014b), the authors found that there was a statistical association between child-to-parent violence and those who go on to experience adoption disruption. They found that, for 80% of families who reported serious difficulties due to child violence and aggression, these behaviours generally appeared when children were young (pre-pubescent), but that behaviours tended to worsen rapidly as children approached puberty.

Child-to-parent violence posed an emotional challenge, not just a physical challenge, for new parents. Ruth, a single parent, described how she was experiencing difficulties with her new child, caused by *'meltdowns'* and violent outbursts:

Ruth: *I think dealing with his emotions has been incredibly challenging, and probably dealing with my emotions about his emotions, if that makes sense? ... We now have meltdowns a couple of times a week, but meltdowns used to go on into the evening. There was nothing I could do to bring them to a crescendo, you could see them working up for two or three hours, you knew he was hurting really badly, and you ... just had to wait for it ... his behaviour is quite controlling, and so actually working out a way to limit the effect of his meltdown when you've got a four- or five-year-old hitting.*

Interviewer: *Does he hit you?*

Ruth: *Yes*

(Parent of a four-year-old)

Ruth's account indicates the increased level of emotion work that she needed to undertake to navigate her child's emotional outbursts. Many parents in the study described the emotional impact of adjusting to life with a new child. Emotion work is a key component of family practices (Morgan, 2011b). For the parents in the study, managing and understanding their own emotions around their new role and whilst also trying to understand the experiences of their child was a complexity that they needed to navigate in early parenthood with older children. Morgan (2011b) notes that: 'family members are frequently involved in the control of their own emotions while managing the emotions of others (p.114). Although Ruth alluded to the child-to-parent violence she had experienced, she only admitted this when she was directly asked about it by the interviewer. As noted by Selwyn and colleagues (2014b), the experience of child-to-parent violent is often felt to be 'shameful' by adoptive parents (p.15). The authors note that the area of child-to-parent violence is under-researched, and it is not known the extent to which this is experienced in the population generally (i.e. not just in adoptive families).

Despite the challenges, parents also discussed the emotional highs that parenthood brought them, speaking warmly of tender moments with their children. An example of this was clear in Linda's account of a recent development in the relationship between her and her new daughter:

*This morning (was) fabulous ... We drove to school and we were a bit early, so we sat in the car and one of our favourite songs came on, so we cranked it up and we were playing. She said, "Can we play tag in the car?" and I went "ok", I went "tag", and she went "tag", and I went "tag". And she was laughing and singing along and dancing to the music and everything else,*

*and it filled me with joy ... because this is what it's meant to be like. And then we walked up to the school and she was dancing and laughing and singing and I thought she is finally, I think she is accepting (me) ... she is more relaxed, and she is not worrying that I'm not going to be there when she comes home* (Linda, parent of a five-year-old)

For Linda, who had experienced child-to-parent violence, this moment of warmth between her and her daughter was especially poignant. These small moments of warmth in family life, had significance, perhaps especially so in the beginnings of family life. They could serve as an encouragement that family members were adjusting to their new roles and arrangements. Similarly to findings in a study of new parents in families formed both normatively and through surrogacy (Williams-Veazey, 2018), these positive moments were generally only mentioned briefly, almost as an afterthought, compared to lengthier discussions of challenges. Like in Williams-Veazey's study, accounts of positive moments were often inseparable from challenges, and were positioned immediately adjacent to accounts of difficulties. This suggests that, for the majority of new parents, not just for adoptive parents, the adjustment to parenthood is a demanding life transition. A challenge of note for some parents in the study was around bonding with new children, which will be explored in the next section.

### Experiences of bonding

There was a range of experiences amongst the adopters in terms of how quickly parents formed emotional bonds with their child. Although for some parents, the realities of family life were difficult, others talked about how adoptive parenthood had exceeded their expectations. For example, Margaret described the arrival of her new son as a '*dream come true*'.

Margaret: *We couldn't ask for better. I mean ... one night ... we both were upstairs putting him to bed...*

John: *He said, "thank you for being my forever family" ... Things in some respects have gone, with him, better than what we thought.*

(Parents to a seven-year-old)

Both Margaret and John both bonded quickly with their new child. In a different family, Gary was taken by surprise by the immediacy of the bond between himself and his new daughter (aged four): '*I thought it'd be all mum, but it isn't, it's completely different, completely opposite, it's dad isn't it?* In contrast, his partner, Christina, took longer to establish a bond with their new daughter, stating '*Amber can melt Gary's heart, but I am just a bit too tough to accept it ... (I) don't feel the pangs of the heart strings. But I'm sure that will come.*' In Fiona and Paul's family, where their new daughter

eventually returned to care, they described how their child had bonded with Paul but not Fiona. Where older children demonstrate a clear preference for one parent over the other, this has been found to be a potential source of tension in couples, which can create conflict (Goldberg et al., 2014). Although it is anticipated that younger children may go through phases where they show a preference for one parent over the other, perhaps this is particularly difficult for parents to negotiate with an older child whilst adapting to a new parenting role. Interestingly, Goldberg et al. (2013) found some gendered differences in terms of parental bonding. Their work suggests that men may find it easier to bond more immediately with older children (rather than infants) due to the child's increased capacity to interact and play with the caregiver. In contrast, perhaps women are more able than men to bond with infants as they tend to perform the majority of physical care tasks (Williams-Veazey, 2018; Choi et al., 2005; Nystrom and Ohrling, 2004)

Rose felt positively about the quality of her relationship with her new daughter and stated that, through motherhood, she had become '*complete*' as a woman:

*I would speak to anybody about adopting a child, and I think it's an area that as a person who can't have children naturally it has made me feel complete as a woman, and that is amazing, and I would talk to anybody about considering it ... This is something that you need to think about, not just think about a tiny child, think about an older child, and because that's something that I didn't think about, because I didn't realise really, and that's the one thing I've learnt is that there are older children who are desperate for a loving family, and a future (Rose, parent to a seven-year-old)*

Rose's positive experience caused her to become an 'advocate' for the adoption of older children (Weir, 2001, p.45). Rose felt that adopting an older child had served a dual purpose, meaning that her need to become a mother had been fulfilled, and the provision of a home for an older child, who was '*desperate*' for a loving family. Rose quickly established a relationship with her new daughter and found fulfilment in this. Rose's assertion that becoming a parent has made her feel '*complete*' as a woman reiterates wider societal discourses around women finding fulfilment through motherhood (Choi et al., 2005). Similarly, in a different family, Charlotte also spoke about how the transition to parenthood had been easier than she anticipated, and how '*natural*' it felt to have become a mother to her children, despite the challenges of becoming a parent to a large sibling group.

Several parents in the study explained that it had taken some time to bond with their new child or children. As explained above, Fiona spoke about how she had never bonded with her daughter (who had returned to foster care). In an apparently contradictory statement, Christina spoke about how,

although she loved her new daughter 'to bits', that she did not yet fully feel this love inside. In two families, Rebecca and Sophie explicitly stated that they felt that they should have been better prepared for the eventuality of not immediately bonding with their children. Taking time to develop feelings of love is not something which is unique to adoptive parents. Koepke et al. (1991) found, in their comparative study of biological mothers and adopters of infants, that 29% of adoptive mothers and 33% of biological mothers took some time to feel love for their child. Moreover, bonding may be especially complicated for adopters of older children (Goldberg et al., 2013; Lavner et al., 2014). Goldberg et al. (2013) argue that adopters of older children need to be prepared for a lengthy bonding period as it takes time to establish a mutual bond. Recent research suggests that the way that adopted children perceive how their mother feels about them is particularly important in order for children to feel positively about their family life (Wydra and O'Brien, 2018). The authors suggest that this may be, at least in part, due to socially constructed ideas around motherhood.

Feelings around bonding could be complex for adoptive mothers in this time of great change. Sophie identified this as a key area that was missing from pre-adoption training:

*They need to put a lot more weight on how long it actually takes to feel attached to these children and to feel a loving bond to grow. Because that's only just starting to grow now and I, in my mind, thought magically, that first month they'd move in and everyone would fall in love with each other and that just doesn't happen. So, I think a lot more weight needs to be put on that and the reality of those first weeks, how difficult it really is (Sophie, parent to children aged six and four)*

It was only after speaking to a social worker, once the children had moved into the home that Sophie was reassured that it may take time to grow to love the children:

*After they moved in ... our social worker came in and I said to her "look I'm really worried that I'm not attaching to them and they're not bonding with us and everything", she said ... "I wouldn't even ... start thinking about that for at least you know five, six months ... it's going to take time", and no one had said that.*

Although Sophie was reassured after speaking to her social worker, it was often difficult for adoptive parents to admit that they did not have strong feelings for their new children from the beginning of their lives together. Adoptive parents could only admit this in the context of a positive relationship with someone who knew them well. Where relationships with social workers were not well established, this was a barrier to support, as adopters did not know how their feelings about their new child would be received. It is possible that for new adoptive parents, as subjects of professional

scrutiny, that admitting difficulties can be especially problematic as is unclear how this will be received. For Rebecca, managing her new child's behaviour, without feeling a strong emotional connection with her was a challenge which caused her to wonder if she could continue to care for her daughter:

*Had our social worker not been off sick, because she knows us both really well, I would have felt I could have had that conversation. Whereas did I feel like admitting to somebody that actually I could've just shut the door and locked it? ... and I feel bad saying that now but that's the truth*  
(Rebecca, parent of a six-year-old)

This highlights that where parents (most commonly mothers) had not been prepared for gradual bonding with their child, they became anxious about their lack of an immediate bond. As noted previously there is much societal discourse about the 'natural' elements of motherhood (Choi et al., 2005; Williams-Veazey, 2018). Therefore, when motherhood is a struggle, the risk is that women are made to feel like failures. Williams-Veazey (2018) argues that gendered societal expectations around parenthood and the ways in which these are constructed can disproportionately impact upon mothers and mothering practices. Discourses around fathering are less 'totalising' than those which frame motherhood (p.122). For adoptive parents, who may already be negotiating stigma in their family lives (Miall, 1987; Wegar, 2000; Weistra and Luke, 2017), the fear of admitting difficulties may be even greater. The danger of myths around motherhood is that they are internalized (Choi et al., 2005), and adoptive mothers may attribute the lack of immediacy in bonding to the experience of coming to motherhood through adoption, provoking feelings of shame or inferiority, rather than understanding that mothers in all family types can take time to feel emotionally connected to their children (Lavner et al., 2014; Goldberg et al., 2013; Koepke et al., 1991). It is also possible that adoptive parents, feel increased pressure to present their experiences of transition to parenthood in a positive light, due to insecurities about not having become parents through normative means (Krusiewicz and Wood, 2001; Levy-Shiff et al., 1991). Furthermore, it is possible that the experience of being subject to professional scrutiny creates an additional challenge in admitting difficulties, as parents may feel unclear of how this would be received by social workers, coupled with anxiety caused by the lack of legal security in the relationship with children in early family life (Lewis, 2018; Eriksson, 2016a). Thus, it is possible that adoptive parents feel both internalised pressures from their own expectations around parenthood and additional pressure as they are subject to scrutiny from professionals.

Most commonly relationships and bonds with children were forged through ongoing participation in everyday interactions with their child (Jones and Hackett, 2011), rather than being instantly formed.

Undertaking shared activities featured in many of the parents' accounts of building relationships with their children. For example:

*I would say (that we have a) very, very good relationship. We go out to football together; we go to gymnastics together once a week. I take him (older child) to school every day and pick him up ... I would say the relationship is probably head and shoulders above anywhere I expected it to be by now (Phillip, parent of children aged five and two)*

*Wherever I go, she goes. If I move, she moves. ... I'll sit and read with her. She loves her Lego ... so I'll do the Lego with her (Gary, parent of a four-year-old).*

*We've bought a caravan to go away on the weekends now and ... it's just being a family now and that's what we've always wanted. Yeah, it's hard, but we certainly wouldn't change it. (Jennifer, adopter to children aged six and two)*

Phillip listed the shared activities that he and his eldest child undertook together, immediately after describing his thoughts on the quality of his relationship with his child. This suggests that the undertaking of shared activities and shared time together was a facilitating factor in the positive relationship that they have, which he describes as having exceeded his expectations in terms of how long he had imagined that the relationship would take to build. Gary also spoke of the closeness between himself and his new daughter, which was facilitated by spending time together reading and playing Lego. Jennifer outlined her plans to spend time in their new caravan with her children, and describes this shared time together as their way of 'being a family', through having shared moments and time away together. Similarly to some others in the study, she describes family life as 'hard', but comments that they would not change it.

For one family, a special occasion (Mothering Sunday), was seen as having marked a key turning point in the relationship between the child and her adoptive mother:

*We thought Mother's Day was going to be an issue, so we went up and spoke to the school. We said, "look it's OK if she wants to do something for her birth mum, don't worry about it". And that's what she started doing. But then, they were writing poems and she said, "I can't write that for my birth mum", so she wrote it for me. And it was a lovely poem she wrote. What they had to do was they had to take some of the phrases off the board. I think the ones about doing clothes and some of the others she copied off the board and some of the others are the ones that she said to the teacher that she wanted to do, for me. And that was about the time she started calling me Mummy (Pippa, parent of children aged eight and three)*

In this account, the adoptive parent anticipated that Mothers' Day may be a difficult occasion for the child, and had proactively contacted the child's school to help the staff to respond in a supportive way to the child at this time. It is evident from Pippa's account that her child had felt conflicted about who to write a Mothers' Day poem for. Interestingly, the catalyst which sparked the child's desire to write a poem for her new mother appears to have been her engagement with the idea of parents as those who perform the practical tasks associated with looking after children, such as '*doing clothes*', as a way through which care for children is 'displayed' (Finch, 2007). This appears to have marked a shift in their relationship, whereby she felt ready to call her adoptive mother 'Mummy'.

## Chapter conclusion

Morgan's (2011b, 1996) notion of family practices was used in this chapter as an analytic lens to explore the active processes by which adoptive parents sought to build relationships with their new child and adjust to their new role. Like Jones and Hackett (2011), I have found the concept of family practices to be useful in terms of understanding the process of family forming in adoptive families. Establishing family practices with older children could be emotionally complex and required concerted effort on the behalf of adoptive parents. In the formation of their own family practices, parents were trying to navigate children's understandings of family life which had been forged elsewhere. Therefore, adoptive parents were having to quickly 'catch up' with their children; having to set boundaries whilst getting to know, and establish a relationship with, their new child. They were also trying to make sense of their child's past experiences, trying to work out what ongoing impact these experiences were having on the child, and attempting to make up for experiences on which they felt their child may have previously missed out. Adopters experienced a level of scrutiny from their new children who were trying to understand and assess their new parents and home.

Parents were coming to terms with their lives changing and some lamented the loss of their pre-parenting lives and habits. Relationships between all family members were shifting and adjusting following the arrival of the child. Several parents described the process of learning and managing the physical and emotional tasks of early family life as exhausting and overwhelming. For many parents, as they had no previous experience of parenthood, managing this was new and unfamiliar. Parents were working out how to incorporate predictability and comfort into their child's lives as they had experienced so much change and upheaval, whilst trying to establish new ways of 'doing' family with them. The establishment of family practices with sibling groups meant inheriting, and (in some cases) trying to unpick problematic sibling dynamics that had been established elsewhere. Many parents described their transition to parenthood as a 'rollercoaster' with extreme highs and lows. Whilst some parents quickly felt an emotional connection to their new child, others were shocked at the length of



time that this took to establish. Where the latter was the case, this could be difficult to admit or to seek support around and could cause anxiety for parents. This was perhaps especially the case whilst families were subject to professional scrutiny prior to the legal formalisation of the adoption, as parents were concerned that the child could still be removed from their care (Eriksson, 2016a; Lewis, 2018). An important element of the work that adoptive parents do in establishing family practices with older children, which was revealed in the accounts of parents in this study, is emotion work, due to the complexities of forging a new relationship with a child that has already experienced family practices elsewhere, whilst managing the ups and downs of new family life and learning to love the child. The emerging picture, as outlined in this chapter, is that trusting relationships with older children can take time to develop; are built through experiencing the rhythms and routines of family life together; spending time together and through experiencing bi-directional physical and emotional care.

Having considered parents' experiences of establishing relationships with older children, the next chapter focuses on the identity work which was being undertaken both by parents and children in the study, and the challenges of beginning to talk about, and makes sense of, relationships formed through adoption.

# Chapter Eight: Identity Work in Newly Formed Adoptive Families

## Introduction

The arrival of the children in the home meant that identity issues were brought to the fore, as parents tried to support their child in understanding the substantial life change that they had just experienced. Adoptive parents of older children were often confronted by identity issues early on, and decisions needed to be made quickly to decide how to manage and communicate about significant relationships on an ongoing basis. This chapter responds to the following research question:

- How do adoptive parents begin to explore issues of identity with older-placed children?

As outlined in chapter three, Jones (2009) defines identity work as the task faced by adoptive families of 'developing a positive identity as a family despite perceived differences from cultural norms' (p.166). This definition forms the basis for the understanding of identity work here. Jones suggests that a key tool for developing a positive identity as an adoptive family is through engaging in 'adoption talk' (p.180), the open discussion of adoption related matters. Although Jones states that 'adoption talk' can occur both within, and externally to, the adoptive family, this chapter focuses solely on interactions between adoptive parents and their new children. Below, I discuss how the parents in the study began to undertake identity work, in terms of how they communicated with their child about the child's past and the child's identity as a member of a new family. Many of the parents in the study were working out how to narrate and make sense of their new family, which through its formation, necessarily involved the fragmentation of other families. Within the narratives, as illustrated in this chapter, layers of storytelling are evident. The adoptive parents described the stories that they had told the child, and that their child had told them (both through talk and action), which were then re-told and re-interpreted within the context of the interview interaction.

In this chapter, I explore how adoptive parents began to talk to their child about issues related to adoption. In starting this task, many parents utilised key objects within the family home, which helped them to communicate with their child about adoption and about the permanent nature of their new family relationships. The work of talking to children about adoption, in many cases, had already been started by others (such as the children's social workers, birth family members and foster carers) and, as such, adopters were inheriting pre-formed 'scripts' about adoption that did not necessarily reflect their preferred terms or explanations. Identity work was considered by some parents to be a

challenging undertaking, and adoptive parents were concerned how engaging in difficult conversations about their child's past would impact on their relationship with their child while this was still being established. This chapter also considers parents' understandings of their own changing identity and highlights how this was understood, in part, in response to their new child's reactions to them.

The first section of this chapter focuses on how adoptive parents began to approach identity work with their new child or children.

### Approaching identity work with children

As adopters of older children, parents were starting identity work from a point at which children had begun to make assumptions about the world and had already formed meaningful relationships elsewhere. Julie, adoptive mother to children aged eight and five, explained how, through adopting older children, her and her partner saw openness about adoptive issues as an inevitable feature of their family life. She stated: *'(we) think it's very important to be open with both of the children. These are older children. We can't pretend otherwise'*. The way that parents approached identity work differed between families. Margaret described how she had proactively created an opportunity to engage in identity work with her son. The catalyst for initiating identity work was an impending meeting between their son and his older birth sibling. Margaret was concerned that the birth sibling would bring up information which may confuse or unsettle her son. Margaret explained how she had begun the process of identity work with Tyrone, her new child:

*I went into his bedroom one morning and he was watching the television and a Pampers advert came on and he said to me, "I don't like babies". I said, "Why don't you like babies? You were a beautiful baby". And he said to me, "How do you know?" I said, "Because I've seen photographs of you". He said, "Can I see those photographs Mummy?" And I said "yes, of course you can, but can I show you them tomorrow because then Daddy will be here, and we can do it together?" He said, "OK" (Margaret, parent of a six-year-old)*

The telling of this story, where the question *'Why don't you like babies?'* remains unanswered by the child but is immediately answered with: *'You were a beautiful baby'* by the adoptive mother, gives us, the audience, an insight into her thoughts on why the child may have felt negatively about babies. Through her performance of the story, we are given to understand that Tyrone's feelings about babies, result from a knowledge-deficit about his own history. In Margaret's view, not having seen photographs of himself as a baby, caused him to have a negative perception of his own babyhood. Margaret described in the interview how this identity work was undertaken as a protective measure

in order to prepare Tyrone for the possibility of uncomfortable conversations which could come up during a visit to see his birth sibling, who lived in foster care. Conversations about identity were not always planned in the deliberate manner described in the story above. The reality and spontaneity of family life meant that conversations could not always be approached in this careful way. Parents talked of how they could not plan for conversations which tackled issues of identity, as children asked questions at unexpected times. For example, Phillip described how his new son (aged five) would take time to process information that he was given: *'He is a bright boy and he's a dweller. You'll tell him something today and he might not ask you any questions about it today. Bath-time Wednesday night, you'll get a question.'*

Parents used various means to initiate identity work with their new child. Sometimes they used objects from the child's past or resources that they had created to introduce themselves, prior to the child's arrival in the home, to start conversations about adoption-related matters. Ruth talked about how she had used a specialist children's story book about adoption to create opportunities to discuss adoption with her new son, Ned (aged four). She felt that this helped him to begin to explore his feelings around adoption with her, which he may have not otherwise been able to express, by using the book as a tool. In Ruth's account of her and Ned reading this book together, Ned commented, *'this is the sad bit'*, at the point where the character in the story was placed with their new family. From him simply saying this, she imaginatively explored what might be making him feel sad, stating, *'I think part of him, in his heart, is thinking I miss my old life, even though it was horrible ... it was my life'*. This parent narrated how she employed empathy to imagine how her son may be feeling about adoption related issues.

As explained in chapter three, open communication with the child about adoption-related matters is endorsed in current social work practice literature (e.g. Morrison, 2004; Ryan and Walker, 2016), and adoption communication can be seen as a predictor of success in adoptive families (Brodzinsky, 2006, Kirk, 1964). The rationale for this is often grounded in psychosocial understandings, which suggest that, through understanding the past, one can move on with the future (Rees, 2017; Schofield and Beek, 2011). One participant, Rose, talked about how she tried to encourage her daughter (aged seven) to talk about her pre-adoption experiences, so that she could *'let go'* of them. Through creating a family culture where it was both accepted and acceptable for the child to share her feelings, Rose hoped that this would enable her child to discuss and process difficult things that she had experienced previously. Parents in the study who had started to explore ideas of identity with their child generally felt they were doing this as a protective measure, fitting with psychosocial narratives advocated in practice guidance (e.g. Morrison, 2004; Rees, 2017; Ryan and Walker, 2016). There was a sense from the interview data, that by helping children to make sense of their past, parents were attempting to

guard against any future resentment, which could be caused by the adoptee feeling that information had been withheld.

The idea of openness being a protective and preventative measure, was reflected in the story that one parent told about the adoption preparation training that she had received:

*Some of the stories I have forgotten, but some of them have stuck with me ... (the trainer) tells a ... story where a boy was adopted and eventually the adopters decided to break off all contact with the siblings, and, whether it was as a result of that or not, he ended up going back into the system (Linda, parent of a five-year-old)*

Through this telling of this story, it is clear that the story is a moral tale. Although it is acknowledged by the adopter (and presumably in its original telling by the trainer) that it is not possible to make a direct link between the adopter in the story's decision to end sibling contact and the child's return to foster care, causality is implied in the way that the story is constructed. The message here, is that through reducing the level of openness in the family (in this case, the sibling contact), the family was no longer able to maintain stability. The potential danger of the advice offered here (and how it has been interpreted), is that it creates anxiety around parental decision-making (Furedi, 2001; Pylypa, 2016), suggesting that if the parent does not make the 'correct' choices about openness in their adoptive family, that there is a risk that their relationship with the child could fail.

Having looked at some of the ways that parents began to engage with their children about issues of identity, the next section considers how adopters' and children used tools and resources to facilitate and understand matters of identity in their family life.

### The use of 'tools' in identity work

It is probable that many of the children arrived with mixed feelings about having a new family (Browning, 2015, Boswell and Cudmore, 2014). As such, they may have been mourning the loss of their foster homes and unsure about their new family arrangement. Adoptive parents in the study appeared to be sensitive to the messages that were being given to their children about the permanence of their new home. Parents used key objects within the home, to aid them in their communication with their child and to support the child to feel comfortable. These objects became 'tools for display' (Finch, 2007, p.77) or 'tools of openness' (Jones, 2009, p.232), by which adopters could communicate the permanence of their new family arrangement to the child or by which they could emphasise the child's continuing connectedness to their birth family. The accounts from interviewees reflected the different ways in which a sense of belonging was displayed to new children.

One poignant example of the meaning conveyed to children by objects was given by Pippa and George when they spoke about the suitcases that their children had arrived with from their foster home:

*George: We had them lying around for a short while, while we were unpacking, and it was a cause of distress, wasn't it?*

*Pippa: And actually, we said – “do you want the suitcases to go?”. We had some friends who go out to an orphanage in Kenya and they are always asking for suitcases. We said to the children, “do you want the suitcases to carry clothes out for children in Kenya?” So, they know the suitcases are on an aeroplane and they won't come back!*

(Parents of children aged eight and three)

Pippa and George understood the meaning conveyed by the suitcases and so by removing them, they tried to communicate the permanence of their children's new home. As Langellier and Peterson (2004) suggest: 'Family is a human communication practice' (p.33). The actions of the parents regarding the suitcases appear to have been, to an extent, scrutinised by the children who were trying to ascertain the nature of their new relationship. In this example, the adoptive parents 'displayed' the permanent nature of their relationship to their new children (Finch, 2007) through removing the suitcases which symbolised transience. Objects from foster homes and from birth families held important meanings for children, and adoptive parents were tasked with interpreting the importance of objects. In another family, Ruth stated that she felt that because her son (aged four) had experienced so much loss previously, objects took on a high-level of significance for him, which made sorting through his old clothing very difficult. She suggested: '*Actually, going through your (child's) clothes is just too painful. You can't just get rid of stuff that's too small for you because you don't have stuff from the past.*' Ruth felt that, by allowing her child to keep his old clothes, this would provide a link to his past. The objects described above, therefore, became transitional objects, acting as an anchor in times of uncertainty.

Several parents described how objects from the birth family were displayed or were made accessible in the family home, despite this sometimes feeling uncomfortable. Jennifer spoke of how, whenever her son (aged five) was upset, he wanted to cuddle a blanket given to him by his birth mother. Her and her husband found the blanket difficult to negotiate, stating: '*it drives (adoptive dad) insane ... (but) I've said he will get to a point where he doesn't need it any more, the more fuss you kick up the longer he will need it*'. Therefore, they decided to '*leave him to it*', realising that the child needed to be in control of how he used the blanket, recognising it as an important source of comfort, even though this felt uncomfortable for his adoptive father. Again, this links to psychosocial understandings

that through the child's interaction with objects from the past, the child would feel more confident in approaching the future.

Linda, at interview, spoke of the significance that she attributed to her child moving a photo of her birth mother into a less prominent and less visible position within the home:

*In her memory box there is a picture of her when she was about two, with her birth mother, and for a while she had it on her chest of drawers. But recently I saw she had put it in the cupboard under her bed. I said, "Why have you done that", "Oh I don't want it on my chest of drawers anymore." "Oh ok", and then I said, "well shall we put it back in your memory box for safekeeping because it's quite an important photo", so we did that. I thought, hmm that's interesting ... the enormity of that decision, to do that. But if I had said to her "no we don't want to put that out on your chest of drawers" she probably would have wanted it even more, but she decided, no I don't need that now. So, it's quite enormous things like that ... it's her way of saying I feel secure with you (Linda, parent of a five-year-old)*

In Linda's account, we can see that she has interpreted the child's positioning of the photo as a sign of her daughter's increasing contentment in her adoptive home. Similarly, MacDonald (2017a) discusses how, in adoptive families, photographs, and the way that they are positioned in the home, can be a way to communicate the adoptive family's relationship to the birth family. MacDonald found that generally, birth family photographs, were confined to children's bedrooms, symbolising that birth family members were kin who belonged to the child rather than the family as a whole. Like Jennifer in the previous example, Linda described this as something over which the child needed to have control. She felt that, had she not allowed the child to exercise choice and control over the positioning of the photo, this would have increased her desire for it to be visible. Symbolically, this would have also increased her child's feelings of longing for the birth family. As Carsten (2000) suggests, it is clear that children in the study arrived at their new home with 'visual artefacts', tied to their life histories, which 'like objects in a museum (may be) ... marked off from everyday objects' (p.691).

Engaging with the sentiments tied to artefacts involved high levels of sensitivity from adoptive parents. As Jones (2009) describes, adoptive parents undertake numerous roles in their performance of identity work. She suggests that adopters act as: 'family-builder, curator, storyteller and social navigator' (p.198). Jones states that generally adopters have little preparation for their multiple roles. What is notable from the examples given here is that the role of curator, as demonstrated above, can sometimes involve removing objects from the home which make children feel uneasy and in other cases it involves protecting objects which hold precious meanings. It is clear, from these examples,

that in the early lives of these adoptive families, parents felt that it was important to communicate and display a sense of permanence to the child or children about their new family and to try and acknowledge the continued connection that the child had with their birth family.

Having considered the tools that adoptive parents used to broach this work with their child or children and the adopters' understandings of the impact that their talk and actions had upon their children's sense of identity, in the next section I consider, that for older children, identity work is often a collective enterprise, which has already been started by foster carers, birth parents and social workers. Adoptive parents are therefore picking up conversations which have been started by others.

### The collective nature of identity work

When the children in the study met their new parents, they had all, to varying degrees, had some form of preparation for the move to their new home. This generally involved a social worker, support worker or foster carer talking to the child about moving to live with their new parents or 'forever family'. Sometimes this involved talking about photo albums or videos that the adoptive parents had made to start the process of introductions to their new child. Sometimes adoption conversations had taken place with children as part of 'life story work', where professionals (generally social workers, support workers or therapists) tried to help the child to understand why decisions had been made about adoption and the reasons that they were unable to live with birth family members. Good preparation was valued by the parents in the study, and when children were well prepared this seemed to ease the transition to their new lives as a family together. Some adoptive parents were unsure about the explanations given to their child or the choice of words used to describe the child's situation. Sophie described how her new daughter had been told that her and her husband had chosen to adopt her because they could not have biological children:

*The only thing I ... was concerned about afterwards with (younger child) was when she ... came out with a few things when she first moved in, saying things like "oh did we have to move in with you ... because you couldn't have little people, so you had to come and take us". So, it made me think, they've obviously said that we couldn't have children that's why we've adopted them ... that was a bit difficult to deal with (Sophie, parent of children aged six and four)*

Sophie was unsure who had given the child this explanation, as this was not how she would have chosen to talk to her child about the reasons that her and her husband decided to adopt. This is an example of the difficulty of the involvement of multiple individuals in the way in which the child is talked to about adoption, as the narrative is corporately produced, and explanations given may not be deemed acceptable by all parties. Other parents also had reservations about the language used



with their child to describe the reasons that they had been placed for adoption. Phillip felt the explanation that had been given to his five-year-old son was not clear enough around the reasons why he could not live with his birth family:

*Unfortunately, there has been a little bit of disagreement around the use of some of the language that's been used, because his social worker has told him it wasn't safe for him to stay with his mum and dad. We think safe is potentially a little bit of a highly-strung word in terms of then trying to explain, well, what is safe and what isn't safe. And there's just too many contexts for the word safe to be used. I don't think he (child) understands really why he was taken away and put into care. If you read the books then he's probably not going to really understand until he's about 13, 14 anyway (Phillip, parent of children aged five and two)*

Phillip highlights the complexity of adoption talk and the difficulty of finding the right 'script'. He felt that the wording used by the child's social worker was not adequate to give the child insight into the reasons why he could not live with his birth family. Whereas the child's social worker chose to use the word 'safe' to explain to the child why they could not live with their birth family, presumably in the belief that this was a suitable way to describe the situation, this was not the word that Phillip would have chosen. Clearly, it is a challenge to know how best to address with children the complex, and often multiple reasons that adopted children have been judged as unable to remain with their birth families.

It is difficult to give a coherent and child-friendly explanation about complex social issues which may include abuse, neglect, substance misuse and domestic violence (Jones and Hackett, 2007). The way in which different adults feel that it is best to approach this is likely to be highly individual. Moreover, as Phillip highlights, due to the child's age, it would be difficult for him to comprehend the reasons for adoption at this stage anyway, and therefore the work done with children prior to, and in the early days of adoptive family life is merely a starting point which will need to be revisited in future. As Phillip identifies, the child's ability to understand, which is determined by their stage of development, is a key factor in how much meaning they are able to take from conversations about adoption (Brodzinsky, 1987; Wrobel et al., 2003). Several parents highlighted that although they had been described to their child as their 'forever family', that their child was not yet able to understand what 'forever' meant, as they did not really understand the concept of time. The term 'forever family' is a contentious term, as the symbolism conveyed by the term may not be matched by the reality, as there is no guarantee of stability in any family (Clapton, 2018).

The question about who gets to decide the script is an important one. For Linda this was highlighted when she requested an electronic copy of her child's life story book so that she could re-design it to make it more suited to her child's needs:

*I thought it was a bit wishy washy and it jumps about all over the place ... What I have been asking for is can I have an electronic copy of it (but the local authority) seem to be reluctant to give me an electronic copy. We talked about this ... at the LAC [Looked-After Children's] review and the IRO [Independent Reviewing Officer] said it might be because they're worried you're going to change it. But if I want to change it then surely that's because it's in my child's best interests (Linda, parent of a five-year-old)*

In Linda's interpretation, she was refused access to the life story materials as the local authority were concerned that she would make changes to it. This response seems to lack understanding that the adoptive parent is the person who is most likely to engage in identity issues with the child on a daily basis (Jones and Hackett, 2007). It also does not recognise the inevitability that adoption stories can be told in different ways to reflect differing perspectives (Baynes, 2008). If an adoptive parent is not happy with the content or quality of the life story book, they will not use it with their child (Watson et al., 2015b). This example highlights professional practice which discourages collaboration and suggests a suspicion towards the motivations of adoptive parents. It also suggests that this local authority regarded the life story book as a fixed document and therefore it would be unable to be changed over time to reflect the child's changing needs or understanding (Brodzinsky, 1987; Ryan and Walker, 2016; Wrobel et al., 2003; Watson et al., 2015a). Linda explained: *'I want to put pictures in of what I was doing at the same time'*, therefore using the life story book to tell her and her daughter's joint story. The response of the local authority to this parent's request appears dogmatic, stifling creativity and denying parental autonomy. It is notable from these examples that the task of identity work and adoption talk with children in early adoptive family life is frequently undertaken as a collective enterprise. Explanations are given to children and words are used which would not be the ones chosen by adoptive parents. The ways in which social work practitioners undertook identity work with children could undermine or reinforce the adopters' position and sense of parental autonomy.

Having considered the collective and corporate production of adoptive identities, the next section will explore some of the concerns that adoptive parents had about broaching the topic of their child's past.

## Adopters' concerns about identity work

Helping a child to understand difficult life circumstances could be daunting for any parent. For the (potentially anxious) new parent to an older child, understanding how to best approach this is a huge challenge. The notion of bringing up distressing topics with a child, with a view that it could be of future benefit, may seem counterintuitive. Adopters in the study were simultaneously establishing their relationships with their child and beginning to explore identity issues. Parents observed how their children responded to identity issues to gauge how identity work was received. For some parents, it was difficult to feel convicted that an exploration of identity issues with their new child would be of benefit to either party. Ben and Sophie, who had not been provided with life story books for their new daughters, stated that, although they had initially felt it was important to talk about the reasons for their children's adoption, as their children did not seem curious, they wondered if it was worth addressing it at this stage in their lives together:

*Ben: They never really asked. I don't know whether it's something we should be dealing with or I don't know whether you should just... if they don't ask then that's fine because you know, well they obviously do know they are adopted, they know, but they don't ask, do they? It's just ... it doesn't come up, does it?'*

*Sophie: Sometimes you feel if they don't ask its best not to... [Laughs]*

(Parents of children aged six and four)

When discussing when they thought it would be appropriate to bring up the children's previous history, Ben suggested that perhaps deferring talking about birth parents until the children were much older, stating: *'If they're 16, 17, you know, 18, they can make their own decisions and we will help them do whatever.'*

A useful resource for initiating adoption conversations, as noted by several participants in the study, was the child's life story book. As noted in chapter three, a 'life story book', is a simple narrative account of the child's life which should include the reasons why they have been adopted, explained in an age-appropriate way (Ryan and Walker, 2016; Watson et al., 2015a; Watson et al., 2015b). The book is likely to contain pictures of significant people from the child's life and possibly key places, such as a picture of the birth family home or foster home. This is generally produced by social work professionals, occasionally with the involvement of the child. Interestingly in light of their comments outlined above, both Ben and Sophie stated later in interview that they felt that life story books should be provided immediately when adoptive children arrive in their new home, and told the interviewer

that their older daughter had been asking about her life story book. Ben and Sophie's desire for the life story book suggests that this couple were conflicted about how they should navigate this complex area of their family life. On one hand they did not want to cause any unnecessary friction in the relationship with their children and were keen to delay adoption-related conversations, on the other, they felt that life story books should be provided early on in their family life together. Had they been provided with a life story book, this may have given them a tool which could have helped them to broach this daunting topic. This family were concerned that through addressing identity issues, this may cause regression or disrupt the process of relationship building with their new children. Sophie explained her concerns about bringing up the children's pre-adoptive experiences, commenting: *'You're constantly terrified you're taking them ten steps back and you're going to have to start all over again, because it's just, it's exhausting.'*

Although recent National Adoption Service guidance in Wales outlines that children should have their life story book<sup>26</sup> four months after arriving in their adoptive family home (Coldrick and Doughty, 2017), not all of the children in my study had received their life story book by the point of interview (approximately nine months post-placement). This meant that several parents were unable to use the life story book as a resource with their new child when trying to explain the reasons that the child had been adopted. Life story work (i.e. the process of helping the child to understand the past, sometimes aided by the physical resource of the life story book) has roots in narrative psychology: 'parents help the child to construct a coherent life narrative, so that they develop a clear understanding about where they came from, how others felt about them, and their place in the world' (Ryan and Walker, 2016, p.9). The process of helping a child to understand the circumstances which led to their adoption is not considered to be straightforward. One outcome of broaching issues of the child's past experiences with them is that children may display disturbing behaviour or relive past experiences following this work. Advocates of life story work suggest that although difficult, this can be part of the 'healing' process (Ryan and Walker, 2016; Von Korff, 2008). Therefore, broaching these emotionally complex topics with relatively young children before relationships were fully established was seen as a challenging undertaking by most parents in the study.

Gary stated that although his daughter (aged four) had looked at the pictures in her life story book, he had not read the words to her as he felt it was important to let her *'have her childhood first'*, stating, *'when she wants to (talk about adoption), she'll ask'*. This seemingly sanitised view of childhood suggests that Gary felt that he was protecting his daughter by avoiding difficult conversations with her. Gary appears to see childhood as a time of innocence where children must be protected. This fits

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<sup>26</sup> Also referred to as 'life journey materials' by the National Adoption Service in Wales.

with contemporary social constructions of 'childhood', where childhood is seen as outside time, located separately from the harsh realities linked with 'adulthood' (James and Prout, 1990). Gary sought to protect his child by not vocalising uncomfortable issues. The irony here, of course, is that the child had already experienced the events from which her adoptive father hoped to protect her.

Fiona explained how she had tried to take a positive approach when talking about their child's birth family. This approach did not seem to have been well received by the child:

*Her (child's) words, the impressions she gave about her birth family were fantastical ... They stabbed her, they made her bleed, they hurt her. They didn't feed her ... So, whenever you spoke about her birth parents and where she has come from, she just didn't engage ... The tactic that (adoption agency) said was to try and engage her as if her parents are part of our family, because they are part of our family too, and maybe that scared her some more, thinking "oh my god, they are my family, I am going to see them again" (Fiona, parent of a six-year-old)*

Fiona, through her use of the word '*fantastical*', appears to be questioning her daughter's telling of her experiences in the birth family. Through presenting the birth parents as members of the extended adopted family, as advised by the adoption agency, the adopters were concerned that they had caused their child additional anxiety. Perhaps through following this advice, the child felt that her experiences of the birth family were silenced or were not believed. Treacher and Katz (2001) argue that the accounts given in life story work are often formulaic and resonate with stories which are deemed to be appropriate considering current dominant ideas and narratives around adoption. They point out that particular narratives are expected to emerge, which are considered 'positive and reparative' (p.25). The risk of this accepted formula is that it can serve to silence experiences which contradict the dominant narrative, even if this does not fit the child's own account of their birth family life. Indeed, parents had generally been encouraged to put a 'positive spin' on the child's pre-adoption history. Below is Linda's interpretation of this advice:

*If you think badly of their parents, then by association ... (the child will) think that you think badly of them, and so you have to put a positive spin on it, so that they feel better about themselves and where they've come from ... I haven't quite worked out how I'm going to put a positive spin on the father, because I think he's a shit. (Linda, parent of a five-year-old)*

The paradox contained within this advice is evident. Many children placed for adoption have experienced serious abuse and neglect in their birth family homes. The suggestion that these experiences can be reframed as 'positive' creates an obvious difficulty. For adoptive parents to frame them in this manner, means that their performance of 'openness' could become, to some degree,

disingenuous. As honesty and openness are closely linked, it was impossible for this parent, as described above, to be both 'open' and 'honest' about her view of the birth father. As pointed out by Loxterkamp (2009), the often overly positive way in which 'openness' has been operationalised in many adoptive families, following the advice of professionals, is fundamentally flawed and can result in confusion for the child about why they are no longer living in the birth family. Therefore, although 'openness' and positivity are generally advocated by adoption researchers and professionals, perhaps the advice given needs to be more critically considered.

It is important to remember that it is possible and probable that new adoptive parents will not have had any prior experience of having this type of sensitive and emotionally charged conversation with a child. It is therefore unsurprising that adopters were anxious or reticent about undertaking this task. There was a sense from some parents that they did not want to risk unsettling their children by bringing up issues which may be upsetting if the child had not overtly expressed an interest, or which could create a psychological gap between them (Brodzinsky, 1987). However, practice guidance warns that if parents do not proactively engage their child in identity work then they risk making the topic taboo or causing the child to be insufficiently prepared if they subsequently choose to access their files in later life (Howe, 2003; Morrison, 2004; Rees, 2017; Ryan and Walker, 2016). This then, is a complex terrain for new adoptive parents to navigate.

Having considered some of the reservations that parents had about bringing up identity issues with their child, and the conflicting advice that they had received about this, we now turn to consider the impact that the interactions with the child had on the new parents' own sense of identity.

### Parenting identities as co-constructed identities

The role of adoptive parent is to some extent, a dependent identity. Adopters rely on the collaboration of the child to legitimise their parental role. This is perhaps particularly the case in early adoptive family life. As Von Korff et al. (2010) suggest, identity work is a two-way process and through engaging with the child around identity issues, the parent's own sense of identity can be affirmed. I discuss below, how older children are co-producers in the adopter's sense of identity, which can be endorsed or threatened by the talk and actions of the child. At the transition to family life, when the actors in the adoptive family are still working out how to perform their roles, the way that the child responds to identity issues can be crucial for how the parent makes sense of their own identity. As Kirk (1964) suggested, a challenge associated with adopting older children is that they have greater capacity for autonomy, which forces parents to acknowledge the differences which come with being part of an adoptive family. For example, the child can refuse to accept their new family name, or they may not

wish to call their new parents 'mummy' or 'daddy'. References to previous relationships can be interpreted by adoptive parents as threatening, and as such, it can be difficult for adoptive parents to recognise the child's own distress and support them in their grief (Browning, 2015).

For some children in the study, who felt conflicted about their feelings for their birth parents, it took time for them to feel able to call their new parents 'mummy' or 'daddy'. In two families where children had lived with their birth mothers for some time, the children were able to call their new father 'daddy', but it took time for them to feel comfortable calling their adoptive mother 'mummy'. One adoptive parent whose new daughter could articulate her conflicted feelings around the word 'mummy', was able to provide reassurance to her:

*There's no competition. We say, "look it's fine to love your birth mum, it's not one or the other, you've got both". And she said, "I want to call you mummy, but I find it hard because I've got a mummy." She is very good at talking. And I say, "It's ok if you feel more comfortable calling me Pippa". (Younger child) for ages used to call me Me-Me. And I said "why don't you have a different name for me? Call me Me-Me." And she said "No, I want to call you mummy, because you are a mummy, but I'm not ready yet."* (Pippa, parent of children aged eight and three)

Pippa explained that her relationship with her new daughter had been positive from the start, but that when the child finally did call her 'mummy', that she saw this as a signal that she was ready to move forwards in her new relationships with her adoptive family. Most commonly, the children in the study had been prepared to meet their new parents and therefore some of the children started calling their new parents 'mummy' and / or 'daddy' on their first meeting, which parents generally interpreted to be an encouraging sign. Ruth, who had been eager not to pressurise her new son (aged four), was surprised and pleased when he referred to her as 'mummy' immediately, but also treated this cautiously, stating that she saw this as a sign that her child was desperate to belong.

Several parents commented on the significance that the child's former foster carer held for the child in the early stages of adoptive family life. Ruth's child told her that he had '*three mums*', referring to his adoptive mother, birth mother and foster carer. Assertions made by children could threaten their new parents' sense of entitlement to their child. For example, one child (aged six) told her adoptive mother (Rebecca), '*I love you, I just wish you were (foster carer)*'. Although Rebecca did not describe how this comment made her feel, it seems likely that, as a new parent especially, this was difficult to hear. In early family life, when adoptive parents were trying to work out their new role, it could be difficult to know how to manage such assertions. Rebecca felt that, in retrospect, her daughter would have been better able to cope with the transition to her new family had she had more ongoing contact

with her foster carer. Children in new adoptive homes are likely to be mourning the loss of their foster home (Boswell and Cudmore, 2014). Gradual reductions in contact with significant others may be helpful in terms of facilitating adjustment rather than the complete cessation of contact (Browning, 2015).

Several parents acknowledged that it had been difficult to witness the loss incurred by their child through their move from the foster home. This could cause complex emotions during the very early days of relationships with children. Sophie described her feelings of guilt that her children had been moved from the 'perfect' foster home, where they were settled, to live with her and her husband, with whom they did not yet have established relationships:

*The first day we brought (younger child) home she looked up at me and I just thought, there is just nothing there, there was an empty look on her face ... And also with (older child) I said to her "oh you're going to move in with us now and we're going to keep you safe" and all this kind of thing, and she was looking at me like she was thinking, "who are you? ... I was perfectly safe with (foster carer), I was fine there and why am I here?" It was like...oh that rejection (Sophie, parent of children aged six and four)*

The child's blank response to the adoptive mother's declaration, led Sophie to question the authenticity of the newly formed adoptive relationship. Sophie's perception of being scrutinised by her new child exacerbated her feelings of uncertainty in the relationship. Her insecurities about the relationship also meant that she was reticent for the children to have direct contact with their previous foster carer, as she was worried this could further threaten the validity of the adoptive family. Sophie described her unease about this, commenting: 'our worry ... with them meeting her (is) ... whether the children suddenly decide they want to go and live with them again rather than us'. For Sophie, her insecurities around the legitimacy of her relationship with the children, were heightened by her belief that the foster home was the 'perfect' home, which highlighted the inadequacies which she perceived in her own home. She felt uncomfortable about having disrupted the children's lives, especially as she was not yet confident in her own relationship with them.

Due to the children's ages and communicative abilities, the potential existed that they could articulate the view that they wanted to return to the foster home, a potential additional challenge to the authenticity of the adoptive family. Although the children had not said this, the mere possibility of it, compounded Sophie's anxiety. Boswell and Cudmore (2014) found from their research, that in this highly emotional time of transition, that the adults involved tend to focus on their own emotional experiences, at times at the expense of the experiences of the child. This was not the case for Sophie.



Sophie's thoughts around her emotional experience was seen as intertwined with the children's experience. As is evident here, engaging with the child's emotions can force adopters to confront difficult feelings. In the above example, even engaging with the child's (potential) feelings of distress created anxieties around the legitimacy of the relationship in the early days of family life.

Although traditionally adoption has been seen as primarily effecting members of the adoption triad (i.e. the birth family, adoptive family, and the adoptee), adoption from foster care broadens this group to include foster families (Hanna et al., 2011). Similarly to Sophie, Jennifer spoke about the challenges of coming to terms with her feelings around disrupting her children's lives through adoption, particularly in light of comments that she received from friends and acquaintances:

*People used to go: "Oh I think what you're doing is so great" ... Like you're some kind of saint, and you say: "no, we wanted a family, and this is the way we went about it". You almost feel like saying: "well no, actually, we were really selfish ... that's why we've done it, because we wanted a family". And at first it did feel a bit selfish, when they first came to live with us, and I knew they would rather stay with (foster carers). You do feel, well we moved you (the children) because we think we can do better, and we think you'll be happier with us. But that was a really weird experience in the first few weeks because you're conscious that what you're doing to them is not what they want. It might be better for them in the long run, but it must be so hard in that first few weeks (Jennifer, parent of children aged six and two)*

The examples provided from both Sophie and Jennifer's experiences highlight the inevitable losses for the child which are a feature of the adoption process. To empathise with their new child, adoptive parents needed to engage with the child's experience of the process, however, the complication of this, is that through engaging with the child's loss, can be difficult for adoptive parents not to feel that they have been complicit in causing the child to experience further loss. Coming to terms with this appeared to be part of the process of gaining a sense of entitlement to care for their child, but this tended not to be something that adoptive parents necessarily felt immediately. Instead, feelings of entitlement grew as relationships developed. To overcome this, as Jennifer suggested, parents needed to feel that the long-term benefit of their lifelong commitment to the child would eventually outweigh the child's feelings of loss about their foster family. The characterisation of the adoptive parent as 'good' can put additional pressure on the way in which they perform their role as parent. Indeed, Weistra and Luke (2017) found that adoptive parents are often conceptualised as 'heroes' within society. They suggest that where parents are labelled as heroes, this can be stigmatising and add pressure to parenting tasks, creating the need to live up to the expectation of being the 'perfect' parent, which can cause feelings of isolation.

Rebecca reflected on the huge transition that her daughter, and other adoptees, made through moving to an adoptive home:

*They have gone from (somewhere) really quite bad to, in some cases, a very loving but no money, working class (foster care) environment, to a very middle-class environment ... so its alien ... Everything is different, the activities they are doing, after school stuff, houses, friends' houses, the fact that most of the people – adults – they see around have not got fags hanging out of their mouth ... I'm not being judgmental ... it's just totally different isn't it? And there is no allowance made for that in some ways. And as a parent, actually you are part of the problem, because you are the cultural change. (Rebecca, parent of a six-year-old)*

Rebecca notes the huge shift made by children in moving from backgrounds which are often working class to middle class families (Featherstone and Gupta, 2018). As Herman (2008) notes, social mobility in adoption tends to only take place in an upward direction. This shift in class identity, for Rebecca's child, exacerbated the shock of the transition. Rebecca, although she expressed a desire to support her child with her culture shock, acknowledged that her ability to do so was limited, as she was '*part of the problem*' as a middle-class person. Like Sophie and Jennifer, therefore, Rebecca acknowledged that, in the early days of adoptive family life, she played a role in her child's distress, due to the shift in culture that moving into the adoptive family home entailed.

## Chapter conclusion

It is clear from the examples given by parents in this chapter, that the identity work undertaken between parents and children is a fairly unique feature of family life when the child has been adopted by parents who were previously strangers. Furthermore, from assessing the narratives of adopters outlined here, it seems likely that the type of identity work that they were undertaking is especially pressing and prevalent when adopting older children who have a level of agency and understanding, and who can verbalise their experiences. Engaging in identity work in early family life could be emotionally charged and was not always seen as a pressing issue when the parent was also grappling with other elements of new family life. Adoptive parents used various means to proactively initiate adoption talk with their child, such as through the use of life story books, materials that they had created for the child to introduce themselves for them and by referring to key objects from the child's past. Identity work was often a highly sensitive endeavour, and adoptive parents would gauge their child's reaction to adoption talk to try to understand the impact that their words or actions were having on the child. Adoptive parents were continuing identity work with their child that had been started elsewhere, where sometimes explanations and words were used that they would not have chosen.

As previously noted by Von Korff et al. (2010), identity work is a two-way endeavour between parent and child. This chapter extends knowledge in this area, by examining how this plays out in the experiences of parents who adopt older children. Through adopting older children who could communicate their thoughts and feelings through talk and actions, adoptive parents were offered insights into their child's thoughts around the transition to their new home. There appeared to be an element of mutual surveillance between parents and children when undertaking identity work, whereby they were assessing the actions and responses of the other to inform their reactions and future actions. Adoptive parents in the study were often sensitive to their child's mixed feelings about their new home and tried to communicate a sense of permanence about the relationship. As identities are relationally formed, the words and actions of the child had the potential to affirm or undermine the adoptive parents' security in their new role as a parent. In early family life, parents' engagement with identity work appeared to both inform, and be informed by, how they understood their own identity as a new (adoptive) parent. An issue highlighted in this chapter is that when parents feel insecure in their relationship with their child, this can add complexity to, or cause barriers around, undertaking identity work. Some parents in the study noted that, through their desire to create a family through adoption, they felt that they were, to some degree, complicit in causing the child unhappiness by causing them to move from foster homes where they had been settled. When this was the case it could make it difficult to fully engage with issues of identity and to support the child around this.

Having considered how adoptive parents began to make sense of their own and their child's identities, in the next chapter, I explore the impact of professional intervention in early family life, and how adopters' experienced support and scrutiny during the transition to parenthood.

# Chapter Nine: Support and Scrutiny in Early Adoptive Family Life

## Introduction

This chapter examines adoptive parents' experiences of support and scrutiny from social work professionals in early adoptive family life. A feature which separates the transition to adoptive parenthood from normative transitions to parenthood, is the level of surveillance to which adopters are subject from the conception of their family life. In this chapter, the following question is addressed:

- What are adoptive parents' experiences of support and scrutiny from social work professionals in early family life when they have adopted an older child?

In this chapter, I use ideas of surveillance (Foucault, 1977; Henderson et al., 2010; Eriksson, 2016b) as a conceptual lens by which to explore parents' experiences of their interactions with social workers. In this conception, social workers wield power in their relationships with new adoptive parents as they form, and act upon judgements about adoptive parents based on their interactions with them and their interpretations of what they see in adoptive homes (Eriksson, 2016b; Foucault, 1982). Due to the legal uncertainty prior to adoptive relationships being formally secured, the parent has limited power, as the new child or children could be removed from their care if workers do not believe they are adequately performing the parental role (Eriksson, 2016a; Eriksson, 2016b; Luckock and Hart, 2005; Lewis, 2018). This can cause uncomfortable power dynamics between adopters and social workers (Eriksson, 2019; Eriksson, 2016a).

Parents in the study had varying experiences as to how helpful they found the involvement of social workers in their family lives. Many parents valued the support offered by social workers. In particular, the support offered by adoption social workers was often considered to be invaluable. However, in some families, relationships with workers were described as more challenging, which at times added to the pressure that parents were already under in their early family lives. Strained relationships with social workers are unlikely to be unique to adopters of older children (Meakings et al., 2016), but as is evident from the findings presented in chapter five, as adopters of older children are likely to perceive more difficulties in early family life, it is probable that they will need more support. As such, they may be visited more frequently by social workers, and, therefore, be subject to more intensive

surveillance than those who adopt younger children. Moreover, it is not only parents who are subject to scrutiny in early adoptive family life. Surveillance was apparent on several levels from the accounts of parents in the study. Also discussed in this chapter, is the surveillance to which children were subject, both from their new parents and from professionals, as their behaviours were mainly interpreted through a 'risk lens' (Featherstone et al., 2018b, p.12). There was also a level of mutual scrutiny which took place between adoptive parents and children, as they sought to establish trusting relationships with the other.

### Support or surveillance?

As outlined in chapter three, adoptive parents are in a precarious legal position at the beginning of adoptive family life. In UK law, it is not possible for adoptive parents to apply to the courts to legally formalise their relationship with their new child until the child has lived with them for at least ten weeks (Adoption and Children Act, 2002, s.42 (2)). Until the adoption is legally formalised through the making of an adoption order, parental responsibility is shared between the placing local authority, the adoptive parents and the birth parents. In legal terms, the local authority has the most power in this arrangement (Doughty et al., 2017). Prior to the making of the adoption order, adoptive families are subject to scrutiny from social work professionals, who are required by law to regularly visit the family.

The parents in my subsample had made, or needed to make, decisions about when to apply to legally secure their relationship with their child or children. Whilst having the adoption order was a way to achieve a greater level of parental autonomy as they would no longer be required by law to collaborate with social workers, several parents saw delaying applying for the order as a way to ensure that their family were supported in their early lives together. Although potentially unsettling due to the legal ambiguity of the parent's position prior to the making of the adoption order, the lack of legal permanence also offers a 'get out' if adoptive parents decide not to progress with the adoption, as the child is not yet fully 'theirs'.

Several parents in the study were contemplating questions around formalising the adoption:

Ben: *I think we want to go ahead with it.*

Sophie: *Yeah, we're going to go ahead with it ... You worry that all the support is going to stop as soon as you place that order, because of what we'd heard from the (adoption) support group, they said, "make sure you're completely happy with everything before you sign anything because once you've done that order that's it,*

*you won't be able to get any further support". We were worried about that weren't we?*

(Parents to children aged six and four)

In a different family, Nicola commented:

*I suppose one of the things (about getting the order) ... there would be less support. There would be positive things, we would have fewer visits, and that can be a bit of a pain sometimes, because the children's behaviour deteriorates. It's getting better because they're getting used to (social worker) coming here, but nevertheless it's still unsettling, so that will be a positive that there will be less of that, but also you feel almost that support is taken away (Nicola, parent of children aged four and two).*

Nicola, Sophie and Ben all understood post-order support to be more difficult to access. Delaying the order could be viewed as potential leverage (as noted by Ben and Sophie), and was a way to ensure the necessary support was in place. By delaying the order, Sophie and Ben perceived that they had more bargaining power. As noted in chapter two, there can be challenges around accessing post-order support as, although the Adoption and Children Act 2002 (s.4) sets out a requirement for the support needs of adoptive families to be assessed, there is no corresponding duty to provide services, which means that post-order provision to families can be vulnerable to cuts in the context of over-stretched local authority budgets (Rees and Hodgson, 2017; Lushey et al., 2017). This can also mean that post-adoption provision can be inconsistent, difficult to access and under-resourced (Gupta and Featherstone, 2020; Ottaway et al., 2014; Kempenaar, 2015). For Nicola, even though her children appeared unsettled by social work visits and she could see the advantage in no longer subjecting the children to these, as the visits symbolised being able to access support, Nicola was reluctant to lose this.

For Phillip, getting the order was a way to cut ties with the local authority when the relationship had turned sour:

*They (the children's local authority) refused point blank to support the legal process of adoption per se. Because they felt that the children still needed some direct work doing ... there was that, and a myriad of other things. In the end we sought some help and support ... from (advocacy organisation) because we'd gone through a horrible period ... Myself and Maria (adoptive mother) had been called liars, we'd been told that we weren't taking care of the children's needs. None of this has been evidenced properly, professionally, or anything. We've ended up making*

*complaints, all the usual sort of stuff that goes on I suppose. That shouldn't go on ... bearing in mind that we are supposed to be the good guys here. And in the end, we were advised by (advocacy organisation) just to put the application for the adoption in, which is what we did* (Phillip, parent of children aged five and two)

Phillip found the response from the local authority difficult to understand, when he and his wife were 'supposed to be the good guys'. The notion of the 'good guys' resonates with wider narratives around adoption as 'child rescue' (Clapton, 2018, p.130), with adoptive parents saving the children from the 'bad guys', the birth family, who played a part in the children's early adverse experiences. However, rather than being treated like 'good guys', Phillip had found that he and his wife were treated as potentially risky parents by workers who called them 'liars' and stated that they were not taking the necessary care of the children. Therefore, rather than being responded to with the courtesy and respect that Phillip expected as a 'good guy', he was subject to surveillance, in which he was deemed lacking as a parent. Phillip's account of his experience revealed that he felt a lack of support from workers, whereas he was keenly aware that he and his wife were subject to scrutiny.

It is important to recognise here, the subjective nature of Phillip's account. Social workers were not interviewed as part of this study. We do not, therefore, have access to the professionals' versions of events which led them to feel concerned about Phillip and Maria's ability to parent their children<sup>27</sup>. However, it is worth noting that in the wider context of the role of children's social worker, a key element of this role is to routinely assess and manage risk in families. Perhaps notions of risk are so ingrained in the practice of social workers, that risk is seen as lurking in every family (Featherstone et al., 2018a). Broadhurst et al. (2010) argue that instead of focusing to such a great extent on risk, there should be a more humane approach to social work which encompasses 'informal, moral rationalities, concerning care, trust, kindness and respect' (p.1047). Phillip, here, was evidently anticipating a caring and respectful response to his new family, whereas he received a risk-focused response. This echoes findings from the recent enquiry into the role of the social worker in adoption, authored by academics Featherstone and Gupta (2018), which found that adoptive parents could be viewed through a 'prism of risk' (p.24) when they asked for support.

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<sup>27</sup> Phillip did not make clear at interview the exact nature of the concerns that children's services had about him and his partner, so it is not possible to comment on these in any detail. However, as a new adoptive family, this family had been subject to monitoring from social services and, as such, any concerns would have been explored by social work professionals.

The experience of professional surveillance, as a new parent is clearly a challenge. Lewis (2018) found that adoptive parents can be anxious about losing their new children right up until the point of the order. Eriksson (2016a) comments on power relations in the adoption process:

The (adoptive parents') power position is weak, which creates fear, and a drop in status triggers emotions of anger, shame and sorrow ... the feeling of being questioned, misunderstood or mistreated by the social worker served not only to strengthen perceptions of fear but also sparked anger (p.214).

It is worth considering the impact of the anxiety provoked by scrutiny on adoptive parents. Where the interventions of social workers are deemed to be unhelpful or are experienced negatively, a risk is that adoptive parents will apply for the order prematurely, to avoid further uncomfortable or emotionally charged interactions with social workers. A possible outcome of applying for the order prematurely is exemplified below by Fiona and Paul, whose new daughter returned to care after they had secured the adoption order, as they found her behaviour to be extremely challenging:

Fiona: *I wish we hadn't put the order in, I wish I'd said to Paul now I don't think that's a good idea yet ... But it wouldn't have been a nice thing because Paul was fairly happy about it.*

Paul: *Yeah. I wish that we hadn't, that was the worst thing we could possibly have done.*

(Parents of a six-year-old)

Fiona and Paul, due to their legal status found themselves in a strange position. As Fiona stated: *'Officially now we're parents with a child in care. Which is ... bizarre. Absolutely bizarre.'* We can see from Fiona and Paul's discussion that Fiona had some reservations about securing the order which she had not voiced to Paul as *'it wouldn't have been a nice thing'*. However, there are lifelong legal implications for both child and family because the order has been made, as in the UK, once made, there is no statutory basis for revoking an adoption order, unless a subsequent adoption order is made to new parents (Selwyn et al., 2014b). The parents in this family, from their subjective account of their experience, appeared to have been offered minimal support from professionals, even though they had experienced a considerable crisis in their family lives.

### Experiencing the bureaucratic gaze

Often parents spoke positively about their experiences with adoption social workers, but relationships with children's social workers tended to be more strained. In several of the parents' accounts,



children's workers were described as unreliable, defensive and overly-scrutinising. In contrast, where social work practice was cited as helpful and valuable by parents (regardless of whether this was from children's or adoption social workers), it was when workers were reliable, available, proactive, were able to reassure them and to act as advocates for them when needed (for example in interactions with children's schools). Although Rebecca generally spoke positively about her child's social worker, when asked whether there was anything that she could be doing to better support them as a family, Rebecca replied:

*It's difficult because she's (child's) social worker and her job is to support (child) and to check that everything is going OK, and so in actual fact you could argue that that would be a conflict of interest ... What I would say, and again I am not being critical, because you can tell from the rings around the eyes how overworked and undervalued social workers are in local authorities, but administratively utterly useless. So, in terms of better support, yes make sure you fill out the forms on time ... adopting is quite a stressful process ... What is quite a stressful laborious process is made inefficient (Rebecca, parent of a six-year-old)*

Although children's social workers are commonly referred to as 'the child's social worker' (indeed, this is how they are referred to throughout this dissertation), using this term can create a false picture that social workers should work with the child at the expense of their work with the family (Hall et al., 2010). The concept of the child's social worker as the worker for the child caused Rebecca to feel that there was a potential '*conflict of interest*' if the social worker were to support them as a family. Although not explicitly stated as a barrier for most parents, it was notable that the majority had a better relationship with their adoption social worker than the child's social worker. Perhaps this was due to the feeling that adoption social workers were more 'on their side' and were not viewing them so much through the prism of risk.

A further point made by Rebecca, which is worthy of note, is the impact of the child's social worker's workload on the service received by Rebecca and her family. Rebecca was sympathetic, noting: '*you can tell from the rings around the eyes how overworked and undervalued social workers are*'. She understood that the social worker's workload could make it difficult for her to successfully complete administrative tasks due to competing demands, but, in turn, the lack of timely completion of administrative documents increased the stress on the family. In the context of austerity, the pressure on local authority frontline teams is increasing (Hingley-Jones and Ruch, 2016). Children's social workers are often frontline social workers, who maintain a child protection caseload. Recent research has indicated that the high demands placed on children's social workers leave them vulnerable to burnout (Hussein, 2018). Within the wider context of an intensive workload, administrative tasks are

generally not prioritised (Hussein, 2018), as Rebecca highlights above, which renders her child's social worker '*administratively useless*', which evidently caused a level of friction in their relationship.

Changes in social workers, or periods of absence, were common in the narratives of adoptive parents. When this was the case, families often become more dependent on the remaining social worker, regardless of whether this was the children's social worker or the adoption social worker.

*We swapped social workers a couple of weeks after introductions ... That hasn't worked so well. We've got a lovely social worker, she's really good, but she doesn't know us. And she's said herself, it's really hard coming in – "I didn't do your home study, I didn't go through all the matching, and I'm in now, not really knowing you". So, I think that we've tended to rely on (the children's) social worker more, who we've got that relationship with (Pippa, parent to children aged eight and three)*

Positive relationships with workers to whom they were well-known often appeared to be important for adoptive parents for them to be comfortable in seeking and accessing support from workers. As we see in this example, Pippa and her family became more reliant on the children's social worker for support, as their relationship with her was more established than it was with their replacement adoption social worker. As noted above, in the current context of social work, where social workers frequently change jobs or can experience 'burnout' as a result of the volume and pressures of work, maintaining consistent, long term relationships with workers can be problematic (Hingley-Jones and Ruch, 2016; Hussein, 2018; Ruch, 2012; Ruch, 2005). Furthermore, due to the varying ways in which adoption agencies are organised, it can be routine practice that adoptive parents change workers during the process of becoming parents (Ottaway et al., 2014). This can lead to the process feeling fragmented and means that adoption social workers may not be well known to adoptive parents. Where positive relationships with workers are developed and sustained, this can be a vital source of support for adoptive parents of older children at the transition to parenthood, as social workers can perform the role of 'passage agents', helping parents to navigate a potentially difficult life transition (Lowe et al., 1999, p.46).

On a similar note, when Nicola was asked about the support offered by their adoption agency, she said the following:

*It's been very positive. They've put on a number of bits of training, which we can take or leave, but we've taken most of them. We know (adoption social worker) really quite well now, and again (adoption social worker) is a very good advocate for us. But I suppose we've grown in confidence a bit, she would perhaps do more talking for us at these education meetings, but*

*now we're doing a bit more of the talking I suppose. It's just that we know that we could email her or ring her, or anybody else in the office. It's knowing that you could, but you don't necessarily do that* (Nicola, parent of children aged four and two)

Nicola, like Pippa, cites knowing the social worker well as a positive factor in their relationship with her. Although this appears to be important to Nicola, the support received by Nicola and her partner is not limited to the support available from one worker but appears to be potentially available from the whole of the adoption team. Furthermore, although Nicola does not appear to currently feel that she is in need of direct support from social workers, knowing that workers will be available and contactable should she needs them appears to be a source of comfort and reassurance. The social worker's ability to support them as an advocate in the educational setting is also valued by Nicola, although she notes how increasingly her and her husband feel able to speak up for themselves as they have grown in confidence in this area, and thus require less support from workers. Like Nicola, several parents in the study noted how helpful they found the training courses offered by adoption agencies around parenting adopted children. Again, knowing that training is available, although optional, appears to be viewed positively by Nicola. As is notable in the previous section is that Nicola and her husband had not yet applied for the adoption order as they were concerned that the support offered by the adoption agency, as described here, would no longer be available post-order. As Nicola and her family do not appear to be in current need of support, this is thought-provoking, as perhaps it is the prospect of support not being available in the longer term, should the need arise that is causing her to feel concerned about this. This suggests that it may be reassuring for her to know that this type of flexible and non-compulsory support was available in the longer term, post-order, in case the need for it should arise (Kempenaar, 2015).

The context in which children's social workers carry out their role may make it difficult for them to know how to interpret and respond to the needs of adoptive families. This is due to the difference in work with families (such as the children's birth families) who experience enormous adversity, compared with adoptive parents who tended to be relatively well-resourced (as demonstrated in chapter five). As Charlotte noted:

*It is really tricky because it feels like if you say this is really hard and we are struggling ... but we are doing really well, what they hear is we are not coping. But actually, we were struggling because it was hard, but we were coping really well, and we were making it work really well. But, the way that social work works, it's one thing or the other, and what they really want to do is have a happy ending after adoption when they (the social workers) are in a child protection team. What they don't want to hear is, it isn't actually a happy ending. It's a happy ending, but*

*it will be an ongoing struggle. That story is harder for them for whatever reason, because of what they are doing at the front end and the fact that (the children's social worker) has still got a child protection caseload, for them it is a happy ending (Charlotte, parent of children aged four, twins aged three and 18 months)*

The narrative of 'happy ever after' is one which has long been associated with adoption (Simmonds, 2000). For children's social workers, who routinely see the reality of family lives which fall far short of notions of happily ever after, to see a child placed in a middle-class family with highly-motivated parents, must often feel like a happy ending. For Charlotte, the social worker's perceived anticipation of the happy ending, made it more difficult for her to voice (and for the social worker to hear) the struggles of her experiences of parenting and take them seriously. She indicated that the social worker seemed to only understand experiences in binary ways. Either the family were coping, or they were not. As Featherstone and Gupta (2018) note, the notion of happy ever after works to silence adoptive families, leaving them unable to access the help that they need. Instead of seeing the adoptive placement as an 'ending', it may be more useful to see it as part of the ongoing work and infrastructure that will be needed to support the child and family (Lowe et al., 1999; Kempenaar, 2015). Charlotte went on to describe her discomfort at being subject to surveillance at the beginning of her life as a parent:

*I am a strong opinionated woman, who is quite articulate, but I didn't always feel able to challenge them, so when she (the children's social worker) stayed for two and a half hours, I felt like I had to say to (my social worker) "she stayed for two and a half hours" and I didn't feel able to say to her "What are you doing here for this long? What is going on?" Because I felt like the scrutiny and the sort of slight threat all the time, was they are not yours yet ... I think it would have really helped if they had shifted the emphasis about whether this was the right placement for the children after they were placed, to "You're doing a really good job and we are here to help you make sure this will work". We never got those words from them, which actually adopters need to hear all the time. That would have been really helpful (Charlotte)*

Charlotte's discomfort at the length of visit was palpable. The level of scrutiny appeared to Charlotte to be a 'threat' to their entitlement to family life, whereby the children could still be removed from her care. Whilst all parents may anticipate a level of scrutiny around their parenting when in public (DeVault, 2011), through the social work visit the private home becomes an extension of the public realm (Nutt, 2006). Put differently, the 'backstage' of the family home, becomes the 'front stage' for a family performance during a social work visit (Goffman, 1959), where parents need to work to 'display' their parental suitability and competence (Finch, 2007; Lind and Lindgren, 2017). In this

account, from the parents' perspective, support from the worker appears to be largely absent, whilst the parent felt highly aware of the scrutiny that she was under. It is evident that Charlotte felt aware of a power imbalance, whereby the social worker maintained the control and Charlotte was unable to question the worker's practice. The discrepancy highlighted here appears to be around who is providing a service for whom. Adoptive parents may view social workers as the providers of support, whereas social workers may see the adoptive parents as the providers of a 'placement', a service akin to that provided by foster carers, which may or may not be suitable for the child (Kempenaar, 2015). For the adoptive parents, they may view the child's arrival in the home as symbolic of a permanent arrangement, but for social workers, as explained in chapter three, the relationship may remain more uncertain, which needs to be tested regarding its endurance and suitability. If adoptive parents are made to feel they are being tested or made subject to further assessment, this is unlikely to be received as a supportive experience. As relationships with professionals tend to be the primary means through which support is received in early adoptive family life (Kempenaar, 2015), the absence of support from the worker is concerning. Whilst Charlotte felt that it would have been beneficial to receive reassurance about how well she was performing her new role, the social worker was focused on assessing her suitability as a parent, scrutinising her actions rather than focusing on strengths (Saleebey, 1996) and thus compounding her anxiety.

Almost all the interview participants in the subsample identified that their child had an adverse reaction to visits from their social worker. Negative reactions to social workers were also identified in the wider sample of the Wales Adoption Cohort Study, which included children who were placed at a younger age (Meakings et al., 2016). Generally, adopters felt this was linked to the child's fears about being moved again. They described how children's behaviour changed following social work visits and spoke of children bedwetting, having tantrums and sleepless nights. Margaret was shocked at her new son's reaction to his social worker:

*She (social worker) had been to see Tyrone and Tyrone had a complete meltdown in the park across the road. I was on my own, John (adoptive father) was at work ... He had never done that in all the time he had been with us ... Complete meltdown, screaming, tantrum ... I asked him (Tyrone) about it because I was so taken aback by his behaviour and he said he thought she was taking him away ... I was just beside myself, because I thought she must be thinking "what the heck is going on with her". I felt so stressed that he was having this meltdown in front of his social worker and I am saying everything is great, everything is fine. It was awful (Margaret, parent of a six-year-old)*

We can see the complex emotion work (Hochschild, 1990) that Margaret engaged in here. She tried to manage and understand her child's behaviour, which she had not previously witnessed. Margaret not only faced potential public judgement as Tyrone had a 'meltdown' in the public setting of the park, but she also anticipated judgement from the child's social worker. As DeVault (2011) states, in an essay discussing all parents, not specifically adoptive parents: 'one task of parenting in a public place is to monitor children's behaviour and guard against eruptions of misbehaviour' (p.164). If parents are not seen to manage and contain their children's outbursts and tantrums when in public, they may face judgement from others. Through Tyrone's unexpected tantrum, Margaret had visibly failed in this task and risked judgement around her ability to parent. She had to manage her own emotions around this, concerned about the social worker's analysis of the situation. Here, the presence of the social worker, triggered difficulties rather than relieving them. Margaret understands that the social worker's role is to assess her capacity to parent her child, and as such, she was concerned about what the social worker's assessment of the situation would be, especially as it apparently contradicted Margaret's account of their family life together. It is unlikely that much younger children would have such an adverse reaction to social workers, due to their lesser understanding of the social work role, and as such this type of reaction may be particularly common for children placed for adoption at an older age.

Rebecca became frustrated by the way that social work visits were haphazardly cancelled and rearranged by her daughter's social worker, which caused her to feel that her family were not being valued or prioritised:

*Sometimes the process feels very one way, so there is a great expectation from social workers and agencies about their requirements of you and what you have to do and the meetings you have to go to etcetera ... without any, or very little, allowance for what's convenient to you ... Even now I will sometimes get a text or whatever from (child's) social worker when a meeting has been arranged for ages, "oh I can't make that, can I do it this day?" "Well no because actually she has got a life to get on with and, no, I'm not going to let her miss her gymnastics class, I'm sorry!" They really do expect you to drop everything and life is not like that ... I think adoptive parents are doing a huge thing and we are not treated as valuable at all (Rebecca, parent of a six-year-old)*

Rebecca complained that last minute changes to visits had a negative impact on family life and interfered with her daughter's routine. As children in middle class families are often involved in enrichment activities such as gymnastics, horse-riding and music lessons (Vincent and Ball, 2007), scheduling visits is likely to be a particular challenge of working with adoptive families. Nutt (2006), in

her study of foster carers, discusses how taken for granted assumptions about family life, such as the bounded nature of the family, can become breached by the involvement of social workers. She highlights the loss of control and changes in routine which are necessary to accommodate meetings with professionals who operate on a bureaucratic nine-to-five schedule. Like the earlier example from Phillip, who felt as the 'good guys' adoptive parents should be better treated by professionals, Rebecca stated that by virtue of the 'huge thing' done by adoptive parents, that social workers should be more respectful and accommodating when arranging visits.

In contrast, Pippa did feel valued by her children's social worker, who involved Pippa and her husband as active participants in planning a support package for their children, and was responsive to the needs that they had identified:

*We were actually asked what support we wanted, and we wrote it all down. They said, "We'd like to keep these children together. We think you can do it; what support do you need?" And then extras, I mean like, when we had Seren (older child) really kicking off and we were just absolutely shattered, the social worker came round and said "we need to get more support in now, what do we do? Are you willing to send Elsie (younger child) ... to nursery?" We said, "no, that doesn't help, she needs to be home". And she (social worker) said, "well what would work?", And we said "actually, someone coming in, not necessarily for us to leave the children but just having someone coming in and sitting down there and playing." ... We had someone coming in who I know, but not fantastically well, and she got the train set out and said, "you sit down and have a cup of tea" and I sat here and could switch off for a while (Pippa, parent of children aged eight and three)*

This approach appears to be a more mutual, relationship-based and collaborative (Ruch, 2005) than that described by Rebecca. Through involving the family in care planning, this meant that practical support was able to be provided which was useful to the family. As experienced adoptive parents who had parented (now adult) adoptees, the adopters' perceptions of what would work for their family appeared to be highly valued. This co-production approach to care planning and the practical support subsequently offered was unique in the sample (despite co-production being a core principle in the Social Services and Wellbeing (Wales) Act 2014) and is an example of what good post-placement support could look like, if it were prioritised by children's services.

More commonly, interactions with children's social workers could be fraught with difficulties, sometimes exacerbated by bureaucratic requirements which did not reflect the needs or concerns of the family. A particularly poignant example of this, was given by Jennifer and Carl, whose children's

social worker insisted on doing life story work with the children four days after Jennifer's father had died:

Carl: *(Social worker) insisted on doing the life story book ... In that week I had sat them down and told them that their Bampy had died ... they took it relatively well ... Then she came and did the bloody life story books.*

Jennifer: *And (it was) like these were other people who used to be in your life ... it wasn't right ... I just had to sit there and not say much in the end because I was struggling with my own emotions and then seeing (children) getting upset just made things even worse ... and I think it was entirely because the local authority were late on it, and she had to do it, and she had to get them done. It was her obligation to sit and go through it with them as well, as opposed to just leaving us with them.*

(Parents of children aged six and two)

In stark contrast, Jennifer and Carl's adoption social worker offered more sensitive, proactive support when she heard the news:

*I'd sent her a text to say my dad passed ... she handled that so nicely ... firstly ... she sent me a text and a couple of days later she rang me, and she just said ... I am conscious you've got an awful lot going on at the moment ... I'd like to come and see you next week if I can ... She turned up with a little pot plant, bless her ... and she said don't forget ... if you're struggling, we're here. She said ... even if it's a case of you need an hour without the children ... we can arrange something (Jennifer)*

In these contrasting examples, it is evident that the second worker demonstrates sensitivity, recognising the significant challenge posed by negotiating a bereavement at the beginning of adoptive family life. Rather than the children's social worker in the previous example, who added to the emotional burden of the adoptive parent by insisting on carrying out life story work with the children whilst the parent was newly bereaved, the adoption worker sought to support the adopter by offering her respite from her caring responsibilities. This type of sensitive, individualised, support which is both responsive to need and proactively offered was cited by the adoptive parent as an example of good practice. In contrast, the aim of the children's social worker, in the subjective account from Jennifer, does not appear to have been to support the parents, the family unit, or even to support the children, but appears to have been driven by the desire to meet timescales. Whilst the setting of timescales around life story work in Wales has led to some improvements in the level of provision of life story



materials (McCrossan, 2017; National Adoption Service, 2018b), an overly dogmatic adherence to targets, means that families can experience this type of work as insensitive.

### Receiving (and disregarding) professional advice around parenting

Like many new parents, the parents in the study had received advice on how to approach the beginnings of their family lives together. Unlike most parents, much of the advice given to the participants was 'specialist' to adoption and professionally given. Sometimes this advice was found to be helpful, and sometimes the adoptive parents found that it jarred with what 'common sense' told them about how they wished to parent. Several adoptive parents were unconvinced of the value of advice that they had been given by professionals and adoption support organisations and so chose to disregard advice, thus asserting their autonomy (Geinger et al., 2014) and resisting professional control on their newly formed family. A challenge of disregarding advice was that adoptive parents risked being labelled as unwilling to follow professional advice which could create tensions in relationships with professionals. Therefore, adopters were treading a difficult balance, between finding their own way and 'towing the line' to keep professionals happy. Several parents had been advised by social workers to 'batten down the hatches'<sup>28</sup> in early family life. This is the notion that adoptive families should minimise contact with outsiders to bond as a new family (Lewis, 2018; Meakings et al., 2018; Pylypa, 2016). For some, this seemed inappropriate or impractical, and interfered with how they felt was best to approach family life:

*I thought it was an absolute load of hooey ... What the hell the four of us would have done in this house ... Four people suddenly come together that aren't normally together, whether they're adopted kids or not, bottom line is that therein lies a recipe (for disaster). Elliot (older child) had a new life to begin, friends to make and everything, and rightly or wrongly ... Thursday night was going to be his ... first night here and on Monday morning at 10 to 9, Elliot started school (Phillip, parent to children aged five and two)*

*They (social workers) felt that she needed bonding time at home before starting school but then I noticed that Amber was getting bored and it was hard for me to keep her entertained, so I had a meeting with both social workers and we said, 'OK we'll start school'. I think they (social workers) were wanting longer (Christina, parent to a four-year-old)*

For Phillip, adoption signalled the start of a 'new life' and therefore he planned for his children to embrace all aspects of their new life, right from the beginning of their time together. Phillip's thinking

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<sup>28</sup> This practice of minimising contact with others outside the immediate family in early adoptive family life is sometimes referred to as 'cocooning' or 'nesting'.

on this seems to bear resemblance to the notion of adoption as a fresh start or 'clean break' from previous experiences (Featherstone and Gupta, 2018, p.25). Christina appeared more ambivalent to the advice given than Phillip. Christina noted the dual benefits for herself and her new daughter of starting school, as Amber was 'bored' and it was difficult for Christina to 'entertain' her. Phillip took matters into his own hands, deciding how promptly Elliot would start school. In contrast to Phillip, although Christina thought it may be beneficial for Amber to start school, she felt obliged to check this with social workers first, who reluctantly agreed to Christina's decision.

Adoptive parents, prior to the legal formalisation of the adoption, are able to make some decisions on the behalf of the child (e.g. choosing the child's school, food, haircuts), but some major decisions (such as planned surgery) need to be made in consultation with the placing local authority and birth parents. It is only once the adoption order is made that adoptive parents acquire full and exclusive parental responsibility for the child (Coldrick and Doughty, 2017). Although Christina was entitled to decide when her child started school, she felt obliged to discuss this with professionals prior to making the decision. Christina chose to do what she felt was best for herself and her child but had to acknowledge that her chosen course of action was not fully endorsed by the professionals involved with her family. Luckock and Hart (2005) see this type of enforced collaboration with professionals as a distinctive feature of the transition to adoptive parenthood, where relative autonomy is earned, rather than immediately granted.

Another piece of advice commonly given to adoptive parents is to ease the child's transition into the adoptive home by surrounding them with familiar smells, for example by using the same washing powder as the foster parents (Selwyn and Meakings, 2015b). However, this advice proved problematic for several parents in the study:

*The foster carer must have used Bold washing powder because I had some Bold washing powder that I used when they first moved in and it smelt just like the clothes from the foster carers and their bedding. So, I stopped using it because it reminded me of them being there (Sophie, adopter to children aged six and four)*

*Initially, (the children) weren't all that clean ... We felt we needed to clean all of their things when they came to stay, which they say not to do, but, actually, it all stank of smoke and was all dirty and a bit grotty, so the foster carer, during introductions, would bring over car-fuls of black bags and after they'd gone we'd put everything in the washing machine and wiped down all the toys (Julie, adopter to children aged eight and five)*

Sophie deliberately removed the scent of the foster family from her home so that she was not reminded of her children's significant others. She asserted her autonomy as a parent by symbolically removing reminders of the children's former carers from her home. This assertion is interesting, as Sophie was open about her reasons for eliminating the smell of the foster carers as being for her own benefit rather than for the children. For Julie, cleaning both the children and their possessions seems to be a way to perform 'good parenting'. The children's possessions appear to have been treated with a lack of care and respect by the foster carer, being packed in 'black bags', which potentially risked communicating to the children that a lack of value was attributed both to them and their belongings (Selwyn and Riley, 2015). As clean, well-groomed children are a way to display parental competence (Collett, 2005), in ensuring that both the children and their belongings were clean, this represented the improvement in the level of care provided to the children in their new home compared to their former home. As a parent who was subject to professional scrutiny, it is perhaps unsurprising that Julie and her partner chose to ensure that their new children were well-presented, rather than allowing the (bad) smell from the foster home to persist, as, if they had allowed a more gradual transition, then questions may have been asked about the level of care that Julie and her partner were providing to their new children.

### Scrutinised children

Parents were not the only ones who were scrutinised in their new family life. Adoptive children were subject to scrutiny both by their new parents and by social work professionals. There were several examples from the interviews of adoptees' behavior being interpreted as risky, especially in relation to sexualised behavior. One example of this came from Christina's account of her new daughter's behavior:

*There was one concern. It was noted that the foster carer had witnessed some self-gratification in the mornings, and we didn't really know what that meant so we wanted further advice ... at the time we spoke with a doctor who knew us ... He said everything as far as he was concerned was normal ... (But) because I witnessed it, I freaked out a little bit, not in front of Amber (child), but I freaked out and I called Amber's social worker and it all got a bit out of hand. Since then I've been on the internet and I've looked at things and it is, it can be normal for children to just comfort themselves, but when you witness it, it's a bit shocking... I just thought what if she has a sleepover with my friends, you just want her not to do things like that, and it frustrated me that they (social workers / doctors) didn't think there was anything unusual (Christina, adopter to child aged four)*

Christina found it difficult to accept reassurance that her daughter's 'self-gratification' was a normal childhood behaviour, despite the doctor and the social workers' reassurance. She was shocked to be confronted by her new child displaying sexual behavior. When probed by the researcher about whether there was a possibility that the child had experienced sexual abuse she stated: *'We don't know, because she wasn't ... when she was with her dad, she wasn't on the radar till she was two and a half'*. The gap in the policing of this family (via children's services), in the view of Christina, had afforded the child an opportunity to be sexually abused. Christina (and arguably, the interviewer) interpreted Amber's behavior through a risk lens, seeing it as symptomatic of sexual abuse. The adopted child (as is demonstrated throughout this section), by nature of their biographical unknowns and experiences of adversity, appears to be viewed as a potentially risky child (Brownlie, 2001). The parents in the study generally appeared to be vigilant to the possibility that their child had experienced sexual abuse, even where there was no evidence to suggest that this was the case. Therefore, the family practices of new adoptive families often appeared to be both risk-aware and risk-adverse. A concern for Christina was that Amber would demonstrate this behavior outside of the family home, thus subjecting Amber and Christina and to further scrutiny or judgement and impact on how her family was displayed to, and viewed by others (Finch, 2007).

Whilst Amber had yet to make a transgression outside the home, Nicola's new son Leon (aged four) had demonstrated 'sexualised' behaviour in his new school:

*We had an incident at school which the school dealt with ... Basically he tried to pull a girl's trousers down and when we asked him why, he said, "I just wanted a bit of fun" ... It happens every year according to the school. I was horrified by it. I was mortified by it. (Adoptive father) came home from work and we went to see the head teacher, in fact the head teacher rang us so that we wouldn't find out at the school ... He wasn't able to get hold of the other parents, so they were told at the school gates, which probably wasn't ideal for them and not ideal for me because I thought I might have this raging coming towards me ... The school has dealt with it and the children's social worker, she came out and did some work with Leon ... She's left us some books. The school have done the PANTS work with him and with all the children in the class anyway, because like I said he's not the only one where that's happened ... he was interviewed by the head teacher, he didn't lie about it, and he wet himself as well, so he was obviously very anxious about the reaction that it got. So, in terms of seeking professional help we asked the social worker to do some further work with him, and the school have already done that work as well (Nicola, parent of children aged four and two)*

In this example, like the one above, what could be considered normal childhood behaviour is conceptualised as a cause for concern. Again, the parents were assured that this was a normal behaviour (*'it happens every year'*). However, as the behaviour of children is viewed in everyday life as being directly determined by the actions of the parent, parents are judged for the transgressions of their children (Lee, 2014), Leon's behavior reflected badly on Nicola and her husband (hence her concern that the other parents would come *'raging'* toward her). 'Good parents' play a role in educating their child in bodily boundaries so that they behave appropriately outside the family home, enabling them to become 'acceptable social citizens' (Gabb, 2008, p.83). Lapses in this area are perceived to be shaming to the family. Through Leon's 'deviant' behavior, Nicola was made vulnerable to potential judgment and conflict at the school gate. Negotiating the possibility of this, meant that Nicola had to grapple with complicated emotion work around Leon's behavior and the potential social implications that this could have caused. Leon faced several interventions because of his behavior. He did the *'PANTS work'* in school (alongside other children) - an NSPCC initiative which 'gives parents (and teachers) the tools to talk about (sexual abuse) in an engaging an age-appropriate way' (NSPCC, Date unknown). Furthermore, as an adoptee, Leon faced additional intervention and surveillance because he had an allocated social worker. The incident which he initially saw as a *'bit of fun'* resulted in him being interviewed by the head teacher, which caused him so much anxiety that he wet himself. Here the intervention of professionals, viewed by the adoptive parents as 'help', appears to have been understood by the child as a punishment. This situation would have been unlikely to have arisen or have been interpreted in the same manner had Leon been a much younger child.

Understandings of risk caused parents to alter their behaviour to pre-empt risks before they occurred. A particularly notable example of this came from this story told by Rose about her daughter Tia:

*We did have one problem, not a problem, but we had one thing that we had to get over at Christmas, I ... hurt myself and Michael (adoptive father) had to bath her, and I just said, "Right go and put your swimming costume on", and she had a bath in her swimming costume ... it was fine, and she thought that was quite exciting (Rose, adopter to child aged seven)*

Rose did not explain why she came to the decision that it was necessary for Tia to wear a swimming costume. Tia had not been expected to wear a swimming costume to bathe when her adoptive mother was supervising, so it seems reasonable to assume that the decision was made due to Michael's gender. For Michael to take on Tia's personal care was seen as a *'problem'*. Men are frequently viewed as risky: 'Male sexuality is characterized in the public arena and popular imaginary as predatory ...Fathers are first and foremost men and as such father-child intimacy is risky, by default' (Gabb, 2012, p.646). Morgan (1996) states that physical contact in family life cannot be detached from issues

of risk and danger. One risk that Morgan identifies is that fathers' actions of physical care (i.e. 'comforting, physical horseplay, routine caresses and embraces' [p.124]) is that their actions of intimate care will be misunderstood.

Risks arising from potential misunderstandings inform the everyday practices of bodily intimacy in families (Gabb, 2008), this is not something which is unique to families formed through adoption. It is possible that the swimsuit was a way to demonstrate the respectability of the adoptive father, as it prevented him from observing his naked daughter. In a later work, Gabb (2012) suggests that where men are involved in the intimate bodily care of children, this is often legitimised as respectable by an emphasis on the necessity of the situation, as it was in this case, (*'I ... hurt myself and Michael had to bath her'*). This is perhaps particularly pertinent to those who parent (or become parents to) school-aged children, as practices of intimacy are often altered when children become of school-age, as they leave the 'contained environment of the *private* family and enter the *public* area of the school' (Gabb, 2012, p.644). There is a fear that children may talk to those beyond the family about intimate family practices (particularly those between children and fathers) and that these may be misconstrued when in the public sphere. It is of course also possible that, as Rose and Michael were subject to additional surveillance from professionals as a new adoptive family, with a child who was not yet legally 'theirs', that they were taking additional efforts to display respectability. Therefore, Rose and Michael were beginning to self-surveil to ensure their actions were not misinterpreted (Foucault, 1977; Henderson et al., 2010). They appear to have been trying to second-guess how their actions could be interpreted or misinterpreted by social workers. Tia's age is likely to have been an important factor concerning their decision-making, as the parents would have been unlikely to have felt that they needed to go to such lengths to display respectability had Tia have been a younger child. A study of fostering families found that foster carers are often mindful of the risk of allegations from children who may have previously experienced inappropriate touch (Rees and Pithouse, 2008), and similarly, this may have informed Rose and Michael's decision-making.

In contrast to Rose and Michael's cautious approach, Jennifer saw the beginning of adoptive family life as a time to disregard the over-cautious family practices which her children had experienced in their foster home:

*Him (Rhys – older child) and Zach (younger child) didn't bath together (in foster care) because they weren't allowed to. As soon as they came here, we shoved them in the bath together. And we said well "how long is it going to be before they don't want to carry on doing this?" So largely they bath together but Rhys has started showering (Jennifer, adopter to children aged six and two)*

Jennifer appears to view the shared bath almost as a 'rite of passage' for siblings, an experience which, due to the risk-adverse family practices in the foster home, the children had missed. This opportunity is seen as time-limited, something which the children would outgrow and therefore Jennifer wanted to give her children this experience whilst it was still deemed acceptable. In another family, Pippa chose to allow her new daughter Seren (aged 8), to see her naked, even though it was uncomfortable for Pippa, as she felt that Seren had been deprived of safe and appropriate experiences to view naked adults in her life so far:

*When she was saying "can I see your breasts, can you take your top off?" I thought, no, I'm not going to do that. But then we talked it through, and we thought, actually, birth children would have seen me naked at eight, but it's much more awkward when she's eight. So we talked through it, and we decided, if I'm having a shower in the morning, and George (adoptive father) said, go through and get the brush from the bathroom, she would naturally walk in. And she went (gasps), and I said "you can go out if you want, I'm having my shower", and she said "am I allowed to see you?" and I said, "well, it doesn't bother me". So, we've had to try and let her see me and answer the questions she has in as natural way as possible, but it has to be set up to be natural if that makes sense. With Elsie (younger child), I'm out in town, and I need the loo, so she had to come, and I had my period and she said (gasps) 'you're bleeding!', It's just natural talking to her, and it's not an issue at all, but at eight years old, it is more of an issue. And she (Seren) said "well, am I allowed to see daddy naked?" and we said, "Actually no", but Elsie would do (Pippa, parent of children aged eight and three)*

Pippa explained during the interview that Seren had been fascinated by breasts, breast-feeding and nakedness, which had concerned Pippa, and caused her to wonder whether Seren had witnessed inappropriate adult sexual behaviour in her birth family. However, Pippa also wondered if Seren's curiosity was, at least in part, a result of being denied 'normal' family opportunities to see naked adults, and to learn from this, in the same way that her younger sister was now able to access and learn from these opportunities in their adoptive family. It is clear from this example that the age of the child makes a difference in terms of their right to access their parents' bodies. Elsie, as a three-year-old is allowed to see her adoptive father naked, whereas Seren is denied this opportunity.

Morgan (1996) notes a power imbalance in parent-child relations involving the body. He argues that adults have access-rights to the bodies of their children whilst setting and controlling the rights of the child to access the body of the adult. If children behave in a way which is deemed inappropriate for their age, boundaries may be redrawn. Interestingly, the decision to allow Seren to see her adoptive mother naked appears to be to reduce the 'risk' posed by Seren's inappropriate curiosity. This decision

was not taken lightly, Pippa explained later in the interview that they involved Seren's social worker in this decision, stating: *'we've spent a lot of time talking to the social workers about what they are comfortable with, what is appropriate with their background, how do we have a normal family life'*. Therefore, the seemingly private matter of nakedness in the family home, was subject to outside scrutiny, presumably to endorse the decision and ensure that it was not misinterpreted. This example highlights the limitations around parental autonomy in early adoptive family life and the lengths that adoptive parents may need to go to in order to justify their decision-making around seemingly private matters.

There are complexities around how we identify what is 'normal' child sexual development and behaviour and what we consider to be 'deviant'. Heiman et al. (1998) assert that: 'Defining the boundaries of normal childhood sexual behaviour is an ominous task since so much of what is deemed "normal" is determined by the social, cultural, and familial context of the times' (p.289). There is a general reluctance in society to view children as sexual beings (Jackson and Scott, 2004). Although humans are sexual beings throughout their lives (with sexuality manifesting itself in different ways at different stages of the life course), because children are taught from a young age that sexual play and behaviour should be covert, it is a difficult area to research (Delamater and Friedrich, 2002). A study of Swedish three to six-year-olds found that more than 40% of the children were reported to have demonstrated sexualised behaviour (Larsson and Svedin, 2001). Despite many children engaging in sexual behaviour and play, evidence suggests that children who have been sexually abused demonstrate a greater frequency of sexual behaviours than non-abused children (Friedrich et al., 2001). Although in the example above, Seren's curiosity may have been 'normal' child behavior, it was difficult for her parents to assume this, knowing that their child was likely to have experienced adversity in her early life.

Finally, when parents did not immediately take a risk-interpretation of their child's behaviour, this could also open them up to scrutiny, as demonstrated by this story told by Fiona:

*I heard a lot of giggling and silliness upstairs, you know, playing and a bit of arguing, so Lauren (Fiona's niece who lives with them – age 11) went into her room because, Lauren's room is there, and you can hear them. And Ruby (newly adopted child – aged six) was in her (room) ... it went quiet ... so I went upstairs to see ... she was laying on her bed with her top half still dressed, bottom half she'd undressed and she was laying on the bed, sort of like a dead fly, so her legs up round her ears, which she did a lot, she presented her backside to us all the time ... And because she is a two-year-old emotionally, it's not something you think "hang on a minute that's a sexualised behaviour", which is why none of it had ever, we'd never reported it, because it was*



*normal behaviour for a child of that age really ... She sat up and she'd got a toy jewel thing on her privates and she went "look at me". I said, "Ruby, what have you done that for?" I said ... "Take it off". And then it was like, well, "Lauren did it. Lauren did do it to me and Lauren did touch me there" ... It wasn't until a week later when our social worker phoned to see how we were getting on. I mentioned it and she's like, "I'm going to have to report that" and then I felt terrible because I thought I should have spotted that, and it didn't even occur to me because it's just Ruby being Ruby (Fiona, adopter to child aged six)*

Fiona had not interpreted Ruby's behaviour or her account of what had happened as risky. She justified her interpretation of the event by stating: *'because she is a two-year-old emotionally, it's not something you think ... that's a sexualised behaviour'*. Therefore, in Fiona's account, due to her perception of Ruby's developmental stage (Kelley et al., 1998; Lewis, 2011), the incident is not seen as risky and it is responded to as such. Fiona responded to Ruby's behaviour, and the allegation that she made as, something that was a private family matter, which did not warrant immediate support or consultation with a professional. However, her autonomy in making this decision was called into question when she had a later conversation with a social worker. Therefore, the child's behaviour only became interpreted as risky due to the professional surveillance to which the family were subject. Had the family not been a newly formed adoptive family in receipt of social work services, it is probable that the incident would have remained private, being interpreted as an idiosyncratic behaviour on the behalf of the child and been taken no further. As noted previously, Ruby eventually went on to return to foster care. It is possible that the professional scrutiny on the family, where the established child in the home had been accused of untoward behaviour, was a factor in the circumstances which led to the new child having to leave the family home.

In the examples given in this section, it appears that newly placed adopted children faced high levels of scrutiny, both from their new parents and from social workers. Parents and professionals were seeking to interpret and understand children's behaviours, which were often understood through a 'prism of risk' (Featherstone and Gupta, 2018, p.24), in light of the children's early experiences of adversity. It is possible therefore, due to this level of scrutiny, that behaviours which could be understood as normal childhood behaviours, are labelled as deviant, or pathologised, whereas they may be interpreted differently in non-adopted children. These examples shed light on the importance of the body, particularly the management of children's bodies, and the complexities around this in early adoptive family life with older children. It is evident that issues around this, had the potential to cause anxiety to adopters in early family life, especially where the behaviours of children were interpreted as potentially risky. It is possible that adoptive parents, knowing that their parenting is

being surveilled, are in a heightened state of alertness about their child's behaviour, as the behaviour of the child is, in part, considered to be a reflection on their parental performance.

### Surveillance by children

Surveillance appeared to be operating on multiple levels in the accounts of parents in the study. Alongside the professional scrutiny that parents were under, and the scrutiny that children were subject to, both from their new parents and professionals, parents in the study received a level of scrutiny from their new children. Parents described how older-placed children arrived in the home unsure of their new relationships, and whether they could trust that their relationship with their new parents would be permanent. Hence, there appeared to be mutual surveillance taking place, whereby both parents and children were trying to gauge their new relationships with the other. For example, Nicola noted:

*He's very observant, he notices lots of things, and I would also say that perhaps he's not as relaxed as his brother (younger child), that's my impression. I still don't think he quite believes that he's staying here ... he was talking to his dad yesterday about learning to drive, and said, "I'll probably learn to drive with the next people I'm with." So, there's this element of a lack of trust (Nicola, parent of children aged four and two)*

Nicola highlights the lack of trust she perceives from the older child, through his assumption that he would not permanently remain in his new home. Interestingly, she notes that he is less relaxed than his younger sibling. Parents were therefore trying to build trust with their new children. Trust needed to be established in both directions. Several parents described how they felt 'wary' of their new child or children or that they felt that their child was 'manipulative' in the way that they behaved toward them. Some parents appeared to feel that they were being tested by their child, in order to prove themselves:

*The trouble with Darcy (child) is she lies, for attention really, I think, to check whether I care about her (Linda, parent of a five-year-old)*

Linda appeared to interpret her daughters' behaviour as a way of her daughter trying to verify her new mother's feelings for, and commitment, to her. Linda considered her response to her child's behaviour as a key way to establish a trusting relationship with her.

Parents appeared cautious of how their own behaviour may be interpreted or perceived by their older-placed child, especially in light of the children's previous experiences of adversity. Rebecca commented:

*Things like alcohol, for example, we, we were very, very wary to start with about having a drink in front of her. And then we thought, actually, if you have friends over for Sunday lunch or something, then its normal to offer somebody a glass of wine ... you can't not do normal things ... But just trying to explain to her ... I just said to her, I said Mabli its ok for an adult to drink alcohol, it's just not ok for them to drink too much alcohol (Rebecca, parent of a six-year-old)*

In this example, Rebecca appears to feel that it was necessary to justify her consumption of alcohol to her new daughter, in case she had misinterpreted her new parents' actions. Therefore, for Rebecca to behave in a way that she considered to be 'normal', she felt that she needed to explain her actions to her new child. It may be that Rebecca did this, aware of the divergence in 'family scripts' (Tasker and Wood, 2016, p.520) regarding alcohol between Mabli's birth family and adoptive family.

For the two children in the sample who had previously assumed a 'parentified' (Meakings et al., 2017; Hooper et al., 2011) role for their siblings, an important element of establishing trust with their new parents appeared to be that they needed to be reassured that their parents were able to care for and meet the needs of their sibling. For example:

*Because unfortunately Rhys (older child) ... he'd fathered Zach (younger child) for quite a long period of time so one of our challenges when he first came was letting him relax and become a little boy. Letting him trust us enough to take over that role for Zach. And we still have issues with him now ... but he does very much trust us now to just get on and do things with Zach and he could be off doing his own thing (Carl, parent of children aged six and two)*

Hence, the older child was able to relax with his new parents once he knew that he could trust them to meet the needs of his new brother. Although this was a factor which impacted a small minority of children in the subsample, it is notable that, due to the dearth of research around parentified adopted children (Selwyn, 2018; Meakings et al., 2017), and the potential complexities of establishing bonds between adoptive parents and sibling groups (Tasker and Wood, 2016), it is useful to consider the factors which may help sibling groups to settle into their new families.

## Chapter conclusion

It is clear from the accounts of adoptive parents, outlined above, that the experience of support and scrutiny from social workers, although often not unwelcome and sometimes highly valued, could add complexity to early family life. In some of the subjective accounts from parents, whilst they had felt aware of being subject to scrutiny, in some instances the provision of support in the context of social work relationship had either been secondary to this, or (in more extreme instances) absent from their

relationships with workers. Some adopters spoke of their decision-making around applying for the adoption order for their child. The desire for greater autonomy and legal security in family life, away from the scrutiny of social workers, was seen as a benefit of obtaining the order. Conversely, adopters were also concerned that, once this greater freedom was granted, that it would be increasingly difficult to access support for their family if this was needed.

Where adoptive parents had established relationships with social workers who knew them well, this made it easier to admit any difficulties and to access support when needed. However, parents in the study experienced numerous changes in social workers, which could make it difficult for adoptive parents to feel confident in opening up to allocated workers. As previously noted by Kempenaar (2015), for many parents in the study, at this early stage in their family lives, the primary source of support that they received was in the context of the relationships that they had with social workers. Parents valued social workers who were reliable, available, proactive, and who acted as advocates for them when needed (for example in interactions with children's schools). This type of support was more commonly received from adoption social workers, whereas relationships with children's social workers tended to be a bit more fraught, although this was not always the case.

Social work practice had the potential to help or hinder parents as they established their family lives with their children. Where social workers were seen as overly critical, insensitive, or when visits were badly timed this could compound parental difficulties, whereas when social workers acted in partnership with parents, offered encouragement or reassurance this was experienced as helpful. The overwhelming majority of parents, to varying degrees, felt that social work visits elicited negative emotional responses from their older-placed children. This meant that new parents had additional emotion work during, or following, social work visits, as they tried to manage their child's emotions alongside their own anxieties about how they may be being perceived by workers.

Where social workers offered advice that contradicted the preferred approach of the new parents, parents, due to the scrutiny that they were experiencing could be conflicted about whether to disregard the advice and therefore assert their parental autonomy, or follow the advice for fear that they would be judged as uncooperative if they did not. Again, navigating this caused additional emotion work on the behalf of the adoptive parent. Like the parents in the study, the children also experienced a high-level of scrutiny. The newly placed children experienced scrutiny, not only from social workers, but also from their new parents. Where their behaviours did not meet the expectations of the parents, several parents attributed the child's 'deviance' to their early adverse experiences, rather than seeing their misdemeanours as normal childhood behaviours. Furthermore, there was a

level of mutual surveillance between children and parents, as they evaluated their relationship with their other.

Having considered experiences of scrutiny in early family life, the next (and final) chapter, will conclude the thesis, by summarising the findings from the study, and noting implications for theory and practice arising from the arguments presented throughout this dissertation.

# Chapter Ten: Conclusion

## Introduction

The empirical chapters of the thesis have set out to capture and explore the early experiences of parents who adopt older children. Within this concluding chapter, I summarise the findings, revisit the research questions and highlight some key implications for policy and practice. In so doing I aim to increase conceptual understanding and reflexive thinking around the early experiences of transitions to parenthood for adoptive parents of older children<sup>29</sup>. This chapter also notes possible areas for future research. The aims of the thesis were as follows:

- To explore the early experiences of parents who adopt older children.
- To develop understanding around the experiences and support needs of this group of parents to inform social work practice and policy-making around adoption.
- To enhance and extend understanding of family formation and family practices in adoptive families.

The findings presented in the study are primarily based on qualitative data from in-depth interviews with adoptive parents of older children from 14 families which took place approximately nine months after a child or children arrived in their home. The interviews were analysed thematically, using codes organised into categories to manage and organise the data. Several key themes were developed from the data, these include the notion of adoption as a marketplace, ideas of family practices, displays of family, identity work, surveillance, and risk. The approach to analysis allowed for new insights to be made around family formation in adoptive homes. Findings from the qualitative data are supplemented by insights gleaned from quantitative data, from questionnaires issued to new adoptive parents at two time points, approximately four- and sixteen-months after the child or children were placed in their care. The first questionnaire had 84 respondents and the second had 73 respondents.

## Summary of findings

The thesis documents four overarching findings about the early experiences of adoptive parents of older children.

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<sup>29</sup> This is defined in this study as children aged four or over at the time of adoptive placement.

1. Adopters of older children are likely to have a particularly challenging experience of early parenthood. It is noteworthy that they have greater support needs than their counterparts who adopt younger children. They are likely to adopt multiple children and may lack previous parenting experience, meaning that the transition to parenthood may represent a particularly steep learning curve.
2. Adoptive parents of older children represent a highly scrutinised group, who experience a level of scrutiny, not just from professionals, but also from their new children.
3. The findings from this study highlight the considerable emotional challenges of this transition to parenthood. Parents need to grapple with the practical tasks associated with new parenthood, the challenge of establishing a relationship with their new child or children, and also the immediate and often emotionally charged tasks associated with identity work.
4. Interactions with the professional and legal processes relating to adoption impact considerably on adopters' experiences of becoming parents. Dealings with professionals can serve to both help and hinder parents in early family life. Learning to parent whilst being subject to professional scrutiny and judgement can pose a significant emotional challenge for new adoptive parents. This is likely to be the case for all adoptive parents, but perhaps particularly so for adopters of older children due to their increased need for support, which may mean that they experience an increased level of interaction with professionals.

The insights gleaned from this research are important as older children continue to be considered as a group for whom it is difficult to find adoptive homes. In a recent National Adoption Service (NAS) report (2020) focusing on adoption in Wales, it was observed that children with complex needs, including older children and sibling groups, still tend to wait longer for adoptive homes than younger children or those placed individually. In spite of this, NAS stated that "the regions (in Wales) have been successful in placing more complex children" (p.4). In the current context of adoption in the UK, older children continue to face a greater risk of experiencing instability in their new families (Selwyn and Meakings, 2015a; Wijedasa and Selwyn, 2014; Selwyn et al., 2014b). Therefore, it is vital that parents are well supported in caring for their children, in order to promote stability for children within their adoptive families. Related to this, increased understanding around the early experiences of parenthood for adopters of older children can help practitioners understand how to support new adoptive parents better.

The research reported in this thesis updates and extends the work of Lowe et al. (1999) which focused on adopters of older children. Lowe and colleagues' study was conducted in a different legal context around adoption, prior to the enactment of the Adoption and Children Act 2002. My work develops

understandings around family practices by illuminating how the new legal context plays out in early family life with parents who adopt older children. This dissertation also contributes to knowledge by exploring identity work from the perspective of new parents of older children. For these families, identity work poses a particular challenge, due to the immediacy of the task with children who have some agency and who can, to some extent, verbalise their feelings around this and compare and contrast with their previous experiences. The nature and importance of, relationships with social workers for adopters of older children in the UK context are thrown into stark relief by this research, highlighting the additional pressures that can be placed on parents who are subjected to considerable professional scrutiny.

### Revisiting the research questions

The thesis set out to address a number of research questions in order to develop and enhance understandings of the transition to adoptive parenthood for parents of older children. In this section I revisit these questions and summarise findings from the study in relation to the research questions.

What are the differences in characteristics, support needs and experiences of adjustment of those who adopt older children compared with adopters of younger children?

The analysis of quantitative data gathered from questionnaires issued to adoptive parents at two time points (approximately four- and sixteen-months after the arrival of the child in the home), found that, in terms of demographic characteristics, there were minimal differences in terms of characteristics of adopters of older and younger children. However, what was notable is that adopters of older children were more likely to adopt sibling groups *and* to be first-time parents. This meant that, in general, adoptive parents of older children were less experienced as parents and were more likely to have to negotiate pre-existing sibling dynamics which had been forged elsewhere, than adopters of younger children.

Adopters of older children were also more likely to have support needs than adopters of younger children. These support needs included the need for emotional, financial, therapeutic and educational support. Most families had secured the adoption order by sixteen months' post placement, and therefore had legally formalised the adoptive relationship, and yet, for many parents, support needs were ongoing and, in some cases, were escalating. This supports the argument that there is a need to ensure that parents are able to access post-adoption support in the longer-term, not just prior to the making of the order. Parents of older children reported more difficulties in adjusting to family life than parents who adopted younger children. Taken together, these factors indicate that the transition to



adoptive parent of older children, may have particular challenges. Despite the challenges, perhaps surprisingly, the overwhelming majority of adoptive parents, of older (and younger) children, felt that adoptive family life had either met or exceeded their expectations.

What motivates parents to adopt older children, and what informs and influences their decision-making around this?

Some parents quickly arrived at the decision to adopt an older child. For some, there was a moral element to this, whereby they wanted to provide a permanent home for a child who may not otherwise have this opportunity. For others this was a way to mirror typical age gaps between parents and children in biologically formed families. Other parents had begun the adoption process with the idea of adopting a younger child in mind, but had reconsidered this when they had learnt more about the needs and characteristics of children who were available for adoption. This was sometimes a pragmatic decision based their understanding and state of the 'marketplace', and therefore due to their perception of likely characteristics of their future child or children. A small minority had made the decision to adopt an older child reluctantly, as they had hoped to adopt a younger child, but due to a lack of suitable children and matches, had needed to widen their criteria to include older children.

Messages about the state of the marketplace were communicated to them via social workers, who acted both as 'salespeople' and 'gatekeepers'. Parents were also influenced by knowledge that they were in competition with other adoptive parents for children. Due to their awareness of competition, parents made choices and compromises in order to increase their chances of securing a child. Parents understood that they were able, to some extent, to make choices about their future children. However, some parents felt that the information about children had been misrepresented by professionals, in order to make children more 'marketable' which led to scepticism of the extent to which adoptive parents had agency in the process.

Although the notion of the marketplace is an uncomfortable analogy, it is evident that, in numerous ways, adopters in the study, were employing pseudo-marketplace reasoning in terms of how they navigated the process of decision-making around their future child or children. Parents often expressed discomfort at their experience of this process and the decisions that they had been compelled to make to be matched with their child or children. Another key influencing factor was the idea that there was a 'right' child for the parents, and as such, parents drew on ideas of destiny and fate to inform their decision-making. This narrative was so powerful, that even in a family who had experienced a breakdown in their family lives and their child had returned to foster care, the parents questioned whether there may still be the 'perfect' child out there, waiting for them.

## How do adoptive parents begin to build relationships and family lives with older-placed children?

Parents in the study described how they were trying to quickly 'catch up' with their children, who had ideas of family life which had been formed in their previous homes. Parents were trying to work out how to establish relationships and routines. Simultaneously, the children were trying to make sense of, and assess, their new family relationships. As older children, they could, to some extent, communicate their feelings about the move to their new home and the huge life change that they had experienced.

Parents were learning, and trying to manage, the practical and emotional tasks of early parenthood. The majority of parents in the study had no previous experience of parenting a child, so this could be a steep learning curve. To some extent, many parents were inheriting patterns and ways of 'doing family' which had been established in the children's previous homes. For parents who adopted sibling groups, they were also navigating sibling dynamics and attempting to balance and meet the differing needs of each child. Some parents quickly felt a strong emotional connection to their children, whereas, more commonly, this took time to establish. When parents did not feel immediately connected to their child, this could be a source of anxiety, and it was difficult for parents to admit and seek support around this from social workers, who played a continuing role in scrutinising and assessing their family lives. The emerging picture is that relationships with older children, most commonly, take time to establish, and are forged through the rhythms and routines of family life, through mutual physical and emotional care, and through sharing space and time together.

## How do adoptive parents begin to explore issues of identity with older-placed children?

Explaining and navigating the circumstances by which children came to live with their new families was a challenge which the new parents in the study were beginning to explore with their children. This type of identity work is perhaps especially pressing and prevalent when adopting older children, who have a level of agency and understanding, and who can, to some extent, question and verbalise their experiences. Engaging with issues of identity could be emotionally challenging and was not always considered to be a pressing issue when parents were already grappling with the practical elements of early parenthood. Notwithstanding this, parents in the study used various means to proactively initiate conversations about adoption with their children, including making use of life story books, the materials that they had used to introduce themselves to the children, and key objects from birth families and foster homes. Adoptive parents were often continuing work started by others and

as such, inherited terms and explanations that they would not have chosen around issues of identity with their child.

Identity work was a two-way endeavour between parents and older-placed children, meaning that from the descriptions of parents, there appeared to be a level of mutual surveillance as each tried to gauge the reaction of the other to identity issues. The reactions of the child to the parent had the ability to affirm or cast doubt on the parents' feelings about their new parenting role. Adopters in the study were often sensitive to children's mixed feelings about their new home, and some felt responsible for having unsettled the child by causing them to move from foster homes where they were settled, to a new, unfamiliar home. Where parents felt insecure in their new role this could add complexity to, or create barriers around, undertaking identity work with the child.

[What are adoptive parents' experiences of support and scrutiny from social work professionals in early family life when they have adopted an older child?](#)

The experience of support and scrutiny from social workers, although often not unwelcome and sometimes highly valued, could add complexity to early family life. Parents found it easier to admit difficulties to, and access support from, workers that they knew well and with whom they had established relationships. However, many parents had experienced changes of workers, which could make it more difficult to be open about any difficulties they were experiencing. Relationships with adoption social workers tended to be more positive than relationships with children's social workers, although this was not always the case. Parents valued social workers who were reliable, available, proactive, who provided reassurance and encouragement and who acted as advocates for them when needed (for example, in interactions with children's schools). In contrast, where social workers were perceived as overly critical, insensitive or when visits were not punctual or badly timed, this could compound parental difficulties. Furthermore, parents found it difficult to know when and how to disregard professional advice if they did not consider it to be helpful, as they were worried that they may be seen as uncooperative or unwilling to take professional advice.

Commonly, older-placed children reacted negatively to social work visits, and managing this could provoke anxiety in parents, who were concerned that social workers would misinterpret children's behaviour as a sign of parental incompetence. Newly placed children were also subject to scrutiny, both from social workers and from their new parents. Some parents appeared to view children's behaviours through a risk lens, perhaps iterating the risk-focused responses of professionals. In some cases, behaviours which could be viewed as normal were interpreted to be a result of the child's

previous experiences of adversity. Parents also received a level of scrutiny from their new children who were trying to gauge and make sense of their new family lives.

### Implications for policy and practice

Considering the findings of this research, there are three key implications identified in this study for adoption policy and practice in terms of supporting families of older-placed children:

#### The need to support families as a whole

This study demonstrates that we can anticipate that adopters of older children (especially those who adopt sibling groups) are likely to have greater support needs than families who adopt younger children. Therefore, support should be targeted accordingly for this group. It is likely that adoptive parents of older children may take longer to adjust to family life. Adopters of older children need to be prepared for this, and to be reassured by social workers and adoption agencies more broadly that this is a common experience. To provide good-quality support to adoptive families, there is a need to bring the focus back to supporting new families as a whole, recognising the needs of each family member, rather than losing sight of the family as a unit by predominantly focusing on the needs of the child. As was noted by Howe (2003) in a research project where interviews were carried out with 120 adoptive parents, the welfare of children is currently understood as the 'touchstone' (p.2) on which decisions and support plans are made. This is the result of the principle of the paramountcy of the welfare of the child which was introduced in the Children Act 1989. Howe cautioned that in 'extreme cases, it seems as if (adoptive parents) have become marginal players in the adoption act' (p.5). Howe suggests that this is somewhat misguided, as the needs of parents and children are interrelated and intertwined. Furthermore, as the well-being of adoptive parents is likely to be a key factor in promoting stability in adoptive families, this is a compelling reason to ensure that the needs of adoptive parents are understood and supported (Hartinger-Saunders et al., 2015).

In this thesis, the needs and experiences of parents are brought to the fore. What is evident, is that becoming a parent to an older child involves the navigation of various complexities. Social workers have the opportunity to help ease this transition or to add further challenges to it. As Lowe et al. (1999) suggested in their work, perhaps social workers could play a role as 'passage agents' (p.46) supporting parents to navigate this transition, rather than gatekeeping and risk assessing, by working in partnership with parents in a more educational approach, helping parents to understand how to meet the needs of their children who have often experienced considerable adversity in their early lives. Although it is evident that there does need to be an element of safeguarding in work with adoptive families (as is the case in all childcare social work), it would be useful if there was a shift

towards supporting new families more holistically, acknowledging the needs of all family members, rather than taking a more risk-focused approach which mirrors the approach taken in child protection work (Featherstone et al., 2013; Lowe et al., 1999).

The beginnings of adoptive family life are a readjustment for every family member (Goldberg et al., 2014; Pinderhughes, 1996). Accordingly, support with this adjustment must consider the needs of all family members. It is important to seek out, acknowledge and respond to the voices of all parties impacted by adoption and the complementary and contradictory ways in which they experience new family life. Adoptive families are not for children *or* adults; they are for both. Notions of child-centric practice can create unhelpful binaries around family life, without recognising the interdependency of family members (Featherstone et al., 2018b; Featherstone et al., 2014; Hall et al., 2010; Holloway, 1997; Howe, 2003; Tew et al., 2016). The needs of all family members must be recognised and prioritised in order for families to be supported effectively. Although notions of partnership working with families are enshrined in the Children Act 1989 and the principles of voice, control, co-production, prevention, early intervention and well-being are key to the Social Services and Wellbeing Act (Wales) 2014, in the stories from adoptive parents presented in this thesis, parents were often not made to feel that they were valued as partners in their relationships with professionals.

One possible way to facilitate this shift in practice, and to reduce the negative impact on adoptive families, is to consider whether it is necessary to have both an adoption social worker and a children's social worker involved with the adoptive family in early family life. It is possible that having a social worker 'for' the adoptive parents and a social worker 'for' the child, feeds into the unhelpful juxtaposition between the needs of adopters and children as binaries, and it may be better to have just one holistic social worker who is the worker for the whole family. The primary role of this worker would be to support the new family members whilst they build bonds between them, and to help adoptive parents to learn parenting skills specific to the challenges which may be faced by adoptive families. An empathetic response should be at the heart of social work practice with new adoptive parents of older children, to recognise the challenges that adoptive parents and children face when trying to establish relationships. This worker would foremost take a strengths-based approach to working with the family, rather than a deficit based, risk-adverse or risk-focused approach (Saleebey, 1996; Munro, 2011), recognising the unique traits, talents and resources of each person in the family (Saleebey, 1996) and provide encouragement for successes. This approach may be more facilitative to allowing parents to openly discuss their struggles, rather than hiding concerns for fear of how these may be viewed due to the ongoing assessment of their family lives. This is a role which would, pragmatically, best be carried out by an adoption social worker who has a good understanding and knowledge of the needs and experiences of new adoptive families.

This suggestion is made somewhat tentatively, as it was clear from the study that some families in the study did benefit from the involvement of the children's social worker and valued the relationship and the information and insights that children's social workers had about the child's birth family. However, as noted in chapter nine, many children displayed negative reactions to visits from children's social workers which could be distressing both for the child and the new parent, often perceived by the parent to be due to the child's concern that their social worker may try to move them again. Furthermore, encouraging an approach which considers the needs of the whole family and the individuals within it, rather than primarily considering the needs of the child, could go some way to reducing the potentially 'blaming' response that parents can encounter from professionals when there are struggles in the family (Featherstone and Gupta, 2018; Selwyn et al., 2014b). In this new arrangement where just one social worker would remain involved with the family, the children's social worker would need to ensure that all important information has been made accessible and available to the adoptive parents about the child and birth family history to ensure that this knowledge is not lost. Furthermore, workers should strive to ensure that visits do not cause undue anxiety for the child, and could tailor visits depending on the needs and preferences of the adoptive family. For example, visits could be scheduled in advance to allow the parent to prepare the child for the visit; they could be facilitated in a child-friendly manner, such as including child-friendly activities or take place out in the community, away from the family home.

#### Anticipate and embrace the need for openness

A recommendation of this study is that openness needs to be anticipated and embraced when children are older at the time of adoptive placement. This is important at all stages of the adoption process. For example, there is a need for social workers to be open and honest about the needs of children and to not be tempted to minimise these to make the child more 'marketable'. It is important therefore that perspective is maintained, both in policy and in individual agencies around adoption as an option for permanence and that it is not idealised as a 'solution' for children. If children are unable to secure an adoptive home when an accurate description of their needs is given, other options must be explored where their needs may be better met, such as in specialist foster homes. Adoptive parents need to be fully aware of the needs of children to make decisions about their future child or children, to understand the possible support that their child may require. It is vital that information about the child and birth family history is accurately recorded and made accessible to adoptive parents for them to understand the ongoing needs of their child and to help support them with identity issues. It is important that time is allocated to spending time with adoptive parents to ensure that they are given the correct information, that they understand the implications of it, and that they are afforded the opportunity to ask questions. A positive example of practice in this area found in this study was where

adoptive parents had attended a 'life appreciation day' regarding their new children. This is an event which would usually take place during the period of inductions, whereby individuals who have played a significant role in the child's life (such as health visitors, school staff, social workers, current carers and previous foster carers) meet to share information and to capture a chronological history of major events and factors which have influenced the child's life so far (Ryan and Walker, 2016).

Adoptive parents in the study noted that they found it easier to be open and honest with social workers to whom they were well-known and with whom they had a positive relationship. In some instances, agency practices meant that the assessing social worker routinely handed over to a different social worker at the point of matching or introductions. This meant that adoptive parents were starting a new relationship with a worker at a crucial point in their family lives. Moreover, due to the turnover in frontline children's services, there is often a substantial turnover in children's social workers (Hussein, 2018), meaning that there is often a lack of continuity. It would be better practice, insofar as it is possible, for the assessing social worker to continue to support the adoptive family in the early stages of their family lives together, which may help adoptive parents to feel comfortable to admit struggles when they occur and seek support early on, rather than waiting until difficulties hit crisis point. This is in line with the principles of early intervention and prevention in the Social Services and Wellbeing (Wales) Act 2014.

Previous research has indicated that good relationships with foster carers are likely to be facilitative at the beginning of adoptive family life, they may help the child to cope with loss, have a better understanding of identity issues and help them to form attachments to their new parents (Boswell and Cudmore, 2014; Browning, 2015; Hanna et al., 2011). Several adoptive parents in the study explained that they had established a positive relationship with their child's or children's foster carer. For these parents, this relationship was an important resource. A continuing relationship with the child's previous carer was considered to be a useful way to maintain links to the child's past and to better understand their ongoing needs. In some cases, the adoptive parents planned for the foster carer to have an ongoing role in the child's life. However, for some parents, particularly where they felt insecure in their parenting role and relationship with the child, the presence of the foster carer (either physically or psychologically), could seem a threatening or unwelcome presence in their lives with their child.

Given the potential advantages, perhaps particularly for older-placed children due to the increased complexity that they face, it would be useful for an ongoing relationship with the foster carer to be promoted by social workers and in policy in this area, with consideration given to how to sensitively facilitate this. As the period of introductions is likely to be a highly emotionally charged time for all of

those involved (Boswell and Cudmore, 2014; Lewis, 2018; Browning, 2015; Blackmore et al., forthcoming), it is important that the initial meeting between adopters and foster carers is a positive experience, where the emotional nature of the transition is acknowledged by all parties. In the 'Adopting Together' model for placing children with complex needs in Wales, therapeutic support is offered to help support the foster carer, child, and adoptive parent with this transition (St David's Children Society, n.d.). This project is delivered through voluntary adoption agencies in Wales and supported by the National Adoption Service and began in October 2018. It includes specialist adopter recruitment to find parents for hard to place children, enhanced training for adoptive parents, peer support, therapeutic support during the process of transitions for the child into the home and ongoing post-placement therapeutic support. (National Adoption Service, n.d.-a). The average age of the children placed in association with this project is 4 years and 8 months (National Adoption Service, 2020). This is an encouraging development and has been established, in part, in response to the wider findings from the Wales Adoption Cohort Study (e.g. Meakings et al., 2017; Meakings et al., 2018; Meakings et al., 2016). This is an example of good practice in this area.

It would be useful if expectations around the continuing relationship between adopters and foster carers were discussed in initial planning meetings to avoid uncertainty in this area. It would also be beneficial if both adoptive parents and foster carers could undertake training or direct work to support them to build constructive relationships with each other. A potential advantage for adoptive parents in terms of continuing to involve the foster carer in the lives of the children, is that, for children who are adopted with siblings, the foster carer may be able to support the adoptive parent in managing and understanding sibling dynamics. A presumption of ongoing involvement may also be helpful to the foster parent in terms of coping with their own grief around the child moving to a new home. It may be useful for adoptive parents and foster carers to be given ideas of how to continue the connection between the foster carer and child in early adoptive family life, rather than this being veiled or viewed negatively. This does not have to be a burdensome or intrusive task or necessarily have to involve face-to-face meetings. Digital technology means there are now numerous options for staying in touch with each other. For instance, it could involve sending short videos to one another, sending photos, making postcards, or drawing pictures.

Furthermore, as has been made clear in this research, adopters of older children were confronted with issues of identity with their child early on in their relationship, due to children's cognitive and verbal abilities. For many parents, this was a daunting task, especially as they were in the process of establishing a relationship with their child or children. Parents were often surprised or disappointed by the explanations that had previously been given to the child, either by social care professionals or foster carers. It is important that adoptive parents are prepared and trained to address identity issues



with their child in an age-appropriate way and that they understand the advantages of communicative openness with their child, which has been previously evidenced in numerous studies (e.g. Brodzinsky; 2006; Neil et al., 2015; Neil, 2004; Featherstone and Gupta, 2018). Adoptive parents should be involved as early as possible in co-producing the explanation which will be given to the child about the reasons for their adoption. An element of establishing openness, which is particularly prevalent to adopters of older children, is support in acknowledging, and potentially sustaining, the significant relationships which the child has already forged in their lives elsewhere. Alongside the relationship with foster carers (as noted above), this may also involve incorporating birth family members in an ongoing way in the life of the child. As noted previously in the work of Neil and colleagues (2011), this is an emotionally complex task for new parents, who are already grappling with their new role and relationships.

In Wales, there have been some positive developments in the area of openness, as noted in chapter two. For example, a new, more collaborative approach to life story work has been adopted, with an expectation that adoptive parents should be involved in the process of gathering and producing these materials from early on and that they receive training around this and can update their child's life story book as they grow (McCrossan, 2017; National Adoption Service, 2018a; National Adoption Service, 2020; National Adoption Service, 2019). Clear timescales have been introduced to promote the provision of life story books to adoptive families in a timely manner (McCrossan, 2017; Adoption UK, 2019b). Perhaps as a result of the focus on this area in Wales, adopters in Wales are currently being provided with materials for life story work more quickly than other nations in the UK (Adoption UK, 2019b). These are encouraging steps forward. However, there appears to be a level of reluctance in terms of initiating and sustaining direct contact with birth relatives in adoption practice in Wales, as there are lower levels of direct contact in Wales compared to the other nations in the UK (Adoption UK 2019b; Jones et al. 2020). This indicates a need for development in this area. Furthermore, as previously noted by adoption scholars, the process of identity work within adoptive families is an ongoing and lifelong task (Brodzinsky, 1987; Jones and Hackett, 2007). It is a task which will challenge each family differently. It is likely therefore that this is an issue that adoptive families will need individualised and responsive professional support which is accessible as needed throughout the life course.

#### [A recognition of the ongoing support needs of adoptive families](#)

It is noteworthy that 16 months after children had arrived in their new homes, parents of older children identified considerable ongoing support needs. In most cases this was after the adoption order has been made, meaning that the relationships had been legally formalised. The need for ongoing support was not exclusive to parents of older children, but it was more pronounced in these

families. This suggests a need for ongoing, flexible, responsive, and easily accessible post-order support for adoptive families, especially for those who adopt older children. This ties in with previous research which has identified the unique psychosocial tasks which adoptive families face over the life course (Brodzinsky, 1987; Jones, 2009; Howe, 2003; Selwyn et al., 2014b; Kempenaar, 2015). As such, we can pre-empt that families are likely to need support to manage the 'normal' tasks of adoptive family life, such as contact with, and communication about, birth families, and understanding issues of identity as a family (Kempenaar, 2015; Meakings et al., 2018; Jones, 2009; Lushey et al., 2017). As managing these tasks with older-placed adoptees may be a particular struggle (Howe, 2003) and as adoptive families with older-placed children may face particular challenges in terms of family stability (Selwyn et al., 2014b; Palacios et al., 2019), it is important to get support right for these families, both in early family life, and in the longer term.

This suggests that an infrastructure of support is needed for adoptive families. There is a need to recognise adoption-specific difficulties and assume that adoptive families will need support at differing points throughout their lives. This should be anticipated and catered for, so that adoptive families can be confident that they will be able to seek appropriate and non-stigmatising support when needed as issues arise. Peer support may play a part in this (such as through buddying schemes and support groups) alongside more formal mechanisms of professional support. It would be beneficial if support could be delivered flexibly, tailored to meet the individual needs of families and delivered in a timely and easily accessible manner. A positive development in this area in terms of the availability of early support to adoptive families, both in Wales, and elsewhere in the UK, is around the provision of early-intervention therapeutic support to families in early adoptive family life, through Therapeutic, Education and Support Services in Adoption (TESSA) a project which is led by Adoption UK (National Adoption Service, 2019, Adoption UK, n.d.). This project is currently undergoing evaluation in order to analyse its effectiveness (Adoption UK, n.d.). Getting early support right is crucial, as if support is found to be useful in early family life, parents are likely to feel more comfortable accessing support if they encounter difficulties later on (Kempenaar, 2015). In order to deliver services that anticipate and understand the unique psychosocial challenges faced by adoptive families, it is important that consideration is given to the way that the organisations involved in adoption support are funded. It is notable that in recent years, prominent adoption-related organisations such as BAAF (the British Association of Adoption and Fostering) and After Adoption have had to cease their operations. It is important that organisations who work to support those impacted by adoption are funded in a sustainable manner so that the expertise which they offer is not lost.

## Building on and extending this research

There are a number of areas in which research in this area could be extended.

1. A useful area for further research would be to understand more about how adoptive parents of older children navigate relationships with foster carers and members of the children's birth families. This is pertinent for adopters of older children due to the child's previously formed and well-established relationships with others. Alongside this, it would be beneficial to consider in depth the journeys of the children, foster carers and birth family members at the beginning of adoptive family life in order to better understand their experiences in this area.
2. Another fruitful area for future research would be to explore how parents of older children approach communication about adoption with individuals outside the family, the reactions of outsiders regarding the adoption of an older child, and how adopters navigate the responses of others. Previous research has indicated that this may be a potential area of difficulty for adoptive parents (Wegar, 2000; Jones, 2013; Weistra and Luke, 2017). It is possible that for adopters of older children, due to the increased visibility that they experience when becoming a parent, making it more challenging to pass as a normatively-formed family, this may represent a particular challenge.
3. More research is required into the experience of becoming an adoptive parent to multiple children. This is given some consideration within this thesis from the perspectives of adopters of older-placed children, and it has been discussed by Meakings and colleagues (2017), but it remains an under explored area in adoption research. In particular, it would be beneficial to consider how to better support parents around managing dynamics between siblings, and the differing experiences of parental bonding with multiple children.

## Concluding remarks

Since the data presented within this study were collected, positive steps have been taken in Wales regarding some of the areas of support identified in this study. The data were collected at the conception of the Welsh National Adoption Service, which is now more established and continues to strive for improvements around how adoptive families are created and supported. As noted above, the development of the 'Adopting Together' and TESSA projects, and the emphasis on life story work are all encouraging steps towards improvements in the provision of adoption support. NAS is working with adoptive parents in order to inform and develop service delivery. These developments are in line with the principles of coproduction and early intervention which are outlined in the Social Services and Wellbeing Act (Wales) 2014. This is helpful, as if support is found to be useful in early family life, parents are likely to feel more comfortable accessing support if they encounter difficulties later on

(Kempenaar, 2015). Despite these improvements, it is important that support services around the adoption of older children continue to be developed to better meet the needs of adoptive families. In particular, as identified above, it would be beneficial for adoptive families to be supported as a whole, recognising the needs and experiences of each family member; for the need for openness in adoptive families to be anticipated and embraced; and for there to be increased recognition of the ongoing support needs of adoptive families, due to the unique psychosocial challenges that they face. What was particularly notable from the accounts of adoptive parents in the study was the resilience that they demonstrated, and the satisfaction that they gained from parenting their children, in the face of the challenges of new parenthood. It is important then, that adoptive families of older-placed children continue to be able to access support as needed, that they are made confident and comfortable in seeking support, and that post-adoption support is invested in so that families of older-placed children are equipped to respond to the challenges that they may face throughout the life course.

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# Appendices

## Appendix 1: Letter of approval of ethical consent



**School of Social Sciences**  
**Ysgol Gwyddorau Cymdeithasol**  
Head of School, Pennaeth yr Ysgol  
Dr Tom Hall

**Cardiff University**  
Glamorgan Building  
King Edward VII Avenue  
Cardiff CF10 3WT  
Wales UK  
Tel +44(0)29 2087 5179  
Fax +44(0)29 2087 4175  
[www.cardiff.ac.uk/social-sciences](http://www.cardiff.ac.uk/social-sciences)

3<sup>rd</sup> April 2014

Our ref: SREC/1226

Dr Sally Holland  
SOCSI

Dear Sally

**Prifysgol Caerdydd**  
Adelïad Morgannwg  
Rhodfa'r Brenin Edward VII  
Caerdydd CF10 3WT  
Cymru, Y Deyrnas Unedig  
Ffôn +44(0)29 2087 5179  
Ffacs +44(0)29 2087 4175  
[www.caerdydd.ac.uk/social-sciences](http://www.caerdydd.ac.uk/social-sciences)

Your project entitled "*Wales Adoption Cohort Study*" has been approved by the School of Social Sciences Research Ethics Committee of Cardiff University at its meeting on 2<sup>nd</sup> April 2014, subject to the following:

- The Committee agreed that your statement on archiving (Page 5 of application) is unclear, since it is the case that your project data will be archived in some way. The University policy on retaining data for 5 years or 2 years post-publication would therefore apply.

If you need clarification concerning this, please contact me.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored every 12 months and it is a condition of continued approval that you complete the monitoring form. Please inform the SREC when the project has ended. Please use the SREC's project reference number above in any future correspondence.

Yours sincerely

Professor Adam Hedgecoe  
Chair of School of Social Sciences Research Ethics Committee




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2015

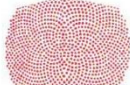


Registered Charity, no. 1136855  
Elusen Gofrestredig, rhif 1136855


## Appendix 2: Adopter recruitment flyer




WALES ADOPTION COHORT STUDY  
ASTUDIAETH CARFAN MABWYSIADU CYMRU



School of Psychology




CASCADE  
Children's Social Care  
Research and Development Centre  
Cenffwrdd Ymchwil a Datfyddio  
Golaf Cymdeithasol Plant



CARDIFF  
UNIVERSITY  
PRIFYSGOL  
CAERDYDD

### An Invitation to take part in a Research Study on the Experiences of Adoptive Families in Wales




If you have had a Welsh child placed for adoption with you between 1st July 2014 and 30th June 2015, we would like to hear from you!

A team of researchers at Cardiff University has been funded by the Welsh Government to carry out a major new research study that aims to understand the early experiences of children and their families when a child has been placed for adoption.

**Our research team want to find out:**

- What support do families need in the first year after their child or children come to live with them?
- What helps families to flourish in the first year?
- What is the impact of decisions made before children were placed for adoption (e.g. the length of time before a plan for adoption was agreed) on families?



*Our research team includes (from left to right):  
Claire Palmer, Sally Holland, Julie Doughty,  
Katherine Shelton, Heather Ottaway and Rebecca Anthony*

**We would like to hear from you:**

**If you are interested in taking part, or would like more information  
please text YES to 07814 186066  
Or Email: [adoption@cardiff.ac.uk](mailto:adoption@cardiff.ac.uk)  
☎ Text or phone: 07814 186066**

#### What will taking part involve?

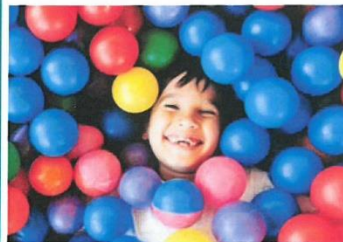
- We will send you a questionnaire to fill out with a prepaid envelope (this should take about 30 minutes to complete).
- Once you have returned the questionnaire to us, you can **choose** whether you would like to take part in an interview about your experiences as an adoptive family. We will arrange to interview you at a time that suits you.
- 8-10 months after the first questionnaire, we will send a second questionnaire for you to complete.
- *We will make sure that any identifying information is removed and you and your family will remain completely anonymous.*
- You can opt out at any stage and you don't have to explain why.

#### What are the benefits of taking part?

- We will use the information you provide to **influence development of adoption policy and practice in Wales** and the New National Adoption Service to try to improve adoptive services and support in Wales.
- You will receive **free membership** of Adoption UK for one year as a thank you. Membership includes; six copies of 'Adoption Today' magazine, access to the Adoption UK helpline, local support groups and the lending library.
- You will be able to **choose a free book** from a selection from Jessica Kingsley Publishing for each stage of the study that you are involved in.

Cefnogi Teuluoedd sy'n Mabwysiadu

**adoption uk**  
supporting adoptive families



**NISCHR**

Sefydliad Cenedlaethol  
ar gyfer Ymchwil Gofal  
Cymdeithasol ac Iechyd | National Institute  
for Social Care and  
Health Research



Ariennir gan  
**Lywodraeth Cymru**  
Funded by  
**Welsh Government**

**If you are interested in taking part, please text**

**YES to 07814 186066**

**or email: [adoption@cardiff.ac.uk](mailto:adoption@cardiff.ac.uk)**

**For more information, please see our website:**

**[sites.cardiff.ac.uk/adoptioncohort](http://sites.cardiff.ac.uk/adoptioncohort)**





## A Research Study about the Experiences of Adoptive Families

### QUESTIONNAIRE FOR ADOPTIVE PARENTS



ID number..... (for office use)

## ABOUT THE QUESTIONNAIRE

This questionnaire contains three main sections. Section one covers some background information about you and your family. The second section focuses on how the adoption is faring in these early days. It includes what you think is going well in adoptive family life, as well as concerns you may have in caring for your child. We also ask about your child's behaviour, thoughts and feelings, your own feelings and mood, and your thoughts on being a parent. The final section is about your adoption support needs and experiences.

The questions relate to your child who has recently been placed with you for adoption. If you have had more than one child placed with you since 1<sup>st</sup> July 2014, please complete the questionnaire as it relates to the **eldest** child. Please try to answer every question, even if it doesn't seem to apply to you, or your child. Your answers are confidential and they will not be stored with either your name or your child's name.

This questionnaire can be completed by the adoptive parent of the child. If you are adopting as a couple, it can be completed by either parent.

- ✓ Please make sure you read each question carefully before you answer.
- ✓ Please try to answer every question.
- ✓ Remember that your answers are confidential.

Some questions ask about how your child has been feeling over the past six months, but please answer with reference to however long your child has been living with you.

**Everyone who completes this questionnaire will receive free membership to Adoption UK for one year and a free book from a selection of texts by Jessica Kingsley Publishing. The book choice is enclosed. Please use the leaflet to tick the book you would like to receive and return it to us with your completed questionnaire in the prepaid envelope.**

## Section 1

### About Your Child Who Has been Placed with you for Adoption

Is the child a boy or a girl? (please circle)	Boy	Girl
Child's date of birth?	Day:	Month:      Year:
What is your gender? (please circle)	Male	Female
What is your date of birth?	Month:	Year:
What is your relationship to the child?  <hr style="width: 40%; margin-left: 0;"/> (i.e. adoptive mother, adoptive father)		

### About Your Family

On a typical weekday who lives in your household and what is their relationship to your child who is taking part in this study? Please list everyone who lives in your household.

Please fill in the table below:

	Relationship to your child	For all children in the household Age (years)
<i>Example 1</i>	<i>Mother</i>	-
<i>Example 2</i>	<i>Brother (our birth son)</i>	<i>11</i>
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
Person 7		
Person 8		

1. Approximate gross (before tax) annual family income. Please tick one.			
Up to £10,000	<input type="checkbox"/>	£30,000 - £49,999	<input type="checkbox"/>
£10,000 - £19,999	<input type="checkbox"/>	£50,000 - £74,999	<input type="checkbox"/>
£20,000 - £29,999	<input type="checkbox"/>	£75,000 or more	<input type="checkbox"/>

2. What is your current employment status? Please tick <b>all that apply</b> .			
Full Time Paid Employment	<input type="checkbox"/>	Part Time Training or Education	<input type="checkbox"/>
Part Time Paid Employment	<input type="checkbox"/>	Voluntary Work	<input type="checkbox"/>
Currently unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Full Time Training or Education	<input type="checkbox"/>	Never worked	<input type="checkbox"/>
Other (please describe) _____			
If you have paid work, what type of work do you do? _____			

3. Have you completed ... Please tick <b>all that apply</b> .			
O-levels or GCSEs	<input type="checkbox"/>	University degree	<input type="checkbox"/>
A-levels/Highers	<input type="checkbox"/>	Higher or postgraduate degree	<input type="checkbox"/>
Vocational training (please describe) _____			
If you do not currently have a partner, please <u>tick here</u> and go on to the next section ' <b>About You</b> '. <input type="checkbox"/>			

4. What is your partner's current employment status? Please tick <b>all that apply</b> .			
Full Time Paid Employment	<input type="checkbox"/>	Part Time Training or Education	<input type="checkbox"/>
Part Time Paid Employment	<input type="checkbox"/>	Voluntary Work	<input type="checkbox"/>
Currently unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Full Time Training or Education	<input type="checkbox"/>	Never worked	<input type="checkbox"/>
Other (please describe) _____			
If they have paid work, what type of work do they do? _____			

5. Has your partner completed ... Please <u>tick all that apply</u> .			
O-levels or GCSEs	<input type="checkbox"/>	University degree	<input type="checkbox"/>
A-levels/Highers	<input type="checkbox"/>	Higher or postgraduate degree	<input type="checkbox"/>
Vocational training (please describe) _____			

## About You

1. What is your ethnic group? Please tick one box to best describe your ethnic group or background.

White		Asian or Asian British	
English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black/African/Caribbean/Black British		Mixed/multiple ethnic groups	
African	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Other ethnic group (please specify) _____			<input type="checkbox"/>

2. What is your religion? Please tick one box.

No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian (all denominations)	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>

3. Which languages do you speak on a day to day basis? Please tick all that apply

English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/>

4. Which language is spoken predominantly in your home? Please tick one box

English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/>

## Section 2

### About Your Child

#### Your Child's Behaviour (Their personality, strengths and difficulties)

For each item below, please tick the number for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last 6 months.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	0	1	2
2. Restless, overactive, cannot stay still for long	0	1	2
3. Often complains of headaches, stomach aches or sickness	0	1	2
4. Shares readily with other children (treats, toys, pencils etc.)	0	1	2
5. Often has temper tantrums or hot tempers	0	1	2
6. Rather solitary, tends to play alone	0	1	2
7. Generally obedient, usually does what adults request	0	1	2
8. Many worries, often seems worried	0	1	2
9. Helpful if someone is hurt, upset or feeling ill	0	1	2
10. Constantly fidgeting or squirming	0	1	2
11. Has at least one good friend	0	1	2
12. Often fights with other children or bullies them	0	1	2
13. Often unhappy, down hearted or tearful	0	1	2
14. Generally liked by other children	0	1	2
15. Easily distracted, concentration wanders	0	1	2
16. Nervous or clingy in new situations, easily loses confidence	0	1	2
17. Kind to younger children	0	1	2
18. Often lies or cheats	0	1	2
19. Picked on or bullied by other children	0	1	2
20. Often volunteers to help others (parents, teachers, other children)	0	1	2
21. Thinks things out before acting	0	1	2
22. Steals from home, school or elsewhere	0	1	2
23. Gets on better with adults than with other children	0	1	2
24. Has many fears, easily scared	0	1	2
25. Sees tasks through to the end, good attention span	0	1	2

## Your Child's Thoughts and Feelings

Below is a list of items that describe children. For each item that describes your child now or within the past 2 months, please circle the **2** if the item is **very true** or **often true** of your child. Circle the **1** if the item is **somewhat** or **sometimes true**. If the item is **not true**, circle the **0**. Please answer all of the items as well as you can, even if some do not seem to apply.

	Not True	Sometimes True	Very True
1. Aches or pains (without medical cause; do <b>not</b> include stomach or headaches)	0	1	2
2. Acts too young for age	0	1	2
3. Afraid to try new things	0	1	2
4. Avoids looking others in the eye	0	1	2
5. Can't concentrate, can't pay attention for long	0	1	2
6. Can't sit still, restless, or hyperactive	0	1	2
7. Can't stand having things out of place	0	1	2
8. Can't stand waiting; wants everything now	0	1	2
9. Chews on things that aren't edible	0	1	2
10. Clings to adults or too dependent	0	1	2
11. Constantly seeks help	0	1	2
12. Constipated, doesn't move bowels (when not sick)	0	1	2
13. Cries a lot	0	1	2
14. Cruel to animals	0	1	2
15. Defiant	0	1	2
16. Demands must be met immediately	0	1	2
17. Destroys his/her own things	0	1	2
18. Destroys things belonging to his/her family or other children	0	1	2
19. Diarrhoea or loose bowels (when not sick)	0	1	2
20. Disobedient	0	1	2
21. Disturbed by any change in routine	0	1	2
22. Doesn't want to sleep alone	0	1	2
23. Doesn't answer when people talk to him/her	0	1	2

	Not True	Sometimes True	Very True
24. Doesn't eat well (please describe): _____	0	1	2
25. Doesn't get along with other children	0	1	2
26. Doesn't know how to have fun; acts like a little adult	0	1	2
27. Doesn't seem to feel guilty after misbehaving	0	1	2
28. Doesn't want to go out of home	0	1	2
29. Easily frustrated	0	1	2
30. Easily jealous	0	1	2
31. Eats or drinks things that are not food - <b>don't</b> include sweets (please describe): _____	0	1	2
32. Fears certain animals, situations, or places (please describe): _____	0	1	2
33. Feelings are easily hurt	0	1	2
34. Gets hurt a lot; accident-prone	0	1	2
35. Gets in many fights	0	1	2
36. Gets into everything	0	1	2
37. Gets too upset when separated from parents	0	1	2
38. Has trouble getting to sleep	0	1	2
39. Headaches (without medical cause)	0	1	2
40. Hits others	0	1	2
41. Holds his/her breath	0	1	2
42. Hurts animals or people without meaning to	0	1	2
43. Looks unhappy without good reason	0	1	2
44. Angry moods	0	1	2
45. Nausea, feels sick (without medical cause)	0	1	2
46. Nervous movements or twitching (please describe): _____	0	1	2
47. Nervous, highly strung, or tense	0	1	2



	Not True	Sometimes True	Very True
48. Nightmares	0	1	2
49. Overeating	0	1	2
50. Overtired	0	1	2
51. Shows panic for no good reason	0	1	2
52. Painful bowel movements (without medical cause)	0	1	2
53. Physically attacks people	0	1	2
54. Picks nose, skin, or other parts of body (please describe): _____	0	1	2
55. Plays with own sex parts too much	0	1	2
56. Poorly coordinated or clumsy	0	1	2
57. Problems with eyes (without medical cause) (please describe): _____	0	1	2
58. Punishment doesn't change his/her behaviour	0	1	2
59. Quickly shift from one activity to another	0	1	2
60. Rashes or other skin problems (without medical cause)	0	1	2
61. Refuses to eat	0	1	2
62. Refuses to play active games	0	1	2
63. Repeatedly rocks head or body	0	1	2
64. Resists going to bed at night	0	1	2
65. Resists toilet training (please describe): _____	0	1	2
66. Screams a lot	0	1	2
67. Seems unresponsive to affection	0	1	2
68. Self-conscious or easily embarrassed	0	1	2
69. Selfish or won't share	0	1	2
70. Shows little affection toward people	0	1	2
71. Shows little interest in things around him/her	0	1	2
72. Shows too little fear of getting hurt	0	1	2
73. Too shy or timid	0	1	2
74. Sleeps less than most children during day and/or night (please describe): _____	0	1	2

	Not True	Sometimes True	Very True
75. Smears or plays with bowel movements	0	1	2
76. Speech problem (please describe) _____	0	1	2
77. Stares into space or seems preoccupied	0	1	2
78. Stomach aches or cramps (without medical cause)	0	1	2
79. Rapid shifts between sadness and excitement	0	1	2
80. Strange behaviour (describe): _____	0	1	2
81. Stubborn, sullen, or irritable	0	1	2
82. Sudden changes in mood or feelings	0	1	2
83. Sulks a lot	0	1	2
84. Talks or cries out in sleep	0	1	2
85. Temper tantrums or hot temper	0	1	2
86. Too concerned with neatness or cleanliness	0	1	2
87. Too fearful or anxious	0	1	2
88. Uncooperative	0	1	2
89. Underactive, slow moving, or lacks energy	0	1	2
90. Unhappy, sad, or depressed	0	1	2
91. Unusually loud	0	1	2
92. Upset by new people or situations (please describe): _____	0	1	2
93. Vomiting, throwing up (without medical cause)	0	1	2
94. Wakes up often at night	0	1	2
95. Wanders away	0	1	2
96. Wants a lot of attention	0	1	2
97. Whining	0	1	2
98. Withdrawn, doesn't get involved with others	0	1	2
99. Worries	0	1	2
100. Please write in any problems the child has that were not listed above _____ _____			

## You and your child

Can you outline what you think is going well in these early days of adoptive family life?

Can you think of up to 3 problems or concerns that you currently have in relation to the care of your child?

*My first concern is (please give a brief description)...*

Please circle your response to the following questions:

	Not at all	A little	Somewhat	A lot/Very
How severe is the problem or concern that you have noted?	1	2	3	4
How well do you feel that the child is coping with the problem or concern?	1	2	3	4
What is the impact of this problem or concern on you?	1	2	3	4
What do you feel the impact of this problem or concern is upon your family?	1	2	3	4
What do you feel the impact of this problem or concern is upon the child's day-to-day functioning?	1	2	3	4
How important is it to have this problem or concern resolved?	1	2	3	4

*My second concern is (please give a brief description)...*

**Please circle your response to the following questions:**

	Not at all	A little	Somewhat	A lot/Very
How severe is the problem or concern that you have noted?	1	2	3	4
How well do you feel that the child is coping with the problem or concern?	1	2	3	4
What is the impact of this problem or concern on you?	1	2	3	4
What do you feel the impact of this problem or concern is upon your family?	1	2	3	4
What do you feel the impact of this problem or concern is upon the child's day-to-day functioning?	1	2	3	4
How important is it to have this problem or concern resolved?	1	2	3	4

*My third concern is (please give a brief description)...*

**Please circle your response to the following questions:**

	Not at all	A little	Somewhat	A lot/Very
How severe is the problem or concern that you have noted?	1	2	3	4
How well do you feel that the child is coping with the problem or concern?	1	2	3	4
What is the impact of this problem or concern on you?	1	2	3	4
What do you feel the impact of this problem or concern is upon your family?	1	2	3	4
What do you feel the impact of this problem or concern is upon the child's day-to-day functioning?	1	2	3	4
How important is it to have this problem or concern resolved?	1	2	3	4

## About You

### Being a Parent

Here are some statements about what it can be like to be an adoptive parent. For each statement, please circle the number that best describes how you feel about being a parent.

	Strongly Agree					Strongly Disagree
1. Even though being an adoptive parent could be rewarding, I am frustrated now while my child is at his/her present age.	1	2	3	4	5	6
2. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
3. I do not know why it is, but sometimes when I'm supposed to be in control I feel like the one being manipulated.	1	2	3	4	5	6
4. My mother/father was better prepared to be a good mother/father than I am.	1	2	3	4	5	6
5. A difficult problem in being an adoptive parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
6. Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
7. My talents and interests are in other areas, not in being an adoptive parent.	1	2	3	4	5	6
8. If being a mother/father of a child were only more interesting, I would be motivated to do a better job as an adoptive parent.	1	2	3	4	5	6
9. Being an adoptive parent makes me tense and anxious.	1	2	3	4	5	6
10. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
11. I would make a fine model for a new mother / father to follow in order to learn what she/he would need to know in order to be a good parent.	1	2	3	4	5	6
12. Being an adoptive parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
13. I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
14. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
15. Considering how long I've been an adoptive parent I feel thoroughly familiar with this role.	1	2	3	4	5	6
16. I honestly believe I have all the skills necessary to be a good mother/father to my child.	1	2	3	4	5	6
17. Being a good mother/father is a reward in itself.	1	2	3	4	5	6

## Your Mood and Feelings

Please try to answer all of the following questions with respect to how you have been feeling in the past week. Please circle one answer for each statement.

1. I feel tense or wound up	Most of the time	A lot of the time	Time to time, occasionally	Not at all
2. I still enjoy things I used to enjoy	Definitely as much	Not quite as much	Only a little	Hardly at all
3. I get a sort of frightened feeling something awful is about to happen	Very definitely and quite badly	Yes, but not too badly	A little, but it doesn't worry me	Not at all
4. I feel as if I am slowed down	Nearly all the time	Very often	Sometimes	Not at all
5. I get a sort of frightened feeling like butterflies in the stomach	Not at all	Occasionally	Quite often	Very often
6. I have lost interest in my appearance	Definitely	I don't take so much care as I should	I may not take quite so much care	I take just as much care as ever
7. I can laugh and see the funny side of things	As much as I always could	Not quite so much now	Definitely not so much now	Not at all
8. Worrying thoughts go through my mind	A great deal of the time	A lot of the time	From time to time but not too often	Only occasionally
9. I feel cheerful	Not at all	Not often	Sometimes	Most of the time
10. I can sit at ease and feel relaxed	Definitely	Usually	Not often	Not at all
11. I feel restless and I often have to be on the move	Very much indeed	Quite a lot	Not very much	Not at all
12. I look forward with enjoyment to things	Very often indeed	Quite often	Not very often	Not at all
13. I get sudden feelings of panic	Very often indeed	Quite often	Not very often	Not at all
14. I can enjoy a good book or radio or TV programme	Often	Sometimes	Not often	Very seldom
15. My appetite is less than usual	Very much	Somewhat	A little	Not at all
16. My appetite is greater than usual	Very much	Somewhat	A little	Not at all
17. I have lost weight recently	Not much, if any	Yes, more than 5 pounds	Yes, more than 10 pounds	Yes, more than 15 pounds
18. I am purposefully trying to lose weight	Yes		No	

## Section 3

### Your Support Experiences and Needs

#### Pre-Placement

**1. Please indicate how you were assessed and approved as an adoptive parent:**

Through Local Authority Agency

Through Voluntary Adoption Agency (e.g. Barnardo's, St. David's etc.)

**2. Were you given information about the support available to adoptive families in your training and preparation to become an adoptive parent?**

No

Yes (please state briefly what you were told about the support available)

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**3. Was any life story work carried out with your child before he/she arrived in their adoptive home (such as work to help child make sense of their past experiences, to help them understand why they are being adopted, to compile a life-story book?)**

No

Yes (please state by whom) \_\_\_\_\_

Don't know

N/a (under 24 months at time of the adoptive placement)

**4. How good an understanding does your child have of the reasons why they are being adopted (i.e. why he/she cannot live with birth family)?**

Good understanding - consistent with age and developmental stage

Some understanding

Little or no understanding

N/A [Under 24 months at time of adoptive placement]

**5. Do you think your child is confused about the reasons for being adopted?**

No

N/a [Under 24 months at time of adoptive placement]

Yes (Please explain)

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**6. How good an understanding does your child have of what adoption means (i.e. that they are living in a permanent family)?**

Good understanding - consistent with age and developmental stage

Some understanding

Little or no understanding

N/a [Under 24 months at time of adoptive placement]

7. Do you think your child is confused about the meaning of adoption?

No

N/a [Under 24 months at time of adoptive placement]

Yes (Please explain)

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8. Does your child have their life story book with them in the adoptive home?

No life story book yet provided

Yes, but poor quality and/or lacks accurate detail (go to next section 'Matching')

Yes, a well-prepared life story book (go to next section 'Matching')

9. Do you know why your child has not yet been given their life story book?

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10. Have you been told when you can expect to receive the life story book?

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## Matching

1. Before the adoptive placement commenced, are you satisfied that enough information was shared with you about your child and their circumstances, to assist you in making an informed decision about the suitability of the match?

Information was missing, which I believe some professionals were aware of at the time

Information was missing which I believe was not known by professionals at the time

As far as I am aware, all relevant information was shared with me

Please state briefly what information you think was missing.

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2. Did you meet the medical advisor for adoption?

No

Yes

3. Did you read the report written by the medical advisor for adoption, or were you told about the content of the report?

No

Yes



**4. Were any likely support needs identified by the medical advisor for adoption?**

- No
- Don't know
- Yes (please state briefly the supports needs identified)

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**5. Were you linked or matched to any other children before being matched with your child?**

- No  (Go to Question 7)
- Yes  (Go to next question)

**6. Did links and/or matches that did not proceed affect you in any adverse way?**

- It was difficult to deal with
- It was somewhat difficult to deal with
- It had no real impact on me/us

**7. On the whole, how helpful was the foster carer in supporting you as an adoptive parent during the introductions and the move into the adoptive home?**

- He/she was helpful
- He/she was neither helpful nor a hindrance
- He/she was a hindrance
- N/a [I was my child's foster carer]

***Please briefly explain your response***

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**8. On the whole, how helpful was the foster carer in supporting your child during the introductions and the move into the adoptive home?**

- He/she was helpful
- He/she was neither helpful nor a hindrance
- He/she was a hindrance
- N/a [I was my child's foster carer]

***Please briefly explain your response***

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**9. Did your child have goodbye/ final farewell meetings with any members of their birth family?**

- Yes\*   
 No (Go to next section 'formal support')   
 Don't know (Go to next section 'formal support')

\* If yes, please indicate with whom and when goodbye/farewell meetings were held?

	No Meeting Held	Before Matching	Between Matching & Introductions	During Introductions	Since Moving into Adoptive Home
Birth mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal grandparent/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternal grandparent/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Formal Support

**1. Have you seen the adoption support plan?** (The formal plan which set out your child's needs when they are placed with the adoptive family, and the support services which will be put in place to meet those needs).

- No   
 Yes  Can you briefly outline the main support needs identified in the plan?

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**2. Have professionals started to put the necessary help in place to begin addressing the identified support needs in the plan?**

- Yes   
 No (but they are needed now)   
 No (but not yet needed)

**3. Please indicate which statement best fits your view of the support plan drawn up for your child**

- A specific plan tailored to my child's individual needs and circumstances   
 A general plan which would apply to most children placed for adoption in the UK

**4. How many adoption social workers have you had since starting your home study?**

- One   
 Two   
 Three   
 Four or more

5. Have you needed to contact your adoption social worker for information, advice or support since your child moved in with you?

No

Yes  What information, support or advice have you needed?

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6. How easy has it been to contact your adoption social worker?

Easily contactable

Somewhat difficult to contact

Very difficult to contact

7. How would you rate the helpfulness of the contact you have had with your adoption social worker, since your child moved in with you?

Poor

Satisfactory

Good

N/a have not been in contact with adoption social worker

Please provide any further information about your adoption social worker that you think may be relevant.

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8. Have you needed to contact your child's social worker for information, advice or support since your child moved in with you?

No

Yes  What information, support or advice have you needed?

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9. How easy has it been to contact your child's social worker?

Easily contactable

Somewhat difficult to contact

Very difficult to contact

10. How would you rate the helpfulness of the contact you had with your child's social worker, since your child moved in with you?

Poor

Satisfactory

Good

N/a have not been in contact with adoption social worker

Please provide any further information about your child's social worker that you think may be relevant

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## Professional Support

Since the start of the adoptive placement, please identify whether the following aspects of professional support have been a] provided, b] needed, but not provided or c] not needed. If support has been provided, please supply further details.

	Not needed	Needed, but not provided	Provided	If provided, please state by which agency or professional/s (e.g. Adoption social worker, teacher, GP, psychologist)
<b>1. Financial support:</b> Adoption Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Financial support:</b> Settling in grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Practical support for adoptive family</b> e.g. home help, babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Emotional support for you</b> (e.g. someone to talk things through with / to confide in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Parenting adopted children course/training</b> (e.g. Safe base or incredible years training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Child or family focussed therapeutic support</b> (e.g. play therapy, family therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Non-therapy based support to help strengthen relationships in adoptive family</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Support in helping child to make better sense of their lives and circumstances</b> (e.g. life story work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Educational support assistance</b> (e.g. help in getting appropriate school place, support for special educational needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10. Support in assessing / managing physical health problems</b> (e.g. asthma, visual, hearing or mobility difficulties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11. Support in assessing / managing emotional and or behavioural problems</b> (e.g. aggression, anxiety attention difficulties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12. Support in assessing / managing other health problem not covered in previous two categories</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>13. Other support not covered in list above (please state)</b>  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Contact Arrangements

Please indicate the contact arrangements that have been agreed (if any) with:

	Direct (Face to face)	Indirect (Letterbox)	No Planned Contact or n/a
Birth parent/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling/s (any siblings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family (e.g. birth grandparents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you had any support needs to date, in managing contact?

No

Yes\*

\* Please state the nature of the support needed

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## Semi-Formal and Informal Support

1. Have you accessed any peer support with other adopters? (E.g. through online support forums, peer support group, peer mentoring)

No, not needed

No, but I would like to

Yes

2. How many family members (not living in household) could you count on for support if needed? (e.g. babysitting, help with practical tasks such as laundry, shopping, someone to talk to/confide in)

3. How many friends could you count on for support, if needed?

4. Please tell us about the type and frequency of informal support you receive as adoptive parents from your family and friends

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## Summary

**1. Overall, how well do you think your child has started to settle into their adoptive home?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I had expected
- Some difficulties, most of which I had **not** expected
- There are many difficulties

**2. Overall, how well do you think you are adjusting to adoptive family life?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I had expected
- Some difficulties, most of which I had **not** expected
- I am finding it very difficult

**3. If you have adopted as a couple, how well do you think your partner is adjusting to adoptive family life?**

- Not applicable
- Well or very well – little or no difficulty
- Some difficulties, most of which he/she had expected
- Some difficulties, most of which he/she had **not** expected
- He/she is finding it very difficult

**4. If you have previously adopted, how well do you think your existing adopted children are adjusting to having another child in the family?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I/we had expected
- Some difficulties, most of which /we had **not** expected
- They are finding it very difficult

**5. If you have birth children living at home, how well do you think they are adjusting to having another child in the family?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I had expected
- Some difficulties, most of which I had **not** expected
- They are finding it very difficult

**6. Is there anything else you want to tell us about your needs as a recently formed adoptive family?**

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Thank you for completing this questionnaire.

On receipt of your completed questionnaire, we will post out the book you have selected. We will also send you details about how to access your free Adoption UK membership for one year. We will be in touch again in about 9 months' time to invite you to complete the second questionnaire.

As part of the study, we would like to talk to some parents in more depth about their experiences of becoming an adoptive family, and their early support needs. We wonder whether you would be prepared to participate in an interview with us, either at your home or at a place convenient to you. It should take about one hour. We will give you a second book from our booklist as a thank you for your participation. Would you be willing to speak to one of our researchers about your experiences?

Yes  No

Please return this questionnaire (with your selected book choice) in the pre-paid envelope provided.



## Research consent form

### The early support needs and experiences of adoptive families

Thank you for agreeing to consider taking part in this research. The person organising the research must explain the study to you before you consent. If you have any questions or want more information, please ask the researcher before you agree to take part. You will be given a copy of this consent form to keep and refer to.

The information you provide will be included in a report, but it will not be possible for others to identify you from anything published. Your personal details will not be shared with anyone outside the research team.

Please note: Confidentiality cannot be maintained if you reveal a serious criminal offence or a serious risk to a child. In the unlikely event this were to happen, we would, during the interview, discuss the necessary action with you.

Unless you request otherwise, you will be sent a summary of the findings.

#### Participant's statement

*I \_\_\_\_\_ am satisfied that the research project described above has been properly explained to me and I agree to take part in the study.*

*I understand that there is no obligation to answer every question. If I decide during the interview that I no longer wish to participate in the study, I can notify the researcher immediately and no information given by me will be used.*

*I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.*

Signed:..... Date: .....

Name (in capitals) .....



Address:.....

.....

Tel:..... Email:.....

**Researcher's statement:**

I..... confirm that I have carefully explained the nature, demands and any foreseeable risk (where applicable) of the proposed research to the participant.

Signed:..... Date:.....

Appendix 5: Interview schedule (interviews were conducted approximately nine months' post-placement)

## The Early Support Needs and Experiences of Adoptive Families

### ADOPTIVE PARENT INTERVIEW

2. Interview No:

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3. Interviewee:

4.					<input type="checkbox"/>
5.					
6.	1	7.	Mother		
8.	2	9.	Father		
10.	3	11.	Both parents		

Interviewer:

12.	1	13.	Sarah
14.	2	15.	Heather
16.	3	17.	Katherine
18.	4	19.	Becky
20.	5	21.	Claire

Date of Interview (dd/mm/yy):

23.

**INTERVIEWER CHECK:**

A] Before interview, record questionnaire response against every question highlighted/asterixed to ascertain whether (or what part of) the question is relevant.

B] Check for any missing data provided in questionnaire and ascertain at interview.

24.

## INTRODUCTION AND CONSENT

Thank you so much for agreeing to talk to me and for making the time to do so. It's really appreciated.

Let me introduce myself. My name is XX, I'm work as part of a multi-disciplinary research team at Cardiff University. As you know, we have been asked by the Welsh Government to examine the early support needs and experiences of families who have recently had a child placed with them for adoption. We particularly want to find out what helps families to flourish in the early days of adoptive family life.

Whatever you tell me will be in confidence in that it will not be shared with anyone outside the research team. We do have just two caveats to that: we cannot keep information confidential if you say something that reveals serious criminal activity or suggests that a child is in danger. If in the unlikely event this were to happen, I would speak to you here and now about what I must do with the information.

If there's anything I ask you, but you'd rather not talk about, please just let me know and we can move on. It is perfectly OK if you do not want to answer a particular question. You can also end the interview at any time.

I am going to use a digital recorder so that I don't want to miss any of the important things you tell me. Again, the interviews will only be identified by a number and will be saved securely on a computer at the university. The computer files are password protected and are only accessible to the research team involved in the study.

Although we don't anticipate this interview raising any serious concerns or upset for you, I would just like to leave this contact list with you, which contains details of support organisations and networks available to adoptive families. Of course, the Local Authority Adoption Agency or Voluntary Adoption Agency who assessed you would also be an important point of contact should you be in need of help or advice (*give contact details for AUK and BAAF to adopter*).

Any questions? Ok then, could you please read and sign this form, as we need your written consent before we get started?

Over the course of the next hour or so, I'm going to be asking you lots of questions about how adoptive family life has been going, but before we get into some detailed discussion, we thought it would be really nice to start the interview by giving you the chance, without me commenting or interrupting, to tell me about (name), including the kind of person he/she is, and to say something about your relationship with him/her. This will help me to get a really good sense of (name) right from the beginning of our discussion.

So I'll hand over to you in a moment, but let me just say that when you have finished speaking, I won't jump in immediately, in case there's anything else you want to reflect on before adding. So don't worry about a silence that might happen when you stop talking - this is just to give you a bit of space to think about whether there's anything more you want to add. Or you might not have anything else to say, that's fine too.

Let's start then by giving you the chance to tell me about (name) and about how you are getting on together in these early days.

*(Aiming for a five-minute speech sample). Thank interviewee for sharing and if appropriate, mention that we will be returning to some of the matters raised during the interview.*

<b>Pre-placement</b>			
Q1	<p><b>Can we talk a bit now about matters before (name) was placed with you? So can you think back to when you first thought about adoption, before you'd been through any preparation or assessment - I'd like to know about the sort of child or children you had in mind.</b></p> <p><b>Starting with the number, did you know whether you wanted to adopt one child or more than one child?</b></p>	<p>25. 1 One child 2 Two children 3 Three or more children -99 Don't know / don't mind 26. 27.</p>	<p>28. 9. <input type="checkbox"/></p>
Q2	<p><b>... and what about the ages of the child/children, did you have any preferences there?</b></p>	<p>1. Baby 2. Pre schooler 3. Primary age 4. Older child (11+) -99 Don't know / don't mind</p>	<p><input type="checkbox"/></p>
Q3	<p><b>Any gender preference?</b></p>	<p>1. Boy(s) 2. Girl(s) 3. At least one boy 4. At least one girl 5. One of each -99 Did not know / mind</p>	<p><input type="checkbox"/></p>
Q4	<p><b>Were there any other characteristics that you particularly did want in the child or children you were hoping to adopt?</b></p>	<p>0. No 1. Yes</p>	<p><input type="checkbox"/></p>
Q5	<p><b>And what about any characteristics or matters in the child's background that you particularly did not want?</b></p>	<p>0. No 1. Yes</p>	<p><input type="checkbox"/></p>

Q6	<b>Do you (or other adoptive parent) have a close connection with the experience of adoption?</b>	0. No 1. Yes	<input type="checkbox"/>
Q7	<b>Just <u>very briefly</u>, can I just check with you, what led you to first think about adoption?</b>  <i>Ask for and code MAIN reason only</i>	1. Infertility/health problems 2. Did not want to be pregnant 3. Altruism/humanitarian reasons -no specific child 4. Saw child advertised and responded (specific child) 5. Child had become a part of our family (foster carer) 6. Always wanted to adopt 7. Other 30.	<input type="checkbox"/>

<b>Preparation and assessment</b>			
Q8	<p>I'd like to know some more about how prepared you felt for the task of parenting an adopted child.</p> <p><u>Stranger adoptions</u> Can you briefly tell me about the training and preparation you received - not the home study that you will have done with your social worker - but any courses, training days or workshops you may have attended?</p> <p>Were there any particular topics you think should have been covered but weren't, or perhaps should have been covered in more depth?</p> <p><u>Foster care adopters</u> <b>Did you have any additional specific training on adoption?</b></p> <p>0... No 1... Yes -88 n/a stranger adopters</p> <p><u>(If yes):</u> Were there any particular topics you think should have been covered but weren't or perhaps should have been covered in more depth?</p>		<input type="checkbox"/>
Q9*	<p><i>If n/a go to Q10</i> (If adopting a sibling group) <b>What (if any) specific training / preparation did you receive around the issue of adopting a sibling group?</b></p>		
Q10	<p><b>During your training /preparation, what were you told about the challenges you may face, and support needs you may have early on in adoptive family life?</b> <b>What were you told about the support available to you in the early days as an adoptive family?</b></p>		
		31.	

Q11	<b>Looking back, how well do you think you were prepared by your LA / VAA to adopt a child?</b> <i>Probe response.</i>	0. Not at all prepared 1. Somewhat prepared but superficial/key topics omitted 2. Well prepared 32.	<input type="checkbox"/>
Q12*	<b>What preparation did other children (birth / foster / other adopted) in the household receive around what it might be like for them to have another child join the family?</b> <i>Record the 1:1 work between social worker and child/ren. Record as other if children drawn involved informally as part of parent's preparation/ assessment.</i>	0. No preparation of children 1. Seen once (1:1) by S Worker 2. Two / three sessions with SW 3. More than 3 sessions with SW 4. Other -88 No other children in house	<input type="checkbox"/>
Q13	<b>Can you tell me how you felt the home study process went, in particular the extent to which you felt able to be completely open about your situation and about any concerns you had.</b>  <b>Looking back, are there things you wish you had said during the assessment process but didn't, which may have affected the matching process and/or any support you may need.</b>	33. 1. I / we omitted difficulties 2. I / we downplayed difficulties 3. I /we were open / truthful 4. Other (state)	<input type="checkbox"/>
Q14	<b>Do you have any previous parenting experience, with, for example, birth children from previous relationships, as a step-parent or foster parent?</b>	0. Neither parent experienced 1. Mum with experience 2. Dad with experience 3. Both parents with experience 4. Other combination	<input type="checkbox"/>
Q15	<b>To what extent did your family and friends support your wish to become adoptive parents?</b> <i>(prompt: own parents, siblings, friends)</i>	0. Network not supportive 1. Some network supportive 2. All network supportive	<input type="checkbox"/>

### Linking and matching

Q16	<b>So, you were matched with (name).</b> <b>How long did you have to wait between being approved until matched?</b> <b>What was that waiting time like?</b>	1. Less than a month 2. 1 - 6 months 3. 7 months - 1 year 4. 1 - 2 years 5. More than 2 years	<input type="checkbox"/>
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Q17*	<p><b>You mentioned in the questionnaire that you were linked/matched with another child before being matched with (name).</b></p> <p><b>Did this failure to proceed have anything to do with court matters or the legal process? (probe)</b></p> <p><b>Can you tell me a bit more about that in terms of what happened? (Explore impact on adopter if said in questionnaire that they had been affected by the experience)</b></p>	<p>0. Unrelated to legal matters / court process</p> <p>1. Related to legal matters / court process</p> <p>34. - 88 N/a</p>	<input type="checkbox"/>
Q18	<p><b>So thinking back to (name). How did this match happen?</b></p> <p><i>Prompt: Did you see child in 'Be My Parent' / at exchange day / internet / party etc.), or did the SW visit you and tell you about the child?</i></p>	<p>1. Adopter led</p> <p>2. Social Worker led</p> <p>3. Jointly led</p> <p>-88 Foster carer adoption<sup>35.</sup></p>	<input type="checkbox"/>
Q19	<p><b>Can you remember how you felt when you first <u>heard</u> detail about (child)?</b></p>	<p>0. No concerns (happy)</p> <p>1. Some concerns</p> <p>2. Major concerns (unsuitable)</p> <p>-88 Foster carer adoption</p>	<input type="checkbox"/>
Q20	<p><b>We've already spoken about your preferences for the type of child you initially wanted. So looking back, how well do you think (name) matched with the sort of child you had in your mind's eye at the start of the adoption process?</b></p>	<p>1. Poor match</p> <p>2. Reasonable match</p> <p>3. Good match<sup>36.</sup></p>	<input type="checkbox"/>

<b>Introductions</b>			
Q21	<p><b>Can you tell me about the introductions to (name) and how they went?</b></p> <p><i>Probe if needed: was a planning meeting held, was accommodation pre-booked by the LA if travelling some distance, what were the plans for your involvement in the child's routines, how did that go?</i></p>	<p>1. Handled badly</p> <p>2. Handled OK</p> <p>3. Handled well</p> <p>-88 Foster carer adopter</p>	<input type="checkbox"/>

Q22	<p><b>How satisfied were you with the level of support you received from <i>your</i> social worker during the introductions, by, for example, telephone calls, visits to you, a midway review of how the introductions were going?</b></p>	<p>1. Dissatisfied (poorly supported) 2. Neither satisfied nor dissatisfied 3. Satisfied (well supported) 37.</p>	<input type="checkbox"/>
Q23*	<p>You said in the questionnaire that:</p> <ul style="list-style-type: none"> <li>The foster carer was helpful /not helpful during your introductions to (name)</li> </ul> <p>Can you tell me a bit more about that? And perhaps, if you can think of one, give me an example to illustrate things?</p>		
Q24	<p><b>What decisions were made about the foster carers involvement in (names) life after being placed for adoption?</b></p> <p><b>What was the rationale for the decision? Who would you say, led the decision? Do you think it has it been the right decision?</b></p>	<p>0 No contact after placement 1 Reducing contact after placement 2 Maintain contact after placement 3 Other contact plan</p>	<input type="checkbox"/>
Q25	<p><b>Did you have any concerns at all about the quality of care shown to (name) whilst they were in their foster placement/s?</b> <i>(probe)</i></p>	<p>0. No 1. General concerns 2. Suspected abuse/neglect 3. Known abuse/neglect -88 Foster care adopter</p>	<input type="checkbox"/>
Q26*	<p><b>You mentioned that some work was done with (name) to prepare her for the move to their adoptive home?</b></p> <p><b>Can you tell me a bit more about that</b> <i>(probe what work was done or why work not done)</i></p> <p><b>Looking back, how well prepared do you think (name) was to move into their adoptive home?</b></p>	<p>0. Not at all prepared 1. Somewhat prepared 2. Well prepared 38. -88 N/a under 24 months 39. -99 Don't know</p>	<input type="checkbox"/>
Q27	<p><b>At this point in time, do you have any support needs in relation to helping (name) to understand the reasons for his/her adoption?</b></p> <p><b>What about help needed to better understand the meaning of adoption?</b></p>	<p>0. No help currently needed 1. Help with reasons 2. Help with meaning 3. Help with reasons &amp; meaning</p>	<input type="checkbox"/>



<b>Summary: Linking Matching and Introductions</b>			
Q28	<p><b>During the process of the introductions to (name), was there anything about the proposed adoption that was worrying you? <i>Probe concerns</i></b></p>	<p>0. No concerns 1. Yes concerns -88 Foster carer</p>	<input type="checkbox"/>
Q29	<p><b>Have there been any hiccoughs or delays in relation to the legal process at any stage with (name's) adoption so far. <i>Prompt if needed, delays with proceedings, administrative oversights, problems with lawyers.</i></b> <b>How have, or are these issues affecting you?</b></p>	<p>0. No hiccoughs 1. Hiccoughs</p>	<input type="checkbox"/>
Q30	<p><b>To what extent did the Children's SW or your Adoption SW help you to understand what (name) had experienced in their life before you met them, in terms of how it had affected them and how it may continue to affect them.</b></p>	<p>0. No help to understand 1. Some help to understand 2. Helped to fully understand impact of history and prognosis 40.</p>	<input type="checkbox"/>
Q31	<p><b>Is there any information about (name) and his/her background that has come to light since moving in with you, that you think should have been shared with you, or more fully explained to you before he/she was placed with you?</b></p> <p><b>If, yes: do you think that this lack of information has a bearing on any help /support currently needed by the family? In what ways?</b></p>	<p>0 No information missing 1 Information missing</p>	<input type="checkbox"/>

<b>Family life</b>			
Q32	<p><b>I'd like to talk a bit more now about how you think everyone is settling into adoptive family life - what you think is going well and some of the challenges you've faced.</b></p> <p><b>Can we start with quite a broad question ... I wonder if can you tell me what it has been like for <u>you</u> to become an adoptive parent to (name)?</b></p> <p><b>Is there anything you have found to be more challenging or more difficult than you had anticipated?</b></p> <p><b>Is there anything you have found to be more straightforward or easier than you had anticipated?</b></p>		

<p><b>Q33*</b></p>	<p><b>I wonder what you think it has been like for (partner) to become an adoptive parent to (name)?</b></p> <p><b>Is there anything you think he/she has found to be more challenging or more difficult than anticipated?</b></p> <p><b>Is there anything he/she has you found to be more straightforward or easier than anticipated?</b></p>		
<p>Q34</p>	<p><b>Can you tell me what it has been like for you to take on the physical and intimate care of (name). So things like washing, toileting, cutting nails, wiping noses, cleaning up after scrapes and falls.</b></p> <p><i>(If found difficult, probe. Have they spoken to any one about it, have they developed coping strategies, what [if any] support is needed to address difficulty)</i></p>	<p>0. No/minimal parental concerns 1. Some parental concern 2. Major parental concern</p>	<input type="checkbox"/>
<p>Q35</p>	<p><b>I would like to ask you a couple of questions now, which may seem a bit odd if you haven't experienced it, but we do know from previous research that there can be some sensory stuff going on for parents in the early days of adoptive family life. For example, parents have sometimes identified the unfamiliar odour or smell of their child.</b></p> <p><b>I wonder whether this has been something that you have been aware of at all with (name). If so probe the extent to which it has troubled adopter.</b></p>	<p>0. No parent odour/smell issue 1. Parent detects odour/smell</p>	<input type="checkbox"/>
<p>Q36</p>	<p><b>Have you noticed whether (name) has been affected in any way by certain smells they have detected?</b></p>	<p>0. No odour issues for child 1. Odour issues for child</p>	<input type="checkbox"/>
<p>Q37</p>	<p><b>So, thinking about the here and now, if you were to identify the one adult in (names) life that he/she most prefers who would that person be? How does s/he show that s/he prefers that person?</b></p> <p><b>Are there any other adults that s/he turns to?</b></p>	<p>0. No / little adult differentiation 1. Some differentiation among adults 2. Clear differentiaion among adults</p>	<input type="checkbox"/>

Q38	<p><b>When (name) hurts himself/herself or needs reassurance over something, what does s/he do? Will s/he seek out (main caregiver) for comfort?</b></p> <p><b>Does she ever go to people that she doesn't know well for comfort? Would he/she go to someone unfamiliar for comfort even when someone familiar is available?</b></p>	<p>0. Rarely seeks comfort from a preferred caregiver  1. Sometimes seeks comfort from a preferred caregiver  2. Always seeks comfort from a preferred caregiver</p>	<input type="checkbox"/>
Q39	<p><b>Do you feel that (name/s) has loyalties or significant attachments to members of his/her birth family or another people in his/her life (such as foster carer) <u>that is affecting the way he/she feels about you?</u></b></p>	<p>0. No  1. To birth mother  2. To birth father  3. To sibling  4. To previous foster carer  5. To other relative or other</p>	<input type="checkbox"/>
Q40	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b><i>Note to researcher: The next four questions are the point at which we elicit professional support provided (particularly by health care professionals)</i></b></p> </div> <p><b>Since the start of the adoptive placement, have you had any particular worries about (names) <u>behaviour</u> that has concerned you enough to seek out more information or support for? Probe concerns and what adopter had done in relation to this (who they have approached / what has happened/ has it helped)</b></p> <p><b>Can you tell me something about the impact that [concern] is having on adoptive family life?</b></p>		
Q41	<p><b>Since the start of the adoptive placement, have you had any particular worries about (names) <u>emotional wellbeing</u> that has concerned you enough to seek out more information or support for? Probe concerns and what adopter had done in relation to this (who they have approached / what has happened / has it helped)</b></p> <p><b>Can you tell me something about the impact that [concern] is having on adoptive family life?</b></p>		
Q42	<p><b>Aside from the usual assortment of childhood ailments, since (name) has been living with you, have you had any particular worries about (names) <u>physical health</u> that has concerned you enough to seek out more information or support for? Probe concerns and what adopter had done in relation to this. (who they have approached / what has happened / has it helped)</b></p> <p><b>Can you tell me something about the impact that [concern] is having on adoptive family life?</b></p>		
Q43	<p><b>And have there been any other developmental concerns that have led you to find out more about, or to seek help for? Probe concerns and what adopter had done in relation to this. (who they have approached / what has happened / has it helped)</b></p> <p><b>Can you tell me something about whether the [concern] is having an impact on adoptive family life?</b></p>		
Q44	<p><b>Developmental <u>uncertainties</u> accompany every child, whether they live in a birth family, adopted family or any other family form. But can you tell me about the extent to which the developmental uncertainties for (name) worry you?</b></p>		

	How do you cope with them? Have you sought any support for your concerns?		
Q44a	<p><i>(If not already talked about ask):</i></p> <p><i>(If pre-school)</i> Have you had any contact with the health visitor since (name) came to live with you? What for?</p> <p>Have you been in touch with a paediatrician since (name) came to live with you? What for?</p> <p>Have you been in touch with your GP for any support or advice since (name) came to live with you? What for?</p> <p>Any other health professional? What for?</p>	<p>0. No 1. Yes -88 N/a</p>	<p>HV <input type="checkbox"/></p> <p>Pead <input type="checkbox"/></p> <p>GP <input type="checkbox"/></p> <p>Oth <input type="checkbox"/></p>
<p><b>Q45*</b></p> <p><i>If n/a go to Q 47</i></p>	<p><i>For parents adopting a sibling group</i></p> <p><b>I'd like to know something about your experience so far in having taken on more than one child. How well would you say (name) and (sibling) have settled together into adoptive family life?</b></p> <p><i>Probe nature of difficulties if present. Ask about the quality of relationships between child and <u>all</u> siblings adopted at same time.</i></p>	<p>0. Settling in well together 1. Some difficulties between children (expected) 2. Some difficulties between children (not expected) 3. Many difficulties between children -88 No sib /no other sib</p>	<p>Sib 1 <input type="checkbox"/></p> <p>Sib 2 <input type="checkbox"/></p> <p>Sib 3 <input type="checkbox"/></p>
<b>Q46</b>	<p><b>As a family, do you have any support needs that have arisen specifically from having adopted two/three/four children together?</b></p> <p><i>Probe nature of support needs</i></p> <p><b>To what extent have / are these support needs being met?</b></p>	<p>0. No extra support needs 1. Extra support needs (not being addressed) 2. Extra support needs (being addressed) -88 No existing sibs</p>	<input type="checkbox"/>
<b>Q47*</b>	<p><i>For families with existing adopted / birth children</i></p> <p><b>How are things going between (name) and (existing adopted child/birth child) in these early days of adoptive family life?</b></p> <p><b>Have there been any challenges with the developing sibling relationship?</b></p>	<p>0. Well, no real problems 1. Some difficulties (expected) 2. Some difficulties (not expected) 3. Many difficulties -88 no sib /no other sib</p> <p><i>Ask about the quality of relationships between child and <u>all</u> existing siblings.</i></p>	<p>Sib 1 <input type="checkbox"/></p> <p>Sib 2 <input type="checkbox"/></p> <p>Sib 3 <input type="checkbox"/></p>
<b>Q48*</b>	<p><b>As a family, do you have support needs that have arisen specifically from having (name) join a family with existing children?</b></p> <p><i>Probe nature of support needs</i></p> <p><b>To what extent have / are these support needs being met?</b></p>	<p>0. No extra support needs 1. Extra support needs (not being addressed) 2. Extra support needs (being addressed) -88 No existing sibs</p>	<input type="checkbox"/>

Education		
Q49* If n/a go to Q55	<p>For school aged children and those at playgroup / nursery. (EXCLUDE playgroups attended by child in the company of a parent)</p> <p><b>I would like to know something about how you think [educational setting] has been going for (name) since they moved in with you.</b></p>	
Q50	<p><b>How would you say (name) has started to settle into school/playgroup/nursery?</b></p>	<p>1. Settling well, no/few difficulties 2. Some difficulties 3. Many difficulties -88 n/a</p>
Q51	<p><b>What have you told staff about (names) adoption? Do you think you got the balance right, in terms of the amount of information you have shared with the school? Why /why not?</b></p>	<p>1. Shared too much 2. Shared too little 3. Shared right amount -88 n/a</p>
Q52	<p><b>How supportive / understanding have staff been? In what ways?</b></p>	
Q53	<p><b>Do you think that (name) currently has any additional support needs in the educational setting? To what extent are these needs being addressed?</b></p>	<p>1. No additional support needs 2. Additional support needs (recognised by staff) 3. Additional support needs (not recognised by staff) 41. -88 n/a</p>
Q54* If n/a go to Q55	<p>If child was already at school before moving into adoptive home. <b>Can you tell me how (names) transition to his/her new school went?</b> Explore timing of transition (i.e. how soon after moving into adoptive home did child start school) Whether parents thinks timing was right. Explore any extra support provided to help with the move.</p>	

<b>Support plan</b>			
<b>Q55</b>	<p><b>You mentioned in the questionnaire that the support plan for (name) was not very specific.</b> (probe if vaguely described).</p> <p><b>Does the plan satisfactorily address your family's support needs at this time? If no, ascertain what is missing.</b></p>	<p>1. Plan does not address current support needs 2. Plan addresses current support needs</p>	<input type="checkbox"/>
Q56	<p><b>Does the plan make it clear who will provide support if and when needed?</b></p>	<p>42. 1. Support provider not always clear 2. Support provider clear</p>	<input type="checkbox"/>
Q57	<p><b>How much involvement did you have in drawing up support plan?</b></p>	<p>43. 0. No involvement 1. Some involvement 2. Full involvement</p> <p>44.</p>	<input type="checkbox"/>
Q58	<p><b>How important has it been for you as an adoptive family to have had a support plan drawn up for (name)?</b></p>	<p>45. 0. Not important 1. Somewhat important 2. Very important</p> <p>46.</p>	<input type="checkbox"/>

<b>Contact with adoption social worker / child's social worker</b>			
Q59	<p><b>I wonder if you could tell me something about your experience of the contact you have had with (names) social workers from [placing] LA since (name) moved in with you.</b> <i>Probe amount of contact taken place and for what reason/s)</i></p>		<input type="checkbox"/>
Q60	<p><b>How well do you think (name) was and is known to his/her social worker?</b> <i>Probe how and whether parents feel this impacts in any way on the support shown to (name) and adoptive family?</i></p>	<p>0. Very little knowledge of child and circumstances 1. Some knowledge of child and circumstances 2. Thorough knowledge of child and circumstances</p>	<input type="checkbox"/>
Q60b	<p><b>How is and has (name) been responding to visits from his/her social worker?</b></p>	<p>0. Not difficult for child 1. Difficult for child</p>	<input type="checkbox"/>
Q61	<p><b>Is there anything you think (names) social worker should have done or be doing to better help support you as a newly formed adoption family?</b> <i>Probe</i></p>	<p>1. Child SW support satisfactory 2. Better child SW support needed</p>	<input type="checkbox"/>
Q62	<p><b>Can you tell me now about your experience of the contact you've had with <u>your</u> adoption social worker since (name) moved in with you. (Probe amount of contact taken place and for what reasons)</b></p>		<input type="checkbox"/>
Q63	<p><b>Is there anything you think the assessing LA /VAA should have done or should be doing to better help support you as a newly formed adoptive family?</b></p>	<p>1. Assessing SW support satisfactory 2. Better assessing SW support needed</p>	<input type="checkbox"/>

Q64	<p><b>So thinking about the professional support provided to you as an adoptive family - not just that provided by social workers, but health care workers, educational staff, and any other professional you've come into contact with - can you tell me how easy or difficult you have found it to ask for support since (name) moved in with you?</b></p> <p><b>Have there been any circumstances under which you haven't felt able to ask for support even though you have wanted it?</b></p> <p><i>Probe what and why?</i></p>	
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<b>Semi-formal networks</b>		
	<p><b>I would like to ask you about any support you might be receiving that is related to adoption, but that is not part of either the formal support provided through the statutory agencies, nor the informal support you may get from family and friends.</b></p> <p><b>So for example, we know that some parents find adoption organisations and charities (such as AUK After Adoption and BAAF) to be a useful source of advice and support, particularly in the way in which they facilitate or organise things like online forums, support groups, training days or conferences. There are also adoptive parents who derive support through the contacts they make with other adopters in other ways, for example, we know of support networks that have been set up by adopters who did their LA adoption training together.</b></p>	
Q65	<p><b>Can you tell me about any experience you have of this sort of semi-formal support?</b></p> <p><i>If used: probe benefit derived. If not used: explore reasons/ rationale for not doing so.</i></p>	<p>47.</p> <p>0. No semi-formal support network</p> <p>1. Semi-formal support network</p> <input data-bbox="1305 1016 1366 1077" type="checkbox"/>

<b>Informal networks</b>		
	<p><b>I'd like to find out a bit more about your experience of the informal support you that has been available to you since (name) moved in with you - so by this I mean any support provided by your wider family and friends or through other informal networks you have.</b></p>	
Q66	<p><b>So starting with your family network, how much support do you feel you've been able to draw on from members of your wider family? In what ways?</b></p>	<p>0. Little or no family support</p> <p>1. Some family support</p> <p>2. Extensive family support</p> <input data-bbox="1305 1498 1366 1559" type="checkbox"/>

Q67	<b>Have you encountered any difficulties or challenges in eliciting support from family members?</b> <i>Probe nature of difficulties</i>		
Q68	<b>What about your friendship network, how much support have you had there? In what ways?</b>	0. Little or no friend support 1. Some friend support 2. Extensive friend support	<input type="checkbox"/>
Q69	<b>Have you encountered any difficulties or challenges in eliciting support from friends?</b> <i>Probe nature of difficulties</i>		
Q70	<b>Have there been any circumstances under which you haven't felt able to ask for support, even though you've wanted it?</b> <i>Probe what and why?</i>		
Q71	<b>Do you have any other informal networks from which you have been able to draw support?</b> <i>Probe</i>		
Q71a	<b>Some parents have told us that when their child was first placed with them, they were advised by social workers to 'batten down the hatches' and minimise or even avoid social contact with family and friends. Was anything along these lines said to you? How much of a help or hindrance was this advice?</b>		

<b>Employment and Finances</b>			
Q72	<b>Could you tell me something about the impact that the adoption has had on your (and/or partners) employment?</b> <i>Probe both the support or barriers experienced</i>		
Q73	<i>(If an employee)</i> <b>How would you describe your employer's attitude towards your circumstances as an adopter?</b> Probe response	1. Generally negative 2. Neutral 3. Generally positive 48. -88 n/a	<input type="checkbox"/>
Q74* If n/a go to Q 75	<i>(If partner an employee)</i> <b>How would you describe (partner's) employer's attitude towards your circumstances as an adopter?</b> Probe response	49. 1. Generally negative 2. Neutral 3. Generally positive 50. -88 n/a	<input type="checkbox"/>
Q75	<b>As a new parent, is there any support you would have liked from your (and/or partners) employer that you haven't received?</b>	51. 0. No support wanted 1. Support wanted 52. -88 N/a	<input type="checkbox"/>



Q76	<b>Can you tell me something about the advice you have been given about financial benefits, allowances or grants entitlements available to you since (name) moved in -such child benefit, working families' tax credit, or adoption allowance). Probe: who provided the advice, was it offered, or did you have to ask.</b>	0. No advice 1. Limited Advice 2. Good advice	<input type="checkbox"/>
Q77	<b>Parenting any child has financial implications, but I wonder whether the adoption of (name) has caused or is causing your family any serious financial concerns? Probe if yes.</b>	0. No financial concerns 1. Financial concerns	<input type="checkbox"/>

<b>Contact with significant others</b>			
Q78*	<b>You told us that the contact plan is for letter box contact with birth parents and sibling/s. What do you think of the plan?</b>  <b>Is there anything about it you would want to change?</b>	1. Disagreed with plan 2. Mixed feelings 3. Agreed with plan 53.	<input type="checkbox"/>
Q79	<b>Do you anticipate needing any support in managing contact with birth family/significant others in the near future? Why / why not?</b>		
Q80	<b>Since (name) moved in with you, has any contact yet taken place with birth family/significant others?</b>	0. Contact not happened 1. Contact happened	<input type="checkbox"/>

<b>Thinking and talking about adoption</b>			
Q81	<b>I wonder if you could share with me some of your thoughts and feelings about the circumstances which led to (name) needing to be adopted.</b>  <i>Probe: adopters view of birth mother, birth father, wider birth family and siblings?</i>		
Q82	<b>Even though it is still early days, I wonder if you have given any thought as to when and how in time, you plan to talk to (name) about adoption - Is this something that you've given much consideration to yet, or even already started talking to (name) about?</b> <i>(Probe worries / concerns adopters may have).</i>		
Q83	<b>When you completed the questionnaire you told us that:</b> <ul style="list-style-type: none"> <li>You had /had not received (names) life story book 54. <i>(check whether book has since been provided).</i></li> </ul> <b>Have you used the life story book? If yes, probe circumstances.</b> <b>How important do you think it is for (name) to have a life story book?</b> <b>When do you think that life story books should be provided?</b>		
Q84*	<i>(All couple adopters)</i> <b>How easy or difficult is it for you and your partner to talk together about (names) adoption?</b>		

If n/a go to Q 85	<b>How close do you think your views are to your partners, in terms of the way you think and feel about (names) adoption?</b>  <b>As a couple, to what extent do you feel you are in agreement about how your plan to speak to (name) about their adoption?</b>
Q85	<b>How do you explain the circumstances surrounding (names) adoption to other people?</b>
Q86	<b>Is there any support you feel you need in talking about adoption within the immediate family (i.e. those living in adoptive household)?</b>
Q87	<b>Is there any support you feel you need in talking about adoption to people outside the immediate family? (for example, wider family, friends, teachers, work colleagues, neighbours)?</b>

<b>SUMMARY</b>		
Q88	<b>Where are you at the moment in terms of thoughts about applying for the adoption order?</b> <i>(If not planning to apply for the order within next 3 months sensitively probe reasons)</i>	<ul style="list-style-type: none"> <li>0. No plan to apply for next 12 months</li> <li>1. Plan to apply between 3-12 months</li> <li>2. Plan to apply within 3 months</li> <li>3. Have applied for order</li> <li>4. Adoption order granted</li> </ul> <p style="text-align: center;">55.</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: auto; margin-right: auto;"></div>
Q89	<b>If you were to identify one matter relating to the adoption of (name) for which you would have liked more or better support, what would that be?</b>	
Q90	<b>What support (and from whom) have you found to have been the most valuable (and why?)</b>	
Q91	<b>Is there anything else you think is important for us to consider in relation to your support needs as an adoptive family?</b>	



## A Research Study about the Experiences of Adoptive Families

### FINAL QUESTIONNAIRE FOR ADOPTIVE PARENTS



ID number..... (for office use)

## **ABOUT THE QUESTIONNAIRE**

**This questionnaire relates to your child placed with you for adoption last year and for whom you referred to when completing the first questionnaire for this study. If you are adopting as a couple, this questionnaire should be filled out by the parent who completed the first questionnaire.**

**Please try to answer every question asked of you. Your answers are confidential, and they will not be stored with either your name or your child's name. On the face of it, the questionnaire may seem quite long, but there are sections that require you to respond to either one set of questions or another. There will also be questions that are not applicable to you. If you need more space to complete an answer, please use the blank page at the end of the questionnaire.**

**On receipt of this completed questionnaire, we would like to offer you another free book from a selection of texts by Jessica Kingsley Publishing. The book choice is enclosed. Please use the leaflet to tick the book you would like to receive and return it to us with your completed questionnaire in the prepaid envelope.**

**MANY THANKS ONCE AGAIN FOR ALL YOUR HELP WITH THE STUDY.**

## Section 1: Background Information

**Please only complete this second questionnaire if you are the same parent that completed the first questionnaire for this study.**

**1.1. Today's date (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**1.2. Please list all adults (over the age of 18) living in your household. Please describe them in terms of their relationship to the child for whom you are referring to in this questionnaire. (For example, adoptive mother).**

**1.3. Please indicate the circumstance under which you were approved as an adoptive parent.**

- Approved for adoption as a single parent
- Approved for adoption as a heterosexual couple
- Approved for adoption as a same sex couple

**1.4. From which local authority was your child placed? (That is, the Local Authority responsible for your child immediately before he/she was placed with you for adoption?)**

Anglesey		Ceredigion		Monmouth		Swansea	
Blaenau Gwent		Conwy		Neath Port Talbot		Torfaen	
Bridgend		Denbighshire		Newport		Vale of Glamorgan	
Caerphilly		Flintshire		Pembrokeshire		Wrexham	
Cardiff		Gwynedd		Powys			
Carmarthenshire		Merthyr Tydfil		Rhondda Cynon Taff			

**1.5. Which agency assessed and approved you as an adoptive parent?**

Anglesey		Ceredigion		Monmouth		Swansea	
Barnardos (VAA)		Conwy		Neath Port Talbot		Torfaen	
Blaenau Gwent		Corum (VAA)		Newport		Vale of Glamorgan	
Bridgend		Denbighshire		Pembrokeshire		Wrexham	
Caerphilly		Flintshire		Powys		Other (please state)	
Cardiff		Gwynedd		Rhondda Cynon Taff		_____	
Carmarthenshire		Merthyr Tydfil		St. David's (VAA)			

**1.6. Has there been any change in your employment status, connected (directly or indirectly) with the placement of your child for adoption? (For example, stopped work, reduced or increased your hours).**

- No
- Yes  (Please explain)

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**1.7. Has there been any change in your partner's employment status, connected (directly or indirectly) with the placement of your child for adoption?**

- No
- Not applicable
- Yes  (Please explain)

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## Section 2: The Legal Process

2.1. Please indicate the stage you are at with the legal process in relation to the adoption of your child?

Pre-adoption order, with no plan to apply for adoption order within next 8 weeks   
*[Please complete only part A of The Legal Process Section, i.e. Questions 2.2 - 2.11]*

Pre-adoption order, but hoping to apply for the adoption order within next 8 weeks   
*[Please complete only part A of the Legal Process Section, i.e. Questions 2.2 - 2.11]*

Adoption order pending - have applied to the court for the adoption order.   
*[Please complete only part B of the Legal Process Section, i.e. Questions 2.12 - 2.24]*

Post order - adoption order granted   
*[Please complete only part B of the Legal Process Section, i.e. Questions 2.12 - 2.24]*

### PART A

2.2. What would need to happen or change for you to be in a position to apply for the adoption order?

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2.3. To what extent do you feel that your assessing social worker is supporting you in helping to address the things that need to happen or change before you apply for the order?

- Well supported
- Somewhat supported
- Poorly supported
- N/a [no support needed from social workers]

2.4. To what extent do you feel that your child's social worker (the social worker from the Local Authority that placed your child) is supporting you in helping to address the things that need to happen or change before you apply for the order?

- Well supported
- Somewhat supported
- Poorly supported
- N/a [no support needed from social workers]

2.5. Have you ever felt under any pressure by social workers to speed up your application for the adoption order?

- No
- Yes  (Please explain)

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2.6. Are you experiencing any external delay with the submission of your application to the court for the adoption order? (In that, you feel ready to put in for the order, but have encountered administrative, procedural or other delays).

- No  (go to Question 2.9)
- Yes  (Please explain, then go to next Question)

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2.7. By how much would you estimate proceedings have been delayed so far?

- Two weeks or less
- More than two weeks, less than one month
- Between 1 and 3 months
- More than 3 months

2.8. Is the delay ongoing (in that the complication is not yet resolved and the delay is likely to continue)?

- Yes, complication causing delay on going
- No, complication causing delay resolved

2.9. Do you think that you have been fully informed about the legal process in relation to the adoption of your child?

- Yes
- No  (Please describe the information lacking)

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2.10. Please provide any suggestions as to how you think the experience of the legal process for adoptive families could be improved?

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2.11. Please write anything else you think important to tell us about your experience of the legal process in relation to the adoption of your child.

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**Please go to Section 3: Your child and family life**

## PART B

2.12. Did you experience any delay before submitting your application to the court for the adoption order? (In that you felt ready to put in for the order, but encountered administrative, procedural or other delays).

- No
- Yes  (Please explain)

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2.13. Did you ever feel under any pressure by social workers to speed up your application for the adoption order?

- No
- Yes  (Please explain)

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2.14. Was your application for the adoption order contested?

- Yes and this was expected
- Yes and this was unexpected
- No

2.15. Have you encountered [or did you encounter] any other complications resulting in a delay with the court process? (For example, missing or incomplete paperwork, communication oversights, availability of court staff etc.)

- No  (Go to Question 2.18)
- Yes  (Please describe, then go to next Question)

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2.16. By how long would you estimate proceedings have been (or were) delayed?

- Two weeks or less
- More than two weeks, less than one month
- Between 1 and 3 months
- More than 3 months

2.17. Is the delay ongoing (in that the complication is not yet resolved, and the delay is likely to be longer than that stated in previous response)?

- Yes, complication causing delay on going
- No, complication causing delay resolved



**2.18. Did your child attend court for the final adoption hearing?**

- N/a  Not yet had final adoption hearing (go to Question 2.21)
- Yes  (please explain why you chose to take your child to the final adoption hearing)
- No  (Please explain why you chose not to take your child to the final adoption hearing)

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**2.19. Did you attend court for the final adoption hearing?**

- Yes
- No  (Please explain why you chose not to attend the final adoption hearing)

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**2.20. How would you rate your experience of attending court for the final adoption hearing?**

Very Enjoyable	Somewhat Enjoyable	Neither Enjoyable nor Unenjoyable	Somewhat Unenjoyable	Very Unenjoyable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.21. On reflection, do you think the legal formalities for the adoption of your child were completed (or are being completed) in a timely manner?**

- Yes
- No  (Please explain)

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**2.22. Looking back, do you think that you have been (or were) fully informed about the legal process in relation to the adoption of your child?**

- Yes
- No  (Please describe the information missing)

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**2.23. Please provide any suggestions as to how you think the experience of the court and/or legal process for adoptive families could be improved?**

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**2.24. Please write anything else you think important to tell us about your experience of the court and/or legal process in relation to the adoption of your child?**

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**Please go to Section 3: Your child on the next page**

## Section 3: Your Child

### 3.1: Your Child's Behaviour (their personality, strengths and difficulties)

For each item below, please tick the number for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the **last 6 months**.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	0	1	2
2. Restless, overactive, cannot stay still for long	0	1	2
3. Often complains of headaches, stomach aches or sickness	0	1	2
4. Shares readily with other children (treats, toys, pencils etc.)	0	1	2
5. Often has temper tantrums or hot tempers	0	1	2
6. Rather solitary, tends to play alone	0	1	2
7. Generally obedient, usually does what adults request	0	1	2
8. Many worries, often seems worried	0	1	2
9. Helpful if someone is hurt, upset or feeling ill	0	1	2
10. Constantly fidgeting or squirming	0	1	2
11. Has at least one good friend	0	1	2
12. Often fights with other children or bullies them	0	1	2
13. Often unhappy, down hearted or tearful	0	1	2
14. Generally liked by other children	0	1	2
15. Easily distracted, concentration wanders	0	1	2
16. Nervous or clingy in new situations, easily loses confidence	0	1	2
17. Kind to younger children	0	1	2
18. Often lies or cheats	0	1	2
19. Picked on or bullied by other children	0	1	2
20. Often volunteers to help others (parents, teachers, other children)	0	1	2
21. Thinks things out before acting	0	1	2
22. Steals from home, school or elsewhere	0	1	2
23. Gets on better with adults than with other children	0	1	2
24. Has many fears, easily scared	0	1	2
25. Sees tasks through to the end, good attention span	0	1	2

### 3.2: Family life

Can you outline what you think is going well in adoptive family life?

### 3.3. Caring for your child

Can you think of up to 3 problems or concerns that you currently have in relation to the care of your child?

*My first concern is (please give a brief description) ...*

Please circle your response to the following questions:

	Not at all	A little	Somewhat	A lot/Very
How severe is the problem or concern that you have noted?	1	2	3	4
How well do you feel that the child is coping with the problem or concern?	1	2	3	4
What is the impact of this problem or concern on you?	1	2	3	4
What do you feel the impact of this problem or concern is upon your family?	1	2	3	4
What do you feel the impact of this problem or concern is upon the child's day-to-day functioning?	1	2	3	4
How important is it to have this problem or concern resolved?	1	2	3	4

*My second concern is (please give a brief description) ...*

**Please circle your response to the following questions:**

	Not at all	A little	Somewhat	A lot/Very
How severe is the problem or concern that you have noted?	1	2	3	4
How well do you feel that the child is coping with the problem or concern?	1	2	3	4
What is the impact of this problem or concern on you?	1	2	3	4
What do you feel the impact of this problem or concern is upon your family?	1	2	3	4
What do you feel the impact of this problem or concern is upon the child's day-to-day functioning?	1	2	3	4
How important is it to have this problem or concern resolved?	1	2	3	4

*My third concern is (please give a brief description) ...*

**Please circle your response to the following questions:**

	Not at all	A little	Somewhat	A lot/Very
How severe is the problem or concern that you have noted?	1	2	3	4
How well do you feel that the child is coping with the problem or concern?	1	2	3	4
What is the impact of this problem or concern on you?	1	2	3	4
What do you feel the impact of this problem or concern is upon your family?	1	2	3	4
What do you feel the impact of this problem or concern is upon the child's day-to-day functioning?	1	2	3	4
How important is it to have this problem or concern resolved?	1	2	3	4

**3.4. Your Child's Thoughts and Feelings:** Below is a list of items that describe children. For each item that describes your child now or within **the past 2 months**, please circle the **2** if the item is **very true** or **often true** of your child. Circle the **1** if the item is **somewhat** or **sometimes true**. If the item is **not true**, circle the **0**. Please answer all of the items as well as you can, even if some do not seem to apply.

	Not True	Sometimes True	Very True
1. Acts too young for his/her age	0	1	2
2. Drinks alcohol without parents' approval (describe): _____	0	1	2
3. Argues a lot	0	1	2
4. Fails to finish things he/she starts	0	1	2
5. There is very little he/she enjoys	0	1	2
6. Bowel movements outside toilet	0	1	2
7. Bragging, boasting	0	1	2
8. Can't concentrate, can't pay attention for long	0	1	2
9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2
10. Can't still, restless, or hyperactive	0	1	2
11. Clings to adults or too dependent	0	1	2
12. Complains of loneliness	0	1	2
13. Confused or seems to be in a fog	0	1	2
14. Cries a lot	0	1	2
15. Cruel to animals	0	1	2
16. Cruelty, bullying, or meanness to others	0	1	2
17. Daydreams or gets lost in his/her thoughts	0	1	2
18. Deliberately harms self or attempts suicide	0	1	2
19. Demands a lot of attention	0	1	2
20. Destroys his/her own things	0	1	2
21. Destroys things belonging to his/her family or others	0	1	2
22. Disobedient at home	0	1	2
23. Disobedient at school	0	1	2
24. Doesn't eat well	0	1	2
25. Doesn't get along with other kids	0	1	2
26. Doesn't seem to feel guilty after misbehaving	0	1	2
27. Easily jealous	0	1	2
28. Breaks rules at home, school, or elsewhere	0	1	2
29. Fears certain animals, situations, or places, other than school (describe) _____	0	1	2
30. Fears going to school	0	1	2

	Not True	Sometimes True	Very True
31. Fears he/she might think or do something bad	0	1	2
32. Feels he/she has to be perfect	0	1	2
33. Feels or complains that no one loves him/her	0	1	2
34. Feels others are out to get him/her	0	1	2
35. Feels worthless or inferior	0	1	2
36. Gets hurt a lot, accident-prone	0	1	2
37. Gets in many fights	0	1	2
38. Gets teased a lot	0	1	2
39. Hangs around with others who get in trouble	0	1	2
40. Hears sounds or voices that aren't there (describe): _____	0	1	2
41. Impulsive or acts without thinking	0	1	2
42. Would rather be alone than with others	0	1	2
43. Lying or cheating	0	1	2
44. Bites fingernails	0	1	2
45. Nervous, highly strung, or tense	0	1	2
46. Nervous movements or twitching (describe): _____	0	1	2
47. Nightmares	0	1	2
48. Not liked by other kids	0	1	2
49. Constipated, doesn't move bowels	0	1	2
50. Too fearful or anxious	0	1	2
51. Feels dizzy or lightheaded	0	1	2
52. Feels too guilty	0	1	2
53. Overeating	0	1	2
54. Overtired without good reason	0	1	2
55. Overweight	0	1	2
56. Physical problems <i>without known medical cause</i> :			
a. Aches or pains ( <i>not</i> stomach or headaches)	0	1	2
b. Headaches	0	1	2
c. Nausea, feels sick	0	1	2
d. Problems with eyes ( <i>not</i> if corrected by glasses) (describe): _____	0	1	2
e. Rashes or other skin problems	0	1	2
f. Stomach aches	0	1	2
g. Vomiting, throwing up	0	1	2
h. Other (describe): _____	0	1	2

	Not True	Sometimes True	Very True
57. Physically attacks people	0	1	2
58. Picks nose, skin, or other parts of body (describe): _____	0	1	2
59. Plays with own sex parts in public	0	1	2
60. Plays with own sex parts too much	0	1	2
61. Poor school work	0	1	2
62. Poorly coordinated or clumsy	0	1	2
63. Prefers being with older kids	0	1	2
64. Prefers being with younger kids	0	1	2
65. Refuses to talk	0	1	2
66. Repeats certain acts over and over; compulsions (describe): _____	0	1	2
67. Runs away from home	0	1	2
68. Screams a lot	0	1	2
69. Secretive, keeps things to self	0	1	2
70. Sees things that aren't there (describe):	0	1	2
71. Self-conscious or easily embarrassed	0	1	2
72. Sets fires	0	1	2
73. Sexual problems (describe):	0	1	2
74. Showing off or clowning	0	1	2
75. Too shy or timid	0	1	2
76. Sleeps less than most kids	0	1	2
77. Sleeps more than most kids during day and/or night (describe): _____	0	1	2
78. Inattentive or easily distracted	0	1	2
79. Speech problem (describe): _____	0	1	2
80. Stares blankly	0	1	2
81. Steals at home	0	1	2
82. Steals outside the home	0	1	2
83. Stores up too many things he/she doesn't need (describe): _____	0	1	2
84. Strange behaviour (describe): _____	0	1	2
85. Strange ideas (describe): _____	0	1	2

	Not True	Sometimes True	Very True
86. Stubborn, sullen, or irritable	0	1	2
87. Sudden changes in mood or feelings	0	1	2
88. Sulks a lot	0	1	2
89. Suspicious	0	1	2
90. Swearing or obscene language	0	1	2
91. Talks about killing self	0	1	2
92. Talks or walks in sleep (describe): _____	0	1	2
93. Talks too much	0	1	2
94. Teases a lot	0	1	2
95. Temper tantrums or hot temper	0	1	2
96. Thinks about sex too much	0	1	2
97. Threatens people	0	1	2
98. Thumb-sucking	0	1	2
99. Smokes, chews or sniffs tobacco	0	1	2
100. Trouble sleeping (describe): _____	0	1	2
101. Truancy, skips school	0	1	2
102. Underactive, slow moving, or lacks energy	0	1	2
103. Unhappy, sad, or depressed	0	1	2
104. Unusually loud	0	1	2
105. Uses drugs for non-medical purposes (don't include alcohol or tobacco) (describe): _____	0	1	2
106. Vandalism	0	1	2
107. Wets self during the day	0	1	2
108. Wets the bed	0	1	2
109. Whining	0	1	2
110. Wishes to be of opposite sex	0	1	2
111. Withdrawn, doesn't get involved with others	0	1	2
112. Worries	0	1	2
113. Please write in any problems your child has that were not listed above _____ _____			



## Section 4: Sibling Relationships

**4.1. Was your child placed with you for adoption as part of a sibling group?**

- Yes, as a sibling group of two  (Go to next Question, 4.2)
- Yes, as a sibling group of three  (Go to next Question, 4.2)
- Yes, as a sibling group of four  (Go to next Question, 4.2)
- No  (Go to Question 4.3)

**4.2. Please describe the benefits you derive and / or the challenges you face, specifically in relation to being a family that includes siblings placed together for adoption.**

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**4.3. Do you have birth children, under the age of 18, living at home?**

- Yes, one birth child living at home  (Go to next Question, 4.4)
- Yes, two or more birth children living at home  (Go to next Question, 4.4)
- No  (Go to Question 4.5)

**4.4. Overall, how well do you think your birth child/children have adjusted to having another child in the family?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I had expected
- Some difficulties, most of which I had **not** expected
- They are finding it very difficult

**4.5. Do you have a previously adopted child living at home?**

- Yes, one previously adopted child  (Go to next Question, 4.6)
- Yes, two or more previously adopted children  (Go to next Question, 4.6)
- No  (Go to Section 5: Parent and child relationships)

**4.6. Is your child related by birth to your previously adopted child/ren?**

- Yes
- No

**4.7. Overall, how well do you think your existing adopted child or children have adjusted to having another child in the family?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I/we had expected
- Some difficulties, most of which /we had **not** expected
- They have found it very difficult

**4.8. Please use this space to tell us anything else you think we should know about your experience as a family which also contains birth children and/or previously adopted children.**

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## SECTION 5: Parent and child relationship

**5.1: You and Your Child:** Please think about the times during the past month when you and your child have spent time talking or doing things together. With those times in mind, please tick the number which tells how often **YOU** acted in the following ways towards your son or daughter **during the past month**.

During the past month, how often did you:	Always	Almost always	Fairly often	About half	Not too often	Almost never	Never
1. Get angry at them	1	2	3	4	5	6	7
2. Let them know you really care about them	1	2	3	4	5	6	7
3. Criticise their ideas	1	2	3	4	5	6	7
4. Shout at them because you were upset with them	1	2	3	4	5	6	7
5. Act loving and affectionate towards them	1	2	3	4	5	6	7
6. Let them know that you appreciate their ideas or the things they do	1	2	3	4	5	6	7
7. Help them do something that was important to them	1	2	3	4	5	6	7
8. Argue with them when you disagreed about something	1	2	3	4	5	6	7
9. Act supportive or understanding towards them	1	2	3	4	5	6	7
10. Tell them you love them	1	2	3	4	5	6	7

### 5.2 Is your child able to express themselves verbally?

- No  (Go to Section 6: Contact and Communication)
- Yes  (Go to next Question, 5.3)

**5.3: Your Child and You:** Please think about the times during the past month when you and your child have spent time talking or doing things together. With those times in mind, please tick the number which tells how often **YOUR CHILD** acted in the following ways towards you **during the past month**.

During the past month, how often did your child:	Always	Almost always	Fairly often	About half	Not too often	Almost never	Never
1. Get angry at you?	1	2	3	4	5	6	7
2. Let you know that he/she really cares about you?	1	2	3	4	5	6	7
3. Criticize you or your ideas?	1	2	3	4	5	6	7
4. Shout at you because he/she was upset with you?	1	2	3	4	5	6	7
5. Act loving and affectionate toward you?	1	2	3	4	5	6	7
6. Let you know that he/she appreciates your ideas or the things you do?	1	2	3	4	5	6	7
7. Help you do something that was important to you?	1	2	3	4	5	6	7
8. Argue with you when you disagreed about something?	1	2	3	4	5	6	7
9. Act supportive and understanding toward you?	1	2	3	4	5	6	7
10. Tell you they love you	1	2	3	4	5	6	7

## Section 6: Contact and Communication

### 6.1. Does your child have one or more birth siblings (half or full) who do not live with you in the household?

- Yes  (Go to next Question, 6.2)

- No  (Go to Question 6.3)

**6.2. Please indicate the plans set out by the Local Authority/Court for contact with any of these siblings (please tick all that apply).**

	Direct contact (Face to face)	Indirect contact (Letterbox)	Direct & Indirect contact	No planned Contact
Sibling/s with whom your child has previously lived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling/s with whom your child has never lived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.3. Since your child moved in with you, please indicate any contact already taken place with any of the following:**

	Direct contact (Face to face)	Indirect contact (Letterbox)	No contact Or n/a
Birth mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth sibling/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other birth family (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.4. To date, have you needed any support/advice/assistance from social workers, in managing, organizing, implementing or responding to contact? (Please tick all that apply).**

- Yes with birth parent/s  (Go to next Question, 6.5)
- Yes with birth siblings  (Go to next Question, 6.5)
- Yes with other birth family  (Go to next Question, 6.5)
- No  (Go to Question 6.6)

**6.5. Please describe the nature of the help you have needed:**

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**6.6. Please write anything else about the contact arrangements with birth family that you think might be important for us to know about.**

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**6.7. Are you still in touch with your child's foster carer?**

- Yes, face to face  (Go to next Question, 6.8)
- Yes, indirect (letterbox /texting/email etc.)  (Go to next Question, 6.8)
- Yes, face to face and indirect (letterbox/texting/email etc.)  (Go to next Question, 6.8)
- No  (Go to Question, 6.9)
- Not applicable - I was my child's foster carer  (Go to Section 7, Support)

**6.8. Is your child aware of the continued contact with the foster carer?**

- Yes and directly involved with contact
- Yes, but not directly involved with contact
- No, not aware of the contact
- Don't know

**6.9. At the time your child was placed with you for adoption, were any decisions made with social workers about how to best manage the relationship between your child and their foster carer?**

- Plan for ongoing contact between child and foster carer
- Plan for gradual reduction /cessation of contact between child and foster carer over time
- Plan to cease all contact between child and foster carer immediately after placement
- Plan to stop contact initially, but reintroduce after child has settled in adoptive home
- No decisions made about management of relationship between child and foster carer
- Other (please describe)

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6.10. Have you encountered any challenges or difficulties in contact with the foster carer since your child was placed with you for adoption?

- No
- Yes  (Please explain)

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6.11. How well do you think your child coped with their change of primary carer (from their foster carer to you)?

- The change was not difficult for my child
- The change was somewhat difficult for my child
- The change was difficult for my child

6.12. Please write anything else about the contact with your child's foster carer that you would like to us to know about.

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6.13. Since moving in with you, has any life story work been carried out with your child by professionals (such as your child's social worker) to help them make sense of their past experiences, and/or to help them better understand why they have been / are being adopted)?

- No and has not been needed
- No, but has been needed
- Yes (please state what has been done, and by whom)

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6.14. Does your child have their life story book with them in the adoptive home?

- No life story book yet provided
- Yes, but poor quality and/or lacks accurate detail
- Yes, a well prepared life story book

6.15. Since you completed our first questionnaire, has any information about your child or their circumstances come to light, which you think you should have been told about before they moved in with you?

- As far as I am aware, all relevant information has been shared with me  (go to Section 7, Support)
- Information has emerged, which I believe some professionals were aware of before my child moved in
- Information has emerged, which I believe was not known by professionals before my child moved in

Please state briefly the information that you were not given

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6.16. Has this delay in timely information sharing had any impact on your early experiences as an adoptive family?

- No
- Yes  (please explain)

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## SECTION 7: Support

### Professional Intervention

7.1. Since the start of the adoptive placement, please identify whether the following aspects of professional support have been a) provided, b) needed, but not provided or c) not needed. If support has been provided, please supply further details.

	Not needed	Needed, but not provided	Provided	If provided, please state by which agency or professional/s (e.g. Adoption social worker, teacher, GP, psychologist)
14. Financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Practical support with family life e.g. home help, babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Emotional support for you (e.g. someone to talk things through with / to confide in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Parenting course/training (e.g. Safe base or incredible years training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Child or family focussed therapeutic support (e.g. play therapy, family therapy, filial therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Educational support assistance (e.g. help in getting appropriate school place, support for special educational needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Support in addressing physical health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Other support not covered in list above (please state) <hr style="width: 20%; margin-left: 0;"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Contact with professionals

7.2. How would you rate the amount of contact you have had with your adoption social worker since your child moved in with you?

- Too little
- About right
- Too much

7.3. Over the past six months, how easy has it been to contact your adoption social worker?

- Easily contactable
- Somewhat difficult to contact
- Very difficult to contact

7.4. How would you rate the helpfulness of the contact you have had with your adoption social worker over the past six months?

- Poor
- Satisfactory
- Good
- N/a have not been in contact with adoption social worker

Please provide any further information about your adoption social worker that you think may be relevant.

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7.5. How would you rate the amount of contact you have had with your child's social worker /support worker since your child moved in with you?

- Too little
- About right
- Too much

7.6. Over the past six months, how easy has it been to contact your child's social worker / support worker?

- Easily contactable
- Somewhat difficult to contact
- Very difficult to contact
- N/a Have not needed to contact child's social worker/support worker

7.7. Over the past six months, how would you rate the helpfulness of the contact you have had with your child's social worker / support worker?

- Poor
- Satisfactory
- Good
- N/a have not been in contact with adoption social worker/support worker

Please provide any further information about your child's social/support worker that you think may be relevant.

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7.8. Since living with you, how has your child responded to visits by their social worker /support worker?

- Always enjoyed social worker / support worker visits
  - Neither enjoyed social worker /support worker visits, nor unsettled by them
  - Instances of being unsettled by social worker/support worker visits  (please explain)
- 
- 
- 

7.9. Have you been in touch with a health visitor for your child?

- No  (go to Question 7.12)
- Yes  (go to next Question, 7.10)

7.10. How would you rate the helpfulness of the contact you have had with the health visitor, since your child moved in with you?

- Poor
- Satisfactory
- Good

7.11. How good an understanding do you think your health visitor has of the additional support needs some adoptive families may have?

- Good understanding
- Some understanding
- Little understanding

Please provide any further information about the health visitor that you think may be relevant.

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7.12. Since your child moved in with you, have you referred to the adoption support plan? (The formal plan which set out your child's needs when they are placed with the adoptive family, and the support services which will be put in place to meet those needs).

- No and do not have a copy of the support plan
- No, but have a copy of the support plan
- Yes

## Semi-Formal and Informal Support

Which of the following resources have you used since your child moved in with you?

7.13. Online adoption forums (such as those hosted by AUK).

- Yes (have both browsed and posted on the forum)
- Yes (have only browsed the forum)
- No  (Go to Question 7.15)

7.14. How would you rate your experience of using the adoption forum/s?

Helpful	Neither helpful nor unhelpful	Unhelpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.15. Online forums about parenting more generally (such as those hosted by 'mumsnet').**

- Yes (have both browsed and posted on the forum)
- Yes (have only browsed the forum)
- No  (Go to Question 7.17)

**7.16. How would you rate your experience of using the general parenting forum/s?**

Helpful	Neither helpful nor unhelpful	Unhelpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.17. Virtual /online adoption support group.**

- Yes
- No  (Go to Question 7.19)

**7.18. How would you rate your experience of using the online/virtual adoption support group/s?**

Helpful	Neither helpful nor unhelpful	Unhelpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.19. Have you used or do you use 'Facebook' for the purpose of eliciting adoption support?**

- No
- Yes  (Please describe briefly how you have made use of Facebook)

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**7.20. Have you used or do you use 'Twitter' for the purpose of generating or eliciting adoption support?**

- No
- Yes  (Please describe briefly how you have made use of Twitter)

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**7.21. Have you used or do you use any other social networking site for the purpose of eliciting adoption support?**

- No
- Yes  (Please state which site/s and describe briefly how you have made use of it)

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**7.22. Have you attended a face to face Adoption support group?**

- Yes
- No, and not needed or wanted  (Go to Question 7.24)
- No, but would like to be part of a face to face support group  (Go to Question 7.24)

**7.23. How would you rate your experience of the (face to face) support group?**

Helpful	Neither helpful nor unhelpful	Unhelpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7.24. Is there a (face to face) adoption support group in your area?

- Yes
- No
- Don't know

7.25. Since your child moved in with you, have you been provided with a peer mentor / adopter buddy?

- No, and would not have wanted one
- No, but one might have been helpful
- Yes  (please state how this arrangement came about)

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7.26. Apart from those adoptive parents you may have been in contact with through online forums, support groups, or mentoring / buddy systems, do you have a network of other adoptive parents from whom you receive and offer support?

- No
- Yes  (please describe briefly how you came to be in touch with these other adoptive families)

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7.27. On the whole, how does the level of support shown to you by your family over the past year, compare with the level of support you had anticipated receiving from them at the beginning of the adoptive placement?

- Support from family has been better than expected
- Support from family has been as expected
- Support from family has not been as good as expected
- Other  (please explain)

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7.28. On the whole, how does the level of support shown to you by your friends over the past year, compare with the level of support you had anticipated receiving from them at the beginning of the adoptive placement?

- Support from friends has been better than expected
- Support from friends has been as expected
- Support from friends has not been as good as expected
- Other  (please explain)

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## SECTION 8: About You

### 8.1: Being a Parent

Here are some statements about what it can be like to be an adoptive parent. For each statement, please circle the number that best describes how you feel about being a parent.

	Strongly Agree					Strongly Disagree
18.  Even though being an adoptive parent could be rewarding, I am frustrated now while my child is at his/her present age.	1	2	3	4	5	6
19.  I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
20.  I do not know why it is, but sometimes when I'm supposed to be in control, I feel like the one being manipulated.	1	2	3	4	5	6
21.  My mother/father was better prepared to be a good mother/father than I am.	1	2	3	4	5	6
22.  A difficult problem in being an adoptive parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
23.  Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
24.  My talents and interests are in other areas, not in being an adoptive parent.	1	2	3	4	5	6
25.  If being a mother/father of a child were only more interesting, I would be motivated to do a better job as an adoptive parent.	1	2	3	4	5	6
26.  Being an adoptive parent makes me tense and anxious.	1	2	3	4	5	6
27. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
28. I would make a fine model for a new mother / father to follow in order to learn what she/he	1	2	3	4	5	6

would need to know in order to be a good parent.						
29. Being an adoptive parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
30. I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
31. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
32. Considering how long I've been an adoptive parent I feel thoroughly familiar with this role.	1	2	3	4	5	6
33. I honestly believe I have all the skills necessary to be a good mother/father to my child.	1	2	3	4	5	6
34. Being a good mother/father is a reward in itself.	1	2	3	4	5	6

## 8.2: Your Mood and Feelings

Please try to answer all of the following questions with respect to how you have been feeling in the past week. Please circle one answer for each statement

1. I feel tense or wound up	Most of the time	A lot of the time	Time to time, occasionally	Not at all
2. I still enjoy things I used to enjoy	Definitely as much	Not quite as much	Only a little	Hardly at all
3. I get a sort of frightened feeling something awful is about to happen	Very definitely and quite badly	Yes, but not too badly	A little, but it doesn't worry me	Not at all
4. I feel as if I am slowed down	Nearly all the time	Very often	Sometimes	Not at all
5. I get a sort of frightened feeling like butterflies in the stomach	Not at all	Occasionally	Quite often	Very often
6. I have lost interest in my appearance	Definitely	I don't take so much care as I should	I may not take quite so much care	I take just as much care as ever
7. I can laugh and see the funny side of things	As much as I always could	Not quite so much now	Definitely not so much now	Not at all
8. Worrying thoughts go through my mind	A great deal of the time	A lot of the time	From time to time but not too often	Only occasionally
9. I feel cheerful	Not at all	Not often	Sometimes	Most of the time
10. I can sit at ease and feel relaxed	Definitely	Usually	Not often	Not at all
11. I feel restless and I often have to be on the move	Very much indeed	Quite a lot	Not very much	Not at all
12. I look forward with enjoyment to things	Very often indeed	Quite often	Not very often	Not at all
13. I get sudden feelings of panic	Very often indeed	Quite often	Not very often	Not at all
14. I can enjoy a good book or radio or TV programme	Often	Sometimes	Not often	Very seldom
15. My appetite is less than usual	Very much	Somewhat	A little	Not at all
16. My appetite is greater than usual	Very much	Somewhat	A little	Not at all
17. I have lost weight recently	Not much, if any	Yes, more than 5 pounds	Yes, more than 10 pounds	Yes, more than 15 pounds
18. I am purposefully trying to lose weight	Yes		No	

### 8.3. Please indicate your current relationship status

- Single  (Go to Section 9, Summary)
- In a relationship, living together  (Go to next Question, 8.4)
- In a relationship, living separately  (Go to next Question, 8.4)

### 8.4: You and your partner

Please think about the times during the past month when you and your partner have spent time talking or doing things together. With those times in mind, please tick the number which tells how often YOU acted in the following ways towards your partner during the past month

During the past month, how often did you...	Always	Almost always	Fairly often	About half	Not too often	Almost never	Never
1. Get angry at them?	1	2	3	4	5	6	7
2. Let them know that you really care about them?	1	2	3	4	5	6	7
3. Criticize their ideas?	1	2	3	4	5	6	7
4. Shout at them because you were upset with them?	1	2	3	4	5	6	7
5. Act loving and affectionate toward them?	1	2	3	4	5	6	7
6. Let them know that you appreciate their ideas or the things they do?	1	2	3	4	5	6	7
7. Help them do something that was important to them?	1	2	3	4	5	6	7
8. Argue with them whenever you disagreed about something?	1	2	3	4	5	6	7
9. Act supportive and understanding toward them?	1	2	3	4	5	6	7
10. Tell them you love them	1	2	3	4	5	6	7

### 8.5. Your partner and you

Please think about the times during the past month when you and your partner have spent time talking or doing things together. With those times in mind, please tick the number which tells how often YOUR PARTNER acted in the following ways towards you during the past month.

During the past month, how often did your partner:	Always	Almost always	Fairly often	About half	Not too often	Almost never	Never
1. Get angry at you?	1	2	3	4	5	6	7
2. Let you know that he/she really cares about you?	1	2	3	4	5	6	7
3. Criticize you or your ideas?	1	2	3	4	5	6	7
4. Shout at you because he/she was upset with you?	1	2	3	4	5	6	7
5. Act loving and affectionate toward you?	1	2	3	4	5	6	7
6. Let you know that he/she appreciates your ideas or the things you do?	1	2	3	4	5	6	7
7. Help you do something that was important to you?	1	2	3	4	5	6	7
8. Argue with you whenever you disagreed about something?	1	2	3	4	5	6	7
9. Act supportive and understanding toward you?	1	2	3	4	5	6	7
10. Tell you they love you	1	2	3	4	5	6	7

## SECTION 9: Summary

**9.1. Overall, how well do you think your child has settled into their adoptive home?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I had expected
- Some difficulties, most of which I had **not** expected
- There are many difficulties

**9.2. Overall, how well do you think you have adjusted to adoptive family life?**

- Well or very well – little or no difficulty
- Some difficulties, most of which I had expected
- Some difficulties, most of which I had **not** expected
- I am finding it very difficult

**9.3. If you have adopted as a couple, how well do you think your partner has adjusted to adoptive family life?**

- Not applicable
- Well or very well – little or no difficulty
- Some difficulties, most of which he/she had expected
- Some difficulties, most of which he/she had **not** expected
- He/she is finding it very difficult

**9.4. Please mark the statement that best fits your view**

- On the whole, adoptive family life has exceeded my expectations
- On the whole, adoptive family life has met my expectations
- On the whole, adoptive family life has not lived up to my expectations

**9.5. What has been the best thing about your adoption experience?**

**9.6. Is there anything else you want to tell us about your needs as a recently formed adoptive family?**

**Thank you very much for your help.**

On receipt of your completed questionnaire, we will post out the book you have selected.

Please return this questionnaire (with your selected book choice)  
in the pre-paid envelope provided.



## Appendix 7: The process of thematic analysis

The conceptual lenses used to inform the qualitative thematic analysis presented in this dissertation are outlined in chapter three. Broadly (but not exclusively) these were used to inform specific chapters in the dissertation as noted in table 1. The process of thematic analysis is described in chapter four. As described in chapter four, themes and research questions were revised and refined throughout the writing process, in light of the insights gleaned in the analysis. Figure 1 presents an example of a coding document which includes a description of themes that were generated during the process of analysis of the data presented in one of the empirical chapters (chapter six), in order to give the reader an insight into the process of coding and development of themes in this chapter. Table 2 outlines the key themes identified in during the process of data analysis for chapter six.

Table 7: Analytic lenses used in thematic analysis

Chapter Number and Title	Research Question	Primary Analytic Lens(es)
<i>Chapter Six: Entering the Adoption Marketplace</i>	What motivates parents to adopt older children, and how do they navigate this path to parenthood?	Adoption as 'marketplace' (e.g. Higgins and Smith, 2002, Garrett, 2018).
<i>Chapter Seven: The Children have Landed</i>	How do adoptive parents begin to build relationships and family lives with older-placed children?	Family practices (Morgan, 2011) and displays of family (Finch, 2007)
<i>Chapter Eight: Identity Work in Newly Formed Adoptive Families</i>	How do adoptive parents begin to explore issues of identity with older-placed children?	Identity work (Jones, 2009, Von Korff et al., 2010)
<i>Chapter Nine: Scrutiny and Surveillance in Early Adoptive Family Life</i>	What are adoptive parents' experiences of support and scrutiny from social work professionals in early family life when they have adopted an older child?	Surveillance and risk (Foucault, 1977, Foucault, 1982, Eriksson, 2016, Henderson et al., 2010)

Figure 9: Coding document developed in the process of analysis for Chapter Six

### 1. Turning toward adoption as a path to parenthood

- 1.1. Related to infertility or health related issues
- 1.2. Older age of adopters makes biological conception unlikely
- 1.3. Moral reasoning:
  - 1.3.1 Linked to religious beliefs
  - 1.3.2 Opportunity to give home to child in need
- 1.4 Calculus of pursuit (choice):
  - 1.4.1 A way to move on from 'doing infertility'
  - 1.4.2 Last chance to become a parent
  - 1.4.3 Preferable route to caring for a child than fostering due to the offer of legal permanence



## **2. Initial preferences:**

### *2.1. Adopters want the 'perfect child'*

- 2.1.1. Realisation that the perfect child doesn't exist
- 2.1.2. Adoptees as 'damaged goods'
- 2.1.3. Disabled children as inconvenient
- 2.1.4. Sexually abused children as risky
- 2.1.5. Choices: made to minimise the risk of the child's imperfections.

### *2.2. Child's gender*

- 2.2.1. Drawing on stereotypes about gendered activities
- 2.2.2. One gender fits better with current family members
- 2.2.3. Moral reasoning: boys are less likely to have the opportunity of a home.
- 2.2.4. Marketplace rationale: girls seen as more in demand.
- 2.2.5. Choice: Advantage of adoption is the ability to choose.

### *2.3. Number of children*

- 2.3.1. Moral reasoning: an opportunity to keep children together
- 2.3.2. A way to make an instant family
- 2.3.3. A way to avoid repeating the adoption process
- 2.3.4. Discouraged by social workers from adopting sibling group
  - 2.3.4.1. Single child as less financial strain
  - 2.3.4.2. Single child as less work

## **3. Movement away from initial preferences**

- 3.1.1. Viewed as a natural part of engaging with 'the process'
- 3.1.2. Social worker influence
- 3.1.3. Marketplace rationale:
  - 3.1.3.1. Understanding more about the needs and characteristics of waiting children.
  - 3.1.3.2. Lack of matches so needed to widen criteria.

## **4. Older children are preferable**

- 3.1 Choice: 'You know what you are getting' - perception of less developmental risks
- 3.2 A way to avoid the negative aspects of having a baby.
- 3.3 Marketplace rationale:
  - 3.3.1 No matches made with younger children, needed to widen criteria.
  - 3.3.2 Understandings of the lack of availability of younger children.
- 3.4 Advanced age of adopters: adopting an older child as a way to 'catch up'
- 3.5 Less childcare needed for school-aged children
- 3.6 Moral reasoning: a way to provide a home for a child who would not otherwise have this.

## **5. Adoption as a marketplace**

- 5.1. Language of the marketplace, i.e. 'off the shelf', 'choosing shoes'
- 5.2. Awareness of competition
- 5.3. Perceptions of hierarchy of adopters
- 5.4. Choice: Adopters choose the child / children
- 5.5. Social workers as salespeople: social workers 'gloss over' info to make the child more 'marketable'

## **6. There is a 'right' child for the parent (fate / destiny)**

- 6.1. A clear sense that a particular child was the 'right' one: this guided parents' choice of child.
- 6.2. No sense that the children were 'right' – an uncomfortable admission.
- 6.3. Marketplace: concept used to win favour with social workers
- 6.4. Enduring concept – even when adoption failed

Table 8: Names and descriptions of major themes identified in Chapter Six

Name of theme	Description of theme
Marketplace reasoning	Adopters are informed in their decision-making by their understandings of the state of the marketplace in terms of the availability and characteristics of children available for adoption and the understanding that they are in competition with other prospective parents.
Moral reasoning	Adopters are informed by moral reasoning when they make decisions about their future child. This was about their sense that they were able to provide a stable home for a child who may not otherwise have this opportunity.
Notions of choice	In the process of adoption, adopters are led to believe that they are able to make choices about and ultimately choose their future child or children.
The 'right' child	Decision-making is informed by the idea that there is a 'right' child 'out there' for the parent. Adoptive parents often described a sense of instant connection when they first heard about their child which led them to believe that the child was right for them.