



School of Psychology

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**The Experiences of Parents and Children who have lived through Adoption Breakdown: A Systematic Review; and, The Benefits and Challenges of Delivering the By Your Side Intervention, with a focus on Recommendations for Best Practice Guidance.**

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## Preface

Children are placed in adoptive families to provide permanence when they are unable to grow up with or return to their birth family. In westernised countries, most children that are adopted come from child protection systems, having been removed from their birth parents due to neglect or abuse. Research has consistently shown benefits of adoption over temporary care arrangements, in terms of ensuring stability through legal, residential and psychological permanence, and unstable placements have been found to contribute to the poor life trajectory for children in temporary care. Although many children are able to achieve permanency with their adoptive families, there are a minority who experience severe difficulties, resulting in the separation of children and their adoptive parents. Such events are typically referred to as 'adoption breakdown' or 'disruption'. The detrimental impacts of such losses on children and their families, and the additional demands these place on services that support them have been well-documented within reviews of the quantitative literature, however the voices of parents, and especially children, who have lived through adoption breakdown are under-represented and under-emphasised in the research field.

With a good start, it is thought that adoptions are less likely to end prematurely. The importance of a planned transition to the child's new home is considered to be a major factor in whether the adoptive placement is a successful one. Research supports that difficult introductions (such as the child finding the transition to their adoptive home hard to cope with), have been linked with more challenges experienced later on in the child's placement. Despite these findings, the evidence-base regarding *what* makes a transition 'successful' is extremely limited, and there remains a disparity between the knowledge base

around the making and breaking of attachments in childhood, and the way that children and infants are moved from foster care to adoption. Current literature emphasises the importance of the integration of theory to ensure best practice in adoption transitions. This thesis addresses the gaps outlined above through a systematic review and synthesis of the current qualitative research into families' experiences of adoption breakdown, and, an empirical study of professionals' views of the 'By Your Side' therapeutic transition intervention.

Paper one is a systematic review which examines the existing qualitative literature to bring together the views of adopted children and parents who have experienced adoption breakdown. Searches identified ten relevant studies, and a meta-ethnographic synthesis identified six themes: Processes in Adoption Breakdown; Support as Two Sides of a Coin; Conflicted Sense of Self and Identity; Sense of Impermanence and Belonging Nowhere; The Experience of Complex and Multiple Loss; and, Moving Forward and Offering Knowledge to Others. The review identified how the process of adoption breakdown occurs cumulatively, and over time. Families would benefit from adoption services which adapt to provide support across the adoptive family life cycle, including preventative and post-breakdown support. Support needs to be focused on psychological integration of all of the child's families, and improving attachment to their adoptive parents. The findings are limited by a small research base and a lack of consistency across the methodology and context of the studies. The review highlighted the need for further research examining the concept of relational permanency, and, the effectiveness of transition interventions on later adoption breakdown.

Paper two is an empirical study exploring practitioners' experiences of facilitating adoption transitions using the By Your Side (BYS) intervention. The research aimed to inform further development of the intervention, and to address the knowledge gap between theory and practice. A total of ten adoption professionals completed semi-structured interviews, and data was analysed using a Reflexive Thematic Analysis approach. Results identified five key themes: *BYS Viewed as 'Gold Standard' Transition Practice*, and this comes with *Challenges*; *Relationally Healthy and Cohesive Systems Support Good Quality Transitions*; *BYS sees Transitions as 'Holding the Child at the Heart' of Practice*; *BYS Acts Like 'Ripples in a Pond'*; and, *BYS Seen as an Investment in Placement Stability*. Findings suggest that the *BYS* intervention builds on previous literature, offers a clear framework to guide adoption transitions which are best practice and preventative, and, could be applied across a range of children's care settings. Challenges to good practice remain, including access to adequate resources. Findings are limited by using a self-selected sample. However careful probes were used to draw out perceived challenges or weaknesses of the intervention. Further research, including gathering the perspectives of adopted children and their parents, would enhance understanding of the impact of successful transitions on long-term placement outcomes.

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Paper one

**The Experiences of Parents and Children who have lived through Adoption  
Breakdown: A Systematic Review.**

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## **Abstract**

Adoption breakdown can have a wide range of adverse consequences for adopted children and their families. The detrimental impacts of adoption breakdown, and the additional demands these place on services, have been documented within past reviews of the literature. However, there has not as yet been any synthesis of the qualitative literature concerning the experience of adoption breakdown from the child and adoptive parents' perspectives.

This systematic review attempted to synthesise the existing qualitative literature in this area, to bring together families' views and inform pre and post adoption service delivery. A meta-ethnography was completed, and new interpretations of the data generated.

The findings in this meta-ethnography highlight how the process of adoption breakdown happens cumulatively, and over time. Parents experiencing adoption breakdown felt under-supported, judged, and left alone to manage their child's attachment-related challenges. Children felt underprepared, with conflicting feelings about their birth and adoptive families, and adoption breakdown compounded their early experience of not knowing where or with whom they belong. Adoption breakdown represented a complicated, ambiguous, and often traumatic loss.

Families would benefit from adoption services which adapt to provide support across the adoptive family life cycle, including preventative and post-breakdown support. Support needs to be focused on psychological integration of all of the child's families, and improving attachment to their adoptive parent(s).

## **Overview of Adoption Breakdown**

### **Introduction**

Children are placed in adoptive families to provide permanence when they are unable to grow up with or return to their birth family. In Westernised countries, most children that are adopted come from child protection systems, having been removed from their birth parents due to neglect or abuse. Research has consistently shown benefits of adoption over temporary care arrangements, in terms of ensuring stability through legal, residential and relational permanence, and reducing negative health outcomes from early adversity (Palacios et al., 2019). Although many adoptive placements achieve positive outcomes, a minority of placements experience severe difficulties, some of which result in the separation of children and their adoptive parents (Barth & Miller, 2000; Holmgren & Elovainio, 2019; Rushton, 2003). Such events are typically referred to as 'adoption breakdown' or 'disruption'. When this occurs, most children return to long term foster care until they reach independence. For the child, such placement breakdowns may involve not only the loss of the home in which they lived, but at times the loss of the relationship with their adoptive parents. Adoption breakdown can have a range of adverse consequences for the adopted child and their family, affecting their physical and mental wellbeing (Selwyn et al., 2015). The detrimental impacts of such losses on children and their families, and the additional demands these place on services that support them, have been documented within reviews of the literature (Faulkner et al., 2016; White, 2016). These reviews imply that research is required that focuses on understanding why adoption breakdown happens, and how to prevent this from occurring for other adoptive families. There is a lack of knowledge

synthesising the experience of adopted children and their parents who have lived through adoption breakdown.

### **Relevant Terminology**

There is no unanimous term to describe an adoption that ends abruptly or unexpectedly, and this can vary across countries with differing welfare systems. Guided by definitions in UK-based literature (Selwyn et al., 2015; Adoption UK, 2022), this review will refer to the end of adoptive family life together for parents and children under 18 years old as “adoption breakdown”. This will include breakdowns that occur both before and after an adoption court order has been granted (often pre-order the child will already be known to the adoptive parents, and may have begun the transition process or may already be living with the family).

### **Prevalence of Adoption Breakdown**

In a mixed-methods study of adoption breakdown in the UK, Selwyn and colleagues (2015) reported a low rate of post-order adoption breakdowns (3.2%) but noted that as many as 25% of adoptions faced serious difficulties, which adversely affected the mental and physical well-being of adoptive families. In a national study of adoption in the US, Hartinger-Saunders et al. (2015) reported that attempts to define disruption rates conflicted with each other for several reasons: different populations were studied; differences in defining adoption disruption; using incomplete data sets provided by child welfare agencies; and due to studying different types of adoption (such as private or public adoption). Researchers have reported that adoption disruption occurs between 1% and 27% of the time, with lower rates in Europe compared to the US (Palacios et al., 2019). Ambiguity within the terminology

used to describe the ending of an adoption before a child reaches adulthood may in part explain the wide range of adoption breakdown rates reported (Palacios et al., 2019).

Rates of adoption disruption have also been reported to have increased over time, and this increase has been linked to both domestic and intercountry adoption increasing significantly in Western countries since the 1990's (Rolock et al., 2019; Selman, 2009). Greater levels of adoption disruption may also reflect the increased complexity of children who are being adopted, including a higher proportion of children with special needs, and adoption occurring later on in the child's life (Palacios et al., 2019).

### **Research Reviews in the Area of Adoption Breakdown**

Within the past decade, there have been several key reviews that have contributed to the synthesis of research findings and recommendations regarding adoption breakdown. White (2016) conducted a systematic review into placement breakdown for older children and adolescents who were adopted or under a special guardianship care arrangement in the USA. They reviewed 18 quantitative studies and found that although the quality of the research was generally weak due to problems related to research methods and design, there were some clear risk and protective factors for adoption permanency across the data. Conclusions of the research were categorised into child, family, and service-related components. They found that children who exhibited problematic behaviours (particularly 'externalising' behaviours), who were older at age of adoption, and that those with a history of physical or sexual abuse, were at greater risk for poorer permanency outcomes. Parents who received less information from child welfare agencies, or who reported unrealistic expectations related to their child's behaviour, were also at higher risk for adoption breakdown. Instead of focusing on their early attachment histories alone, White (2016)

recommended that the best way to understand and address adoption disruption may be for researchers to focus on understanding how for older children, exposure to the child welfare system may compound early histories of trauma. Emanuel (2002) refers to this concept as 'triple deprivation', where deprivation experienced by children in the care system is often compounded by welfare systems that are under resourced and crisis-driven.

Palacios et al. (2019) also completed a review of the quantitative literature concerning adoption breakdown, which included synthesising relevant journal articles, book chapters and technical reports from research across Europe, the UK and the US. Palacios and colleagues considered child, parent, and support / service-related factors. In addition to the findings of White, other child risk factors presented in this review were more placement moves in foster care, and placement of birth siblings with the target child. Parent risk factors supported the findings of White, and further included problems in the child and adoptive parent attachment relationship, lack of willingness to seek help, and poorer parenting ability. Support-related risk factors identified were separated into pre and post placement. Prior to placement, risk factors were lack of preparation for adoption, reduced placement matching, and failure to share and explain information about the child. Following placement, risk factors were described as problems in the early detection of difficulties, and the problems with the organisation, duration and provision of support services. The researchers highlighted that breakdown of adoption is more often the consequence of an accumulation of circumstances involving a combination of child, parent, and service-related factors. Palacios et al. (2019) recommended changes to the organisation of adoption-related services, including the importance of better teamworking, and professionals being involved supporting the process who have specialist knowledge in adoption.

Finally, the most recent synthesis related to adoption breakdown is that of Goodwin & Madden (2020), who conducted a systematic review examining the impact of recent legislation (the Fostering Connections Act) on adoption breakdown in the US. This was one of several US federal initiatives which aimed to encourage adoptions from the child welfare system, and offer post-adoption support to parents. By examining a mix of six quantitative and qualitative studies, they reported a potential positive impact of the Fostering Connections Act in strengthening families post adoption. Some child, parent and agency-related factors remained a risk for adoption breakdown. In relation to the child, risk of adoption breakdown was related to the older age of the child at the adoption, increased number of placements pre-adoption, and children with increased emotional and behavioural challenges. Parent risk factors included emotional challenges and parent stress, impact of pre and post adoption training, and the relationship to the child prior to adoption in terms of whether they had a kinship relationship or not. Goodwin & Madden (2020) reported agency risk factors as poor communication, a high turnover of staff, a lack of information provided to parents about their adoptive child, and the absence of trauma-informed practices. The researchers concluded by recommending further research to explore the parent characteristics associated with adoption breakdown, as well as a focus on policy and systemic change (for example expanding adoption training for parents and professionals).

### **Rationale and aims of this systematic review**

Whilst the reviews cited above provide insight into some of the factors related to adoption breakdown, they do not contain rich information about the lived experience of families who have lived through the process of adoption breakdown. Whilst gaps in the evidence exist,

services will have a limited evidence base to draw on in terms of preventing and therefore decreasing rates of adoption breakdown (Lee, 2018). Thus, there is a need for a synthesis of qualitative studies which do focus on such lived experience. Indeed, other authors in this field have drawn attention to the limited knowledge about the post-breakdown experiences of adoptive parents (Lee, 2018; Schmidt et al., 1988) and the views of adoptive children who have experienced a placement breakdown (Palacios et al., 2019). Wright & Flynn (2006) highlight how important gathering adoptive parents' perspectives may be for service providers to understand how best to help other adoptive children and their parents to remain together. Further, in their review, Palacios and colleagues (2019) recommended a synthesis of the qualitative literature, stating that the lived experiences of adoptive parents and children need to be heard and understood.

The aim of this systematic review is therefore to bring together the views of children and families who have experienced adoption breakdown or post-adoption challenges that could lead to breakdown. Further, grounded in the qualitative literature, the current study aims to better understand how adoption services can better support early intervention and prevent adoption disruption.

The key questions of this review are as follows:

- 1. What is the nature, breadth and quality of the qualitative literature concerning adoption breakdown?
- 2. What does this literature say about: a) the specific challenges faced by adoptive families and children who have lived through adoption breakdown? b) the way health and social care services can be adapted to better support early intervention and prevent adoption disruption?

## **Method**

### **Introduction**

Meta-synthesis focuses on selecting qualitative studies related to a specific area of knowledge and translating those findings into a richer, more complete understanding of the phenomenon (Sherwood, 1999). Meta-synthesis can advance knowledge of adoption services by bringing together the qualitative accounts of parents and children who have lived through adoption breakdown. To date, no other meta-synthesis of this topic has been published.

### **Systematic review**

The review was registered on PROSPERO, the international database of prospectively registered systematic reviews (registration number CRD42022370712, Appendix C). A database search was carried out to identify qualitative literature related to the views and experiences of parents and children who have lived through adoption breakdown. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance (Liberati et al., 2009) was used to guide the author in identifying and selecting relevant research for the purposes of this systematic review. The PRISMA statement can be seen in Figure 1. The inclusion/exclusion criteria used are defined in Table 1.

The search was carried out across five electronic databases (Applied Social Sciences Index and Abstracts (ASSIA), Medline, PsycInfo, Scopus and Web of Science) from the date each database began to November 2022. The search was limited to articles published in peer-reviewed journals and written in English. Key words included in the search terminology can be seen in Table 2. Keywords were derived from the literature, including five target



studies that were known to focus on adoption breakdown. These studies included Barth et al. (1988), Barth and Miller, (2000), Palacios et al. (2019), Selwyn et al. (2014) and Smith et al. (2006). As recommended in the method outlined in Boland, Cherry, and Dickson (2017), these papers were used as an indicator of whether the search strategy was effective. Details of the search strategy can be viewed in Appendix D. A grey literature search was also carried out across four electronic databases (EThOS, SCIE social care, OPENGREY, and Google Search).

The title, abstract or full text of all articles generated by the search strategy were reviewed by the author as well as an independent rater (an undergraduate psychology placement student) who was not affiliated with the research. The author and second rater reviewed all articles separately, discussed the results together, and agreed on any discrepancies that were raised. Completed at the initial screening and eligibility stage, inter-rater agreement was 95% with a kappa score of 0.87, representing a very good level of agreement between reviewers (Altman, 1999). Papers were excluded if they did not meet the inclusion/exclusion criteria. The author also reviewed the reference lists of all selected papers to search for any further relevant studies.

**Table 1.** *Inclusion and exclusion criteria for systematic review articles*

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
English language	Non-English language
Primary research, peer-reviewed article	Non-peer-reviewed article (e.g., systematic reviews, books)
Studies that use qualitative methods including focus groups, interviews, case studies and open-ended questionnaires	Studies that only use quantitative methods
Studies that use mixed-methods where the qualitative data is extractable	Studies that use mixed-methods where the qualitative data is not extractable or is insufficient

Sample population is adoptive parents, young people or children who have experienced an adoption breakdown pre or post Adoption Order	Studies that capture the experience of professionals Studies which investigate other types of family breakdown (foster care, birth family, kinship care, special guardianship)
Studies that focus on adoption in high income countries as defined by the World Health Organization	Studies that focus on adoption in low-middle income countries as defined by the World Health Organization

**Table 2.** Search terms used in the systematic review database searches

Keyword terms in relation to adoption	Adopt*; child*; teen*; adolescen*; young person; young people; infan*
Keyword terms in relation to disruption	Breakdown; break* down; disrupt*; discontinu*; dissolution*; dissolved; displace*

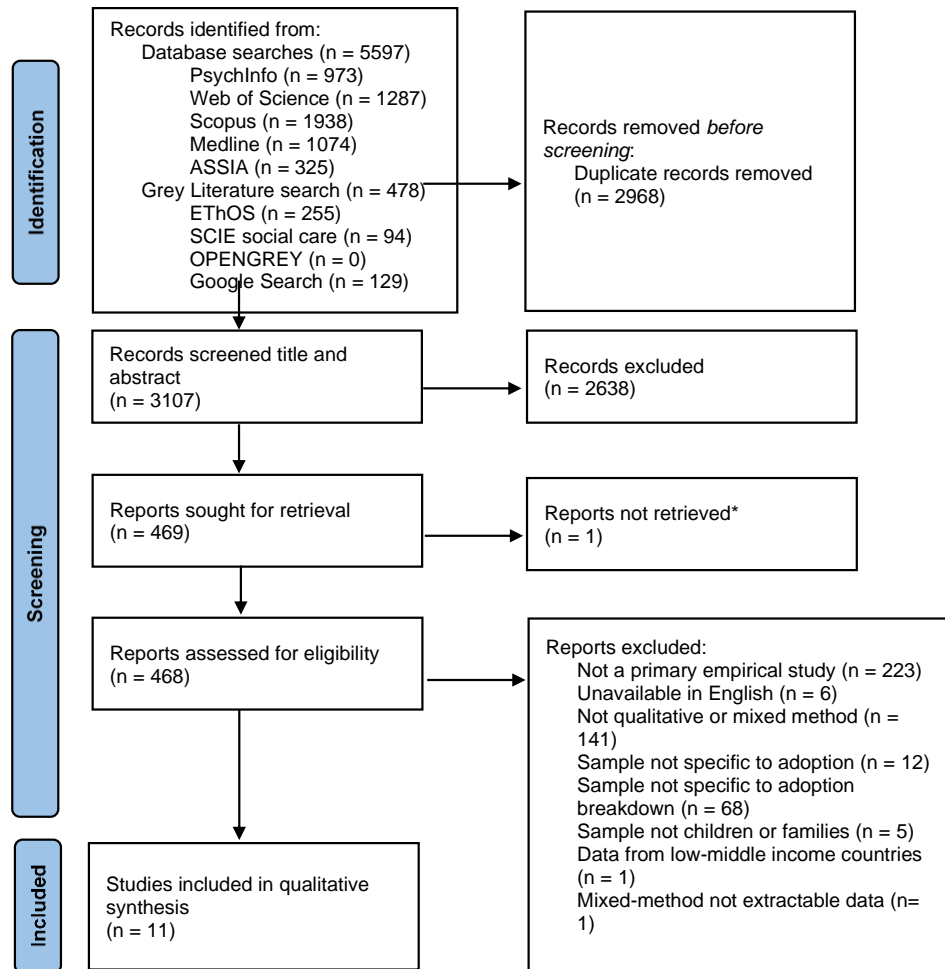
\*means truncation.

### Quality appraisal

The Critical Appraisal Skills Programme (CASP) qualitative checklist (2018) was used to critically appraise the quality of the selected research articles. This tool was chosen due to its wide applicability (Dalton et al., 2017) and endorsement by the Cochrane Collaboration (Noyes et al., 2018). Appraisal and rating of all selected papers was completed by the author. Each paper was given a score out of 20 (yes = 2, can't tell = 1, no = 0) to allow for cross comparison. Higher scores indicated higher methodological quality. A selection of the articles (4 out of 10) were co-rated by a clinical psychologist for reliability, who was not affiliated with the research. The author and second rater scored the articles separately and discussed any discrepancies that were raised, coming to an agreement about ratings of each of the 4 papers. Inter-rater agreement was 95% with a kappa score of 0.80, representing a very good level of agreement between reviewers (Altman, 1999). Following discussion with

the research team, one paper was removed from the meta-synthesis due to its high risk of bias (score of 6/20), resulting in 10 studies that met the inclusion criteria, comprising the final data set.

**Figure 1.** PRISMA flow diagram of the systematic search strategy



## Meta-ethnography

A configurative qualitative synthesis was used in this study, according to steps provided by Noblit & Hare (1988), and additional guidance from Sattar et al. (2021). The process is described in Table 3. Synthesis involves a process of integrating findings across the studies,

rather than reporting on each study individually. Using induction and interpretation, the main focus is to develop new theory and understanding, and within healthcare-related research, the main aim of qualitative synthesis is to contribute to improvements in clinical care and patient experience (Toye et al. 2014).

**Table 3.** *The process of meta-ethnography (based on Noblit & Hare, 1988, and Sattar et al., 2021)*

<b>Phase</b>	<b>Process</b>
1. Getting started	The topic of interest was chosen based on identified gaps in knowledge in the existing literature
2. Deciding what is relevant to the initial interest	The search strategy was developed and carried out. Inclusion and exclusion criteria were applied. Quality assessment was completed.
3. Reading the studies	Once the final studies had been selected, each paper was carefully read, and the main concepts noted. In accordance with guidance from Sattar et al. (2021), raw data from the studies was extracted into a data extraction form. Raw data included first order (participants quotations) and second order constructs (primary authors' interpretations such as themes or concepts). Information related to study characteristics were recorded in a separate form. Britten and colleagues (2002) suggest adhering to the original language used in each study to ensure that each concepts' meaning was maintained. Appendix E illustrates an example of data extraction.
4. Determining how the studies are related	Following this, concepts were compared across studies to find ways in which they were related to each other and a list of key phrases, themes and metaphors was created (Appendix F). Themes were clustered into categories of similar concepts and ideas.
5. Translating the studies into one another	During this phase, each paper is compared with all other papers to highlight similarities and differences between concepts and metaphors. Studies were arranged chronologically. Themes and concepts from paper 1 were summarised, followed by paper 2, and so on. This process was supported by creating a translations table (Appendix G). As recommended by Sattar et al. (2021), the researcher kept a journal to remain aware of their theoretical position (Appendix S).
6. Synthesising translations	Studies were deemed as sufficiently similar in their focus, which allowed for a reciprocal translation style of synthesis to be conducted. Third order constructs were created by reading the primary data synthesis alongside the translations table to draw out the main points to form the reciprocal translations (Appendix H). A lines of argument synthesis was created by exploring the relationships between themes within the third order constructs. This was expressed through a diagrammatic model (Toye et al. 2014; Sattar et al. 2021)
7. Expressing the synthesis	The synthesis was written in narrative form.

## **Reflexivity**

It is recommended that the researcher commits to on-going reflexivity throughout the qualitative research process, as part of evidencing careful thinking around decision making as well as considering their own stance within the research. Mitchell et al. (2018) define reflexivity as the “process of a continual internal dialogue and critical self-evaluation of a researchers’ positionality”. The reflexive process was facilitated through on-going supervision and involved consideration about the researchers’ position as an insider or outsider in relation to the research area. It also involved completing a process journal (Dodgson, 2019).

The researcher’s position was that of a white, female, educated woman, who identifies professionally as a trainee clinical psychologist. The researcher has significant experience working in health and social care settings with children and young people who cannot remain with their birth families and who require psychological support in relation to early-years adverse experiences. Although she has little experience specifically within the field of adoption, the researcher still identified as an insider in relation to the subject matter, having supported a small handful of families and young people post-adoption breakdown. The researcher feels heavily invested in understanding the lived experience of adoption breakdown in attempt to reduce further breakdown for adoptive families and adequately support those who have already parted ways.

The researcher acknowledged that her initial beliefs with regards to adoption breakdown were that it often caused families, children and the people involved in supporting them a great deal of emotional pain and heartbreak. She acknowledged holding a belief that supporting families to repair and move on following adoption breakdown can

be incredibly complicated and difficult to achieve, therefore highlighting the importance of preventing placement disruption wherever possible.

## **Results**

### **Study Characteristics**

Ten papers published between 1987 and 2022 were included in the systematic review. Seven papers focused exclusively on parent perspectives, two papers focused solely on children's views and one paper included accounts of both. There was a total of 313 participants; of which 278 were adoptive parents and 35 were children or young adults whose adoption broke down as children. Specific ages of participants were not provided in the papers. Articles did not provide information regarding gender of participants, with the exception of one paper, which focused on adoptive parents who identified as LGBTQ+. All papers involved adoptions that took place in high income countries (as defined by the World Health Organization, 2020). Research took place in either the UK or the USA. Five studies focused on domestic adoption, two studies on international adoption, one study included both domestic and international adoptees/adopters, and two studies did not specify the type of adoption. Studies focused on adoptions that had broken down before ( $n = 2$ ) or after the Adoption Order was granted ( $n = 4$ ), or both ( $n = 4$ ). Parents had either been approved as adoptive parents or were foster carers in the process of adopting their foster child.

Papers used a variety of recruitment techniques, although most recruited via local, national or private adoption agencies. Other recruitment techniques used were via charities that support adoptive parents or online via social media and organisations affiliated with adoption.

Nine studies collected data using in-depth semi-structured interviews. One study used an open-ended survey to collect data. One study included analysis of documents (e.g., personal documents such as diaries, photographs and life history books) to supplement the data collected in interviews. Various methods of qualitative data analysis were used, including: Interpretative Phenological Analysis (IPA) (n = 3), Grounded Theory (n = 1), Content Analysis (n = 1), Thematic Analysis (n = 2) and Transcendental Phenomenological Analysis (n = 1). The two oldest studies did not state the method of analysis used however there was still evidence of qualitative methodology (e.g., synthesis of interview transcripts into themes). A summary of the characteristics for each study included in the data set can be seen in Table 4.

**Table 4. Study Characteristics**

<b>Authors</b>	<b>Title</b>	<b>Sample</b>	<b>Data collection</b>	<b>Setting / Country</b>	<b>Adoption type</b>	<b>Method</b>	<b>Analysis</b>	<b>CASP rating</b>
Bloomquist (2015)	“A piece of you is gone:” Foster parent experiences of pre-adoptive placement disruption	11 foster parents with intent to adopt the child in their care	Semi-structured, face-to-face interviews	Recruited via three local welfare agencies (one public, two private), Indiana, USA	Domestic Pre-adoption Order	Interpretative Phenomenological Analysis (IPA)	Smith et al. (2009), 6-step IPA framework	20/20
Bowman (1996)	Children’s perspectives of disrupted adoptions	3 adopted children	Semi-structured, open-ended interviews, document analysis	Recruited via children’s services staff, using purposeful sampling, Oregon, USA	Domestic Post-adoption order	Grounded Theory	Data was explored for emerging themes or patterns throughout collection. This informed further data collection, and continued until no more new information was acquired.	20/20
Goldberg & Allen (2022)	“Failed” Matches, Child Removals, and Disrupted Placements: Devastating and Invisible Losses During the Family-Building Journey for LGBTQ Adoptive Parents	80 LGBTQ+ individuals who experienced adoption-related losses	Survey consisting of open-ended questions	Recruited via social media, and LGBTQ, parenting and adoption organisations, Massachusetts, USA	Domestic Pre and Post-adoption Order	Content Analysis	Method of open and then focused coding, by two researchers independently	18/20



Kim (2022)	"Forever family is like a manufactured Hallmark idea": Adoption discontinuity experiences of intercountry adoptees	20 adopted adults	Semi-structured, remote video or telephone interviews	Recruited via social media and organisations affiliated with intercountry adoption, USA	Intercountry Pre and Post-adoption Order	Thematic analysis	Braun & Clarke (2006) 6-stepped approach	14/20
Lee (2018)	The adoptive parents' experiences of adoption dissolution	12 adoptive parents	Semi-structured interviews	Recruited via five local adoption agencies, California, USA	Domestic and intercountry Post-adoption Order	Interpretative Phenomenological Analysis (IPA)	Smith et al. (2009), 6-step IPA framework	20/20
Lyttle, McCafferty & Taylor (2021)	Experiences of Adoption Disruption: Parents' Perspectives	Parents from 13 adoptive families (7 couples and 6 sole parents)	Semi-structured, face-to-face interviews	Recruited via peer-support charity Adoption UK using purposive sampling, Northern Ireland, UK	Domestic Post-adoption Order	Interpretative Phenomenological Analysis (IPA)	Interviews were transcribed and coded, by two researchers independently	16/20
Schmidt (1988)	Parents' Views of Adoption Disruption	Parents from 15 adoptive families (12 couples, 3 sole parents)	Semi-structured interviews	Recruited via staff working in adoption services, using random sampling, Colorado, USA	Not clear Pre and Post-adoption Order	No method stated	Interviews were transcribed and interpreted using exploratory analysis into themes	10/20
Valentine, Conway &	Placement Disruptions:	Parents from 18 adoptive	Semi-structured, face-to-face or	Recruited via a local adoption placement	Not clear	No method stated	No analysis specified	12/20

Randolph (1987)	Perspectives of Adoptive Parents	families (14 couples, 4 sole parents)	telephone interviews	agency, South Carolina, USA	Pre-adoption Order			
Selwyn et al. (2014)	Beyond the Adoption Order: challenges, interventions and adoption disruption	12 adopted children, 83 adoptive families (adoption had disrupted or was in crisis)	Semi-structured, face-to-face, interviews	Recruited via 13 local authorities and peer-support charity Adoption UK, England and Wales, UK	Domestic Post-adoption Order	Thematic analysis	Analysed using 5 key stages; familiarisation with the data, identification of themes, indexing, mapping, interpreting	14/20
Verbovaya (2018)	Adoption dissolution from the perspective of adoptive parents from the USA who adopted children internationally	13 parents from 12 adoptive families	Semi-structured, face-to-face, remote or telephone interviews	Recruited via social media and organisations affiliated with adoption, using purposeful, snowball sampling, USA	Intercountry Pre and Post-adoption Order	Transcendental Phenomenological Analysis	Moustakas (1994) 4-stepped process	18/20

## **Meta-ethnography Findings**

Six interrelated themes were identified which provide insight into adoptive families' lived experience of adoption breakdown and experience of services. Separate themes were identified for adult and child / adolescent perspectives, followed by two overall themes which were common to both. Table 5 details the synthesis of these themes and quotes from the studies reviewed.

### **Parental Perspective (N=8)**

#### **1. Processes in Adoption Breakdown - Expectations, Attachment Challenges, and Reaching Breaking Point**

The first theme reflects parents' views on the factors that contributed to their adoption breakdown. Parents spoke about difficulties they experienced over time; from as early as when their child was initially moved to live with them, right up to the conditions that led to the placement ending.

##### *Parents' Expectations of their Adopted Child*

Five out of eight studies highlighted the role in adoption breakdown of parents having expectations of an 'easier' child. Parents in these studies described long-held hopes about how their child would be, and how difficult it was to reconcile this idealised image of their child with a child who in reality was often far more difficult to care for. Some parents shared how their expectations often reflected a lack of preparation, information, and poor matching from adoption services regarding the difficulties their child may present with.

##### *Problems with Attachment, Attachment-Related Behaviours, and Bonding*

A primary cause of adoption breakdown appeared to be related to difficulties associated with children's attachment, attachment-related behaviours, and ability to bond with their new parents. Parents in all eight studies described their child's behaviour as becoming "extreme" (Goldberg & Allen, 2022) or "out of control" (Selwyn et al, 2014) leading to parents becoming either fearful for their child's safety or fearful of their own or others' safety because of their child. A particular difficulty highlighted was when siblings, and sometimes family pets, were at significant risk from adoptive children. Parents also shared that their children often struggled to let go of their birth families, and that this made it hard for them to settle in and develop attachments with their adoptive families.

#### *A Cumulative Effect to Reaching Breaking Point*

Parents in all eight studies described their significant and persistent effort to preserve the family unit, and wherever possible keep the adoptive child in the home. It was clear from all studies that parents did not take an adoption breakdown lightly. Despite this, parents spoke of a "cumulative effect" (referred to specifically in two studies) whereby the family situation became increasingly difficult and challenging, leading to parents feeling pulled in multiple directions and unable to carry on. It seemed that often, the only option left at this point was to end the adoption and seek alternative living arrangements for their child. Some parents described this as an impossible situation to be in. All eight studies indirectly described the build-up to breakdown; for some parents, this process happened over a prolonged period of time, and for others the adoption breakdown happened much more quickly.

## **2. Support as Two Sides of a Coin: Both Needed, and Not Enough**

The second theme is related to parents' views regarding the support they received from adoption services and wider professional support networks (such as therapists) in the build-

up to, during and after adoption breakdown. Across all eight studies, parents spoke about support during an adoption breakdown as essential. Parents also discussed internal and external barriers to asking for and receiving adequate support, meaning that they were generally left feeling unsupported and let down by adoption services during an adoption breakdown. This led to many parents feeling judged, powerless, betrayed and mistrustful of professionals.

#### *Help as Needed and Sought Out*

Six out of eight studies highlighted how parents viewed help from adoption and other support services as essential in navigating adoption breakdown. Parents often sought out support multiple times and across a variety of sources during adoption breakdown. Parents also described how they had “*fought for help*” (Selwyn et al, 2014) when the difficulties at home escalated.

#### *Perceived Judgement, Scrutiny and Stigma*

Parents described their experiences of judgement, scrutiny and stigma as a key barrier to seeking and receiving support from adoption services. This was consistent across seven of the eight studies. Parents highlighted feeling judged by adoption services; parents felt that they were given the narrative of “*the bad adoptive parent and the bad adoptive child*” (Lee, 2018). For some parents, this fear of judgement stopped them sharing their difficulties about their adoptive child with relevant professionals. For those who did share, some reported “*regretting their openness*” (Lyttle et al., 2021) due to it leading to them feeling scrutinised and not listened to by adoption services. Parents spoke about the fear they perceived professionals in the adoption system to hold about naming adoption breakdown, almost as though by speaking about it made it a real concern that needed addressing. Four studies mentioned parents’ fear about the negative stigma that would be attached to them

for “giving up” a child. Additionally, in one study of parents who identified as LGBTQ+, the experience of homophobia, biphobia and transphobia from adoption services, birth families and the wider community added an additional layer of stigma and judgement. Experience of judgement and stigma generally left adoptive parents feeling isolated, ashamed and unsupported throughout the process of adoption breakdown.

### *Support that Rarely Matched the Need*

In seven out of eight studies, parents described receiving support from adoption services that rarely matched the need. This left many parents feeling mistrustful and let down by services. Other parents who were promised support and later did not receive it shared a resulting sense of betrayal. Parents shared feeling left to figure out how to manage by themselves, and felt that professionals either refused to acknowledge the severity of the situation or seemed out of their depth. When support was provided, parents described it as not timely, forthcoming or sufficient. Parents felt that the lack of support was at times due to budgetary constraints, rather than based on the needs of the family. There were parents who felt that they had to place their children in the care of statutory services to access the support they needed. Parents appreciated “*respect, honesty, openness, empathy, being listened to and heard*” (Schmidt, 1988).

### *Sense of Powerlessness*

Parental powerlessness and lack of agency in relation to services was highlighted in three out of eight studies. This appeared to be particularly pertinent for parents whose children had re-entered the care system, meaning that statutory services had become involved. Common difficulties associated included parents’ minimal involvement in care planning, missed opportunities for reunification, and some parents feeling that care orders were used

to make decisions about their children's care that parents did not always agree with.

Generally, the overall sense was that it felt difficult for parents to work in partnership with statutory services and decisions were often taken out of their hands.

### **Child and Adolescent Perspective (N=3)**

#### **3. Conflicted Sense of Self and Identity**

The third theme reflects young people's views on their sense of self and identity in relation to their family. Many young people described feeling conflicted between their birth and adoptive families, and found this difficult to integrate into a coherent sense of themselves. A longing for their birth family, combined with it being difficult to discuss this with their adoptive family, meant that many young people across the studies were prone to rejecting their adoptive parents' care.

#### *A Deep Longing to be with Mothers / Birth Families*

Young people in all three studies described a sense of loyalty to their birth mothers and families, and a "deep longing" (Selwyn et al, 2014) to find and be reunified with them. Both during and after their adoptive placement, many young people made attempts to find their birth families and described a need to reconnect with birth siblings. Young people spoke about a thirst for information regarding their birth families, early lives and history prior to adoption. Young people also experienced complex feelings regarding their birth parents in particular, including feelings of grief, loss, anger, confusion and denial.

#### *Conflict about Where Young People Belong*

In all three studies, there was a narrative about the confusion and conflict young people experience about where they belong. Their longing for their birth family impacted on their

experience of feeling settled in their adoptive home in several ways; some young people shared that they did not want to be adopted or to be a part of a new family, and others spoke about their rejection of their adoptive mother in particular.

#### *Talking about Birth Families is Complex and Difficult*

Young people in two out of three studies highlighted that it is equally hard, and important, to be able to talk about their birth family with their adoptive parents. Young people were aware of the hurt that their need for their birth family caused their adoptive parents. Some young people shared that they needed their adoptive family to support their connection and sense of belonging to their birth family. Young people recognised that there needs to be a careful balance between too little and too much contact, and the importance of getting this right in adoptive families. Young people shared that contact with birth family felt “*really nice*”.

#### **4. Sense of Impermanence and Belonging Nowhere**

The fourth theme highlights how the experience of adoption breakdown increased young people’s sense of impermanence and left them feeling unsure about with whom they belong and where to call home. It appears that when some of these young people were left without a clear narrative about why their adoption had broken down, they often came to the conclusion that they were not good enough, were unwanted or were to blame for the situation. Having their adoptive parents stay “*alongside them*” (Selwyn et al, 2014) during the move appeared to protect some young people from feelings of isolation, responsibility and shame.

#### *Uncertainty and Lack of Closure*



Young people in all three studies spoke about their experience of adoption breakdown as unexpected and unprepared; often leading to sudden, crisis-driven moves. Some young people were left with a lack of closure; confused, conflicted and unsure about the reasons why they were leaving their home.

#### *Lack of Agency and Choice*

In all three studies, young people shared a lack of agency and feeling out of control related to the adoption breakdown. A common theme was that it felt as though adults made decisions without involving the young person in the process. Young people spoke about their need for choice and being involved in key decisions about their lives.

#### *Impermanence and Not Feeling Wanted*

Young people in all three studies shared that adoption breakdown had further exacerbated a lack of relational permanency; feeling left even more unsure about where and with whom they belong. Young people spoke about feeling rejected by their adoptive families, and fearful about what would happen next in terms of where they would live. Some young people felt blamed and at fault for the breakdown, and described experiences of being threatened with breakdown prior to this occurring. For other young people, difficulties in their adoptive family home resulted in them focusing on reuniting with their birth family and being wanted there instead.

#### *Need for Adults to Remain Alongside and Committed*

Highlighted as important by young people in all three studies was the need for adoptive parents to stay alongside their child during adoption breakdown, and during the move to a new home or foster placement. Young people shared that a planned and gradual

introduction to their subsequent home, and their adoptive parents helping to 'settle them in' were of particular importance to provide support and reassurance that they were not being abandoned.

### **Overall Family Perspective (N=10)**

#### **5. The Experience of Complex and Multiple Loss**

The fifth theme draws attention to both parents' and young peoples' experience of adoption breakdown as involving multiple and complex losses. There was often experienced to be no clear way in which to express grief and gain meaningful validating support for the sense of loss.

##### *Loss that is Like a Death*

Parents in five out of eight studies referred to the loss of their child to breakdown as intensely painful, compared to death by some parents. Young people found other ways to describe their experience of profound loss, through lack of belonging and feeling unloved by the adults who have cared for them. Some parents remarked that although they felt this level of loss in relation to their child, it was made even more complicated by the fact that they knew that they were alive and living elsewhere, and sometimes with another family.

##### *The Duality of Grief and Relief*

One concept that occurred across six out of ten studies was the experience of both grief and relief in relation to adoption breakdown. Ending the placement was an intensely difficult experience for families, however it brought with it a sense of relief. The separation often lessened the conflict, stress and risk that had been occurring in the home for extended periods of time. Both children and parents reported ambivalent feelings.

### Past Losses Awakened by Present Losses

For families in nine out of ten of the studies, the loss associated with their adoption breakdown also triggered past experiences of loss and grief. For some parents, adoption breakdown rekindled unresolved feelings related to infertility. Young people described the combination of early trauma and adoption breakdown that can be understood as compounded loss and abandonment. The accumulation of multiple loss and impermanency resulted in some children becoming hopeless about finding a sense of belonging or a stable place to call home. In one study, young people described how the adoption breakdown brought back memories of early difficulties and loss within their birth family.

### Stuck, Detached or Unable to Mourn

Four out of ten studies referred to both parents and children who felt unable to grieve the loss of their adoptive family and instead became stuck or detached in relation to their loss. Some parents talked about overworking as *“the only way we could manage”* (Lyttle et al, 2021). Some young people appeared to cope with overwhelming grief in similar ways; by emotionally detaching, denying uncomfortable feelings by avoiding them, and putting on a brave face.

### Impact on Wider Relational World

Across eight out of ten studies, parents and children spoke about the impact on wider relational changes and losses as a result of experiencing adoption breakdown. For parents, they often shared experiencing multiple losses alongside the loss of their child, including loss of employment or promotions, friendships, social life, self-esteem, and financial loss. Parents also spoke about the loss of their role as an adoptive parent, and the loss of a

longed-for family life. Several parents highlighted the experience of loss for the children who remained at home with them. For some parents, they shared experiencing long-term changes in their marriage and family system. Young people spoke in depth about the loss of connection with their birth and adopted siblings in the process of adoption and subsequent adoption breakdown. Although young people described arguments and fights whilst they lived together, they also admitted missing siblings.

## **6. Moving Forward and Offering Knowledge to Others**

The sixth and final theme emphasises reflections about how families see themselves moving forward after adoption breakdown. The way families generally felt about the future appeared to be both hopeful and cautious. Parents and children in some studies also offered advice and knowledge to pass on to prospective adoptive parents and children.

### *Resolve*

Families in five out of ten studies shared their reflections regarding resolve, hopefulness and perseverance. Parents spoke directly about their determination to pursue adoption again in the future and offer support to others who have lived through similar experiences of family

breakdown. Young people spoke about their own resolve; their hopes for a different family life as they grow up, to persevere in their foster or independent living placement and to do well for themselves through work and healthy relationships. Young people wanted adoptive parents to know the importance of not giving up easily on their children.

### *Considering Adoption Carefully*

Families in five out of ten studies shared their caution around future adoption, and advised that others also consider it carefully; learning as much as possible about the realities of adoption before pursuing it was recommended. Across these five studies parents shared that they would not recommend adoption to others, nor would they return to it themselves, due to the feelings of devastation experienced during and following the breakdown. Young people also recommended that prospective adopters make sure that they consider adoption carefully and are fully prepared.

### *Asking For and Accepting Support*

In four of ten studies, families reflected on the importance of having a robust support network before entering into adoption. Parents also highlighted that the gaps in adoption services also need to be addressed to allow this to happen. For young people, it was also important that parents have the right knowledge and support in place. Young people asked adoptive parents to be child-led, unconditional in their care and seek help when needed. They wanted other young people who may be adopted to give their adoptive parents a chance before giving up or seeking somewhere else to live.

### *The Importance of Families Remaining Connected*

Parents and young people in four out of ten studies spoke about the importance of remaining in relationship with their adoptive families. Many parents highlighted the importance of maintaining a long-term commitment to their child where possible, even if there is no plan for their child to return home to them. Young people spoke about experiences of being in touch with their adoptive parents, and although complicated at times, the importance of feeling important and remaining cared about by adoptive parents. Young people also shared their hopes for the future, which for many included a wish to be close to their adoptive, birth or both sets of families.

### **Overarching theoretical interpretation**

A key overarching concept from the meta-ethnography concerns how parents and children experience adoption breakdown as a cumulative process which occurs over time. The diagram in Figure 2 visualises this concept in that adoption breakdown is not a one-off, time limited event that occurs solely at the point when a child leaves their parents. Instead, it is a multi-faceted process, with concepts that overlap and occur across the entire continuum of adoption; spanning from when the adoption process begins, to after the adoption breakdown when a family finally adapts to their new configuration.

Theory emerged from the reviewed literature related to how parents and children experiencing adoption breakdown also have the added task of juggling a myriad of competing relational and psychological demands. Parents often felt left to cope with extreme challenging behaviour alone, and regularly at the expense of their own wellbeing and at times, physical safety. Feelings of judgement and lack of support from services left parents feeling even more isolated, overwhelmed and at the edge of their limits. This

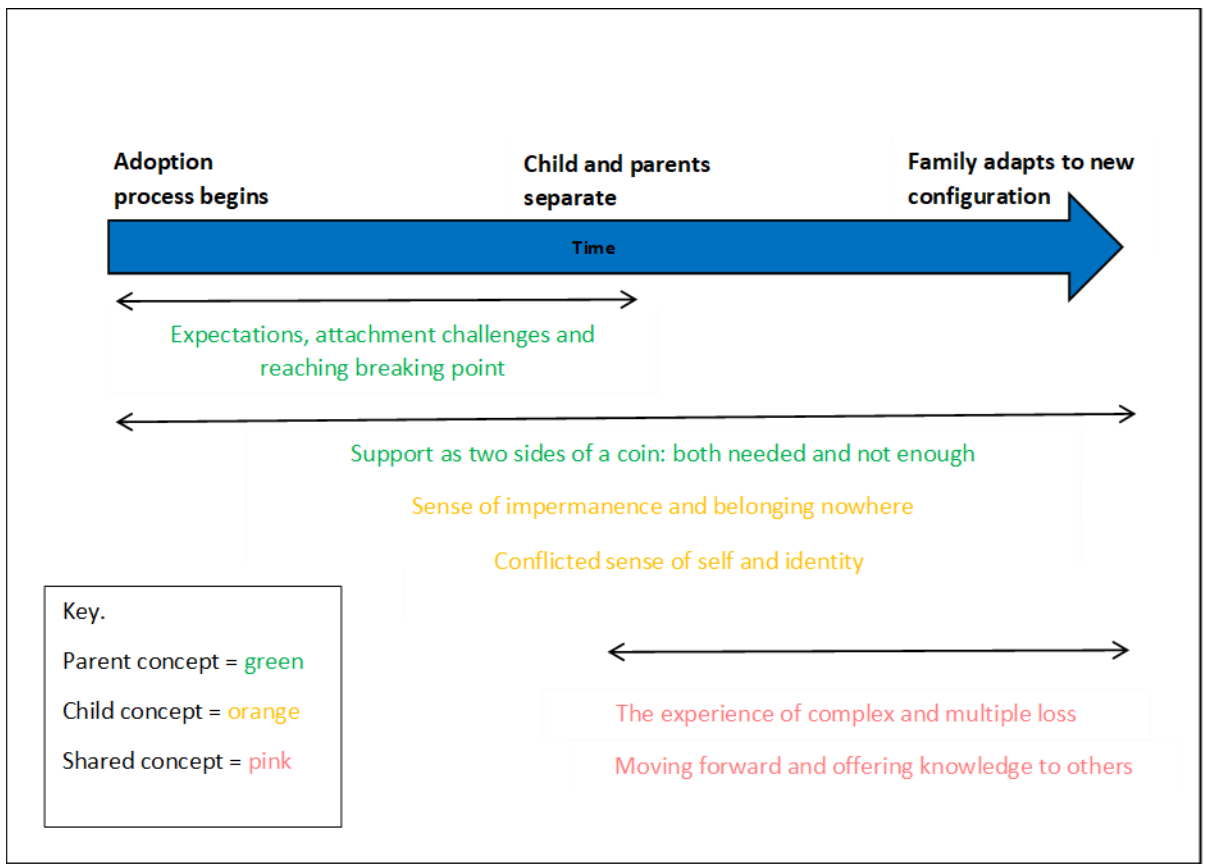
seemingly impossible task of meeting the needs of everyone in the home often led to a 'breaking point' in the process.

Adopted children also presented with their own relational dilemma. The unresolved loss of their birth families left children fearful and resistant towards new parent-child relationships. The resultant increased rejection of attempts from adoptive parents to connect and build relationships with the children left parents feeling confused, rejected and helpless, and children feeling scared and alone.

Within the context of limited professional support, adoption breakdown for these families often happened in unplanned, reactive and fragmented ways that increased the likelihood of children and parents experiencing complicated and unresolved loss (often underpinned by previous experiences of loss and trauma). The adoption breakdown marked the end of the relational dilemma experienced by parents and children, and thus at times provided a sense of relief. However, the loss of the family unit left parents feeling grief, and young people with a lack of belonging and sense of impermanence.

Families described an overstretched and under-resourced organisational system which compounded these relational challenges, leaving families feeling judged, isolated and under-supported. Families organised by their own traumatic experience of adoption breakdown made attempts to try and prevent this for future adoptive parents and children.

**Figure 2.** Theoretical interpretation of meta-ethnography findings





**Table 5.** *Synthesis of themes/concepts and quotes from papers*

Synthesised themes/concepts	Quotes from papers, exemplifying themes/concepts	The author's interpretations
<p><b>1.Processes in Adoption Breakdown</b></p> <p>a) Parent's expectation of their adopted child</p> <p>b) Problems with attachment, attachment-related behaviours and bonding</p> <p>c) A cumulative effect to reaching breaking point</p>	<p><i>"I hoped for a healthy child and wanted to help him achieve his fullest potential. I dreamt of ways of how I would parent and how much I enjoyed playing board games with my own family during weekends and holidays.... just as I had when I was younger."</i> (Lee, 2018)</p> <p><i>"He was genuinely out of control ... He said to me, "If you didn't care so much mum and you just let me get on and do what I need to do, what I want to do, then everything will be fine, so just stop caring about me". He meant, 'Don't care for me because it messes me up inside, just let me get on and be who I am then everything's fine'. Let me run riot, set fires, play truant and it will be all right. He genuinely believed that."</i> (Selwyn et al, 2014)</p> <p><i>"I tried really hard to love him. He took so much of my time that the other kids couldn't have any because he was always having a problem. I worked so hard with him. Sometimes I'd feel like, "Oh, yeah, it's working," but it wasn't."</i> (Verbovaya, 2018)</p>	<p><i>"For the majority of the participants, the journey of adoption began because they wanted to help a child in need or to simply experience parenthood. They looked forward to sharing hugs, having family fun time, and even dreamed eventually, as their child(ren) reached adulthood, possibly becoming friends. Those hopes unfortunately were broken as the participating parents experienced disruptive behaviour from their adopted child(ren) and ultimately ending in dissolution"</i> (Lee, 2018)</p> <p><i>"Without exception, parents felt they should have been prepared better for the possibility of extreme behaviours and breakdown"</i> (Lyttle et al, 2021)</p> <p><i>"All parents, however, reported that behavioural problems of the adopted child or children eventually emerged. Most felt bombarded with emotional and behavioural difficulties."</i> (Valentine et al, 1987)</p>
<p><b>2.Support as Two Sides of a Coin: Both Needed, and Not Enough</b></p> <p>a) Help as needed and sought out</p> <p>b) Perceived judgement, scrutiny and stigma</p>	<p><i>"We had been desperately asking for help from Social Services"</i> (Selwyn et al, 2014)</p> <p><i>I should feel comfortable with sharing one hundred percent of everything and not worry about the interpretation because you want to be the best advocate you can be and you should be able to share everything, but the experience tells you that if you do, there's a good chance that you could get burned."</i> (Bloomquist, 2015)</p> <p><i>"Looking back at it all, it was hard . . . I think I held my breath through the whole adoption process. There was always this underlying fear that no one would want a gay couple."</i> (Goldberg &amp; Allen, 2022)</p>	<p><i>"Both adoptive parents and children who have undergone the dissolution process cannot bring themselves to speak freely of what happened, for fear of being stigmatized as bad adoptive parents and bad adoptive children"</i> (Lee, 2018)</p> <p><i>"Often parents felt social workers did not grasp the level of difficulty they were facing. The feeling of not being listened to or believed was common. When support was offered parents rarely felt it matched the need. They felt social workers were "out of their depth" and offered stock interventions whether they were</i></p>

<p>c) Support that rarely matched the need</p> <p>d) Sense of powerlessness</p>	<p><i>"I did call them [adoption agency] when I was at my wits end. They said, 'I'm sorry, I can't help you. We can't help you anymore. If he was younger maybe someone else could take him.'" (Verbovaya, 2018)</i></p>	<p><i>appropriate or not. Some needs were not addressed at all" (Lyttle et al, 2021)</i></p> <p><i>"Many parents described how they had fought for help when the difficulties at home escalated. Typically, however, appropriate support was not forthcoming or was simply insufficient." (Selwyn et al, 2014)</i></p>
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<p><b>3. Conflicted Sense of Self and Identity</b></p> <p>a) A deep longing to be with mothers / birth families</p> <p>b) Conflict about where young people belong</p> <p>c) Talking about birth families is complex and difficult</p>	<p><i>"I had life storybooks full of stuff about her. She [birth mother] wouldn't have been able to look after me because she was depressed and had a breakdown when we were took off her ... but I wanted to find her and be with her ... That was my instinct then ... be with her." (Selwyn et al, 2014)</i></p> <p><i>"I've been trying to track her [birth sister] down, actually" (Kim, 2022)</i></p> <p><i>"When you have to go to court and they say, "Do you want them to be your new mummy and daddy?" I couldn't say "Yes" and I couldn't say "No." I went blank, but I had this teddy in my hands and I was shaking it to say "No"... but they just thought I was playing with it." (Selwyn et al, 2014)</i></p> <p><i>"Talking about my mum to her, I feel like she will feel bad, because she knows she's not my real mum and it will remind her." (Selwyn et al, 2014)</i></p>	<p><i>"More often, the young people said they were struggling with feelings of loyalty to their birth mothers and a deep desire and longing to be with them and know more about them." (Selwyn et al, 2014)</i></p> <p><i>"However, it was not easy for most young people to talk about their birth mothers with their adoptive mothers. Even when the adoption was considered an 'open adoption', communication about birth mothers was described as awkward and difficult" (Selwyn et al, 2014)</i></p>
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<p><b>4. Sense of Impermanence and Belonging Nowhere</b></p> <p>a) Uncertainty and lack of closure</p> <p>b) Lack of agency and choice</p> <p>c) Impermanence and not feeling wanted</p> <p>d) Need for adults to remain</p>	<p><i>"I didn't really know what was going on ... I kind of knew it was for the best." (Selwyn et al, 2014)</i></p> <p><i>"It was kind of like we'd gone to that meeting to try and figure how to work the whole situation out, but they just ended it there." (Bowman, 1996)</i></p> <p><i>"It felt like we had divorced." (Kim, 2022)</i></p> <p><i>"There was the family tree," Kim said, describing a plaque in her family's home. It had everybody. It even had the dog and the cat. Alright? And everybody was listed, and each person was one of the apples [on the tree]. Who is missing? I was... They had pictures of everybody else but me" (Kim, 2022)</i></p> <p><i>"I guess I've just kind of given up on the permanent, because I mean, I've been in so many homes and, none of them are. It was supposed to be permanent, but it wasn't." (Bowman, 1996)</i></p>	<p><i>"They each spoke about the need for permanence and belonging, and the necessity of trust. Leaving families they cared about for reasons they did not always understand was disconcerting and often painful. Each expressed feeling at least once that they were not wanted. The environment did not always provide security for these children." (Bowman, 1996)</i></p> <p><i>"Three young people who became looked after were taken to their foster placement by their adoptive parents. Young people were pleased that had happened" (Selwyn et al, 2014)</i></p>

alongside and committed	<i>"They came with me and settled me into the foster placement." (Selwyn et al, 2014)</i>	
<b>5.The Experience of Complex and Multiple Loss</b>	<i>"There were times I found myself driving just to see if I could catch a glimpse of her just to prove to myself that she was still alive ... but it was the strangest feeling you know. I would question, 'Am I still a parent? Am I still a father?' all these strange feelings ... even today" (Lyttle et al, 2021, parent)</i>	<i>"Each of these children have experienced separation and loss throughout their lives, most probably without the opportunity to grieve for those losses." (Bowman, 1996)</i>
a) Loss that is like a death	<i>"I experience intense grief for the loss of the children, but at the same time I feel intense relief from not having to deal with the constant acting out." (Lee, 2018, parent)</i>	<i>" Many [parents] spoke to the invisibility of their loss and grief, and the fact that in the aftermath of their loss, there was no awareness or recognition that they might need time or structural supports to facilitate the processing of such grief" (Goldberg &amp; Allen, 2022)</i>
b) The duality of grief and relief	<i>"I was sad. But I wanted to leave. I don't know why I was sad." (Bowman, 1996, young person)</i>	<i>"All the participants feel as though no one else has any idea of how they feel or what they are experiencing" (Lee, 2018)</i>
c) Post losses awakened by present losses	<i>"You have to shut your body down from the emotion ... because otherwise how do you get through it?" (Lyttle et al., 2021, parent)</i>	
d) Stuck, detached, or unable to mourn	<i>"It's a horrible feeling .... You already know that you've been abandoned once. Then my series of abandonments, over and over and over, it wears somebody down. At one point I was like "I'm such a loser. Why doesn't anybody love me?"" (Kim, 2022, young person)</i>	
e) Impact on wider relational world		
<b>6.Moving Forward and Offering Knowledge to Others</b>	<i>"And so I guess it was just – and I think I'm stubborn. I was like 'this is a really screwed up system and I'm going to try to fight it from the inside.'" (Bloomquist, 2015, parent)</i>	<i>"In the case of the participants in this study, they used the lasting effects of the disruption to re-solve the challenges that compromised their purpose and related goals. They worked to find an answer or solution that would permit them to continue their mission. Not a single participant withdrew completely from the arena of foster care and adoption after living through this experience." (Bloomquist, 2015)</i>
a) Resolve	<i>"Thirty, yeah, well, hopefully I'll have a family. Yeah hopefully I'll [have a] family of my own. And probably, hopefully have a job. And I don't know I just I don't think that because of the way I've grown up that my kids are going to grow the same way. You know, I'm, I'm not going to let that happen." (Bowman, 1996, young person)</i>	<i>"Six families felt that the adoption may not have been successful but the relationship was successful. These families reported that they still maintain regular contact with the child. One family allowed the child to get married in their home and two others continue to</i>
b) Considering adoption carefully		
c) Asking for, and accepting support	<i>"It made us more cautious and anxious with both of the matches and adoptions for each of our children. Even though we knew the possibility of a disruption/disappointment, having experienced it changed how we handled matches in the future." (Goldberg, 2022, parent)</i>	
d) The importance of		

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families remaining connected	<p><i>“...and don’t give up at the first sign of trouble. That’s what my parents did. They gave up on me.” (Selwyn et al, 2014, young person)</i></p> <p><i>“Get a written agreement for support signed in blood, preferably by somebody who is not going to leave for the next attractive looking local authority job.” (Selwyn et al, 2014, parent)</i></p>	<p><i>provide periodic financial support.” (Valentine et al, 1987)</i></p> <p><i>“The importance of receiving skilled specialist support was a point made by the vast majority of adopters” (Selwyn et al, 2014)</i></p>
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## **Discussion**

The purpose of this systematic review was to assess the relevant qualitative research covering the views of children and families who have experienced adoption breakdown or post-adoption challenges. It also aimed to highlight the specific challenges faced by adoptive parents and children, and thus inform health and social care provision in relation to early intervention and prevention of adoption breakdown.

### **Implications of findings on previous research**

This review provides valuable insight into the experience of adoptive parents and children who have lived through an adoption breakdown and related challenges. By conducting the first known meta-ethnography of the available and relevant qualitative research, this study builds on recent quantitative findings into the reasons for adoption breakdown (e.g., Palacios et al. 2019).

Previous research synthesising the causes of adoption breakdown have highlighted key child, parent and service-related characteristics associated with poorer post permanency outcomes (White, 2016; Palacios et al. 2019; Goodwin & Madden, 2020). The findings in this review are consistent with these previous studies, as parents attributed adoption breakdown with similar characteristics, including: problems with attachment, behaviour and bonding; parent's expectations of their adopted child; lack of pre-placement preparation; and support from services that rarely matched the families' need. This review further develops theory from Palacios and colleagues (2019) who hypothesised that adoption breakdown is a result of an accumulation of circumstances, rather than any one

single factor. Theory emerging from the meta-ethnography goes further to suggest that adoption breakdown exists on a continuum that spans the adoptive family cycle.

By focusing on the qualitative literature, the review added unique insight into the emotional experiences of parents and children, not covered by previous reviews of quantitative studies in this area. Of particular note, parents described feelings of judgement and stigma as a key barrier to seeking and receiving support from services. Further, parents felt powerless and a lack of agency meaning that decisions regarding their adoptive children were often taken out of their hands by social care services, making it hard to work in partnership with, and trust, the support on offer. Adopted children shared the impact of adoption breakdown resulting in a further sense of impermanence; leaving them feeling unsure where to call home and with whom they belong.

The findings also offer new understandings into the process of complicated grief and loss that can follow adoption breakdown for children and their parents. Adoption breakdown was often compounded by previous experiences of loss and trauma, and may be understood as an ambiguous loss for parents and children; a loss that is often unresolved and lacking in closure. This way of understanding adoption breakdown could also be applied to understanding the complicated loss of other family breakdown, such as in blended families or when children are taken from birth families into the care of social care services.

### **Strengths and limitations of the meta-ethnography**

A strength of this review is in the systematic process used when identifying and evaluating qualitative studies. Recognised guidance was used to support this process (The CASP qualitative checklist, 2018). Further, inter-rater reliability was deemed as having a 'very good' level of agreement, therefore supported a consistent approach to selecting and

evaluating studies included in the review. Another strength is located in the synthesising of themes across multiple studies. This reduced author bias or generalisability problems that may be more apparent in a single qualitative study.

A further strength of the review is that it relied on papers which had a low-moderate risk of bias and excluded papers with a high level of bias (as indicated by the CASP qualitative checklist, 2018). Quality of studies was also corroborated by a second reviewer, who reviewed a third of included studies. This indicates that studies included in this review had high methodological quality.

A criticism of Noblit & Hares' (1988) approach to meta-ethnography is its lack of clarity and guidance surrounding the data synthesis stage and process. A strength of this review is that attempts were made to improve the transparency of the meta-ethnography synthesis by following updated adaptations and developments suggested by Sattar and colleagues (2021), adding rigor to the original data synthesis process. For example, this study incorporated detailed additional instructions regarding stages 4-6 of meta-ethnography synthesis; steps that are described as the most difficult to conduct, with the least amount of guidance available.

Regarding limitations, firstly, across the reviewed literature, the number of qualitative studies about families' experience of adoption breakdown was limited in terms of number of papers. The narrow range of studies covered means that the themes generated may not be transferable across all adoption breakdown scenarios. However, as reviewed above, many of the generated themes appear to parallel findings in the quantitative literature, whilst adding further depth about the emotional experiences of those involved in adoption breakdown.

Secondly, a key limitation was that there were only three studies that examined children and young people's experiences. Whilst it is appreciated that such a small number of studies may have impacted the degree to which nuanced themes could be generated, it was felt that without including children's experiences, the review would have lacked depth by omitting the child perspective, and hence would have adversely impacted upon the quality of the theory generated.

Thirdly, a further difficulty in synthesising the literature was linked to the requirement to compare studies which have used a range of methodologies. Whilst there were similarities, for example amongst data collection, various different data analysis types were included amongst the studies. This meant that some studies generated interpretative themes, whereas other methods drew themes more directly from participants' accounts.

Finally, a lack of consistency in the context of the studies (e.g., in terms of country, stage of adoption that breakdown occurred, whether adoption was domestic or intercountry in nature) is a potential limitation in terms of not being able to draw reliable and valid conclusions from the review.

### **Implications of the meta-ethnography**

The findings of this review propose clinical implications for pre and post adoption services. Adoption breakdown appears to be a cumulative process which occurs over time, and adoption services need to be able to adapt to provide support across the adoptive family life cycle; from the initial adoption process, to the time when adopted young people reach independence and beyond (Brodzinsky & Smith, 2019).



This paper highlights the need to support children's relational permanence, a concept less researched than the other types of permanence associated with adoption (Brodzinsky & Smith, 2019). A sense of impermanence can cause challenges in children's adoptive homes; themes including a drive to connect with their family of origin and rejection of their adoptive family were present in the meta-ethnography. Children would benefit from support to process and integrate the loss of their birth and later families (e.g., foster carers) and help to understand why they are being adopted. This includes ongoing permission to talk about birth family with their adoptive parents (Selwyn et al., 2014). Children would also benefit from support to form a secure attachment relationship with their adoptive parents at the transition stage of adoption, using a previous caregiver to provide relational safety wherever possible (Boswell & Cudmore, 2014). A well-managed transition should be supported using a structured therapeutic intervention, including preparing and supporting foster carers, adoptive parents, and children, prior to, during, and after the move. Two therapeutic models of adoption transition currently exist across the US and UK; the UEA Moving to Adoption model (Neil, Beek & Schofield, 2018) and By Your Side (Norris, 2019). Both models are examples of appropriate transition interventions, due to being underpinned by psychological theories of attachment and developmental trauma which inform how best to support families across the duration of the move. By Your Side model includes a registered therapeutic practitioner (i.e., Psychologist, Family Therapist) to facilitate the move by holding the adults around the child. Whilst the UEA Moving to Adoption model does not include a therapeutic practitioner, this does make the model less resource intensive and perhaps more straightforward to apply in practice. Further research is required in regards to the longer-term effectiveness of both models in reducing adoption

breakdown and related challenges. Family Futures practice guidelines (Burnell, Castell & Cousins, 2009) may also inform transition planning.

The findings in this review support the idea that adoption breakdown can exacerbate relational impermanence for children and young people (Bowman, 1996; Kim, 2022). Children would benefit from being supported to remain in a relationship with their adoptive parents following a breakdown. This includes parents being supported to remain alongside their child during key transitions (e.g., return to foster care). Children and young people also require support to process adoption-related loss. Little current literature exists that studies relational impermanence in children who cannot remain with their birth families, therefore further research into this area would benefit the services supporting them.

Adoptive parents also require support from specialist adoption services, and the findings of this review lead to the following suggestions for pre and post adoption support that may help to prevent adoption breakdown, specifically: the need to support adoptive parents to understand and feel skilled in managing their child's difficulties, utilising a trauma and attachment perspective; and, support for parents to understand their own expectations of adoption, and the possible differences between this and the reality of adopting a child with early years developmental trauma and associated challenges. Early intervention support is needed for families identified at high risk of adoption difficulties, and intervention where needed should continue to be available across the adoption (Brodzinsky & Smith, 2019).

The review also indicates specific support needs of parents experiencing adoption breakdown, as it is important that the needs of these vulnerable families are not forgotten by services. Themes across the synthesis suggests that parents experiencing adoption

breakdown and related challenges require support from services that is non-judgemental, affirming and seeks to understand parents' perspectives. Parents would benefit from collaborative support which increases their sense of agency around decisions regarding their child's care plan. A co-production model of service development may support implementation (Clapton, 2018). Parents need support from adoption and social care services which meets the need of the adoptive family (e.g., support type, duration, intensity, timeliness), and parents may require therapeutic support to process adoption related losses. Adoptive parents may benefit from peer support provided by others who have experienced adoption breakdown, as this may reduce feelings of isolation and shame associated with adoption breakdown and perceived judgements from others as the "*bad adoptive parent*".

## **Conclusion**

Little is known about the experience of adoption breakdown from a child and adoptive parents' perspective. This systematic review attempted to synthesise the existing qualitative literature in this area, to bring together families' views, and inform pre and post adoption service delivery. The findings in this meta-ethnography highlight how the process of adoption breakdown happens cumulatively, and over time. Parents experiencing adoption breakdown felt under-supported, judged and left alone to manage their child's attachment-related challenges. Children felt underprepared, conflicted between their birth and adoptive families, and adoption breakdown compounded their early experience of not knowing where or with whom they belong. Adoption breakdown represented a complicated, ambiguous, and often, traumatic loss. Families would benefit from adoption services which adapt to provide support across the adoptive family life cycle, including preventative and

post-breakdown support. Support needs to be relationally-focused; supporting integration of all of the child's families and improving attachment to their adoptive parent. Therapeutic interventions such as *By Your Side* (Norris, 2019), may support successful transitions however further research is needed into its effectiveness in reducing later adoption breakdown, as well as exploring the concept of relational permanence.

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Paper two

**The Benefits and Challenges of Delivering the By Your Side intervention, with  
a Focus on Recommendations for Best Practice Guidance.**

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## **Abstract**

There remains a disparity between the knowledge base around the making and breaking of attachments in childhood, and the way that children and infants are moved from foster care to adoption. By Your Side is a therapeutic intervention recently developed to support adoption transitions for children and families.

The purpose of this qualitative interview study was to explore practitioners' experiences of facilitating adoption transitions using the By Your Side (BYS) model. In doing so this aimed to inform further development of the intervention, and to address the knowledge gap between theory and practice. A total of ten adoption professionals completed semi-structured interviews.

Through reflexive thematic analysis, five key themes were generated, and the findings suggest that the BYS intervention builds on previous literature and offers a clear framework to guide practitioners in facilitating 'best practice', preventative adoption transitions.

Implications for practice are offered, including how practitioners can apply BYS (or its principles) across a range of children's care settings. Challenges to good practice remain, including access to adequate resources. Further research, including comparing alternative models of transition and gathering the perspectives of adopted children and their parents, would add to our understanding of the impact of successful transitions on long-term placement outcomes.

## Introduction

It is widely accepted that permanency of placement is important for children who cannot live with their family of origin, and a focus within children's social care services over the last 50 years has been around reducing the experience of 'drift', whereby children have remained in temporary homes within the foster care system for extended periods of time (Welch et al. 2015). There are significant long-term costs associated with lengthy stays and multiple moves within the foster care system including adverse educational, relational, mental and physical health outcomes for the child (Pabustan-Claar, 2007; Ward, 2009; Welch et al. 2015). Unstable placements have been highlighted as a key factor that contribute to the poorer life trajectory of looked after children (Stein & Munro, 2008; Unrau, 2007), and therefore understanding the key components that increase the likelihood of permanency have been highlighted as a key priority (Pabustan-Claar, 2007; Welch et al. 2015). The importance of a planned transition to the child's 'forever' home is a key factor that could impact upon the future success of an adoptive placement (Fawley-King et al. 2017), however our understanding of the processes that facilitate transitions is limited.

It is a commonly accepted viewpoint within children's social care services that the way in which a child is moved to their new foster or adoptive home has a direct impact on whether the placement is successful or not. This view is supported by a small number of empirical studies. In a quantitative study, Fawley-King and colleagues (2017) followed 152 young people in foster care who had transitioned to a new placement. They concluded that to support the success of the new placement, professionals must consider the individual needs of each child when planning their placement move, including increased support to help the child adapt and process complex feelings about the move. In a retrospective study

in the UK, Neil, Young & Hartley (2018) surveyed adoptive parents about post-adoption risk and protective factors, reporting that difficult introductions (such as the child finding the transition to their adoptive home hard to cope with) were linked with more challenges experienced later on in the child's placement. Despite these findings, the evidence-base regarding how transitions are supported is extremely limited; less is known about what makes a transition 'successful' and research highlights a lack of information about what represents best practice for children moving to permanent placements (Dept for Education, 2018).

Findings from a survey of adoption agencies across the UK suggest that common social care practice is to move children from foster care to adoption placements in a transition period of 7-14 days (Boswell & Cudmore, 2014). Often there is no contact between the child and their former attachment figure for several months after the move, if at all. Concerns have been raised regarding this practice, and research suggests that abrupt transitions can cause distress to children, their adoptive parents, and their foster carers, as well as poorer outcomes for children including disruption or danger of disruption in their adoptive placement (Selwyn et al., 2014; Neil, Young & Hartley, 2018).

There is some evidence which highlights the role of professional staff who already know the child in terms of supporting the transition process. Lanyado (2003) completed a single case design study of a child moving from long-term foster care to adoption, and the psychotherapeutic work undertaken to support this. They identified a key role for a clinician to 'hold' the child during the transition process. Lanyado theorises that the intense feelings triggered in the involved adults during the transition process to adoption makes it difficult for them to feel contained enough to take on this role, and thus the need for a therapist to 'hold' the child when the key adults in their life are not able to.

Further research supports the need for transitions to be therapeutic in nature. Burnell, Castell and Cousins (2009) explored and synthesised the theoretical underpinnings from attachment and trauma research. They concluded that the following concepts need to be considered in relation to transition work, and incorporated into a psychological formulation for each child: trauma resolution; holding children in mind rather than in time; telling and showing the child they are moving; caring for the carers; no 'goodbyes' but rather 'see you soon'. Additionally, Boswell & Cudmore (2017), in a qualitative interview study of foster carers, adopters and social workers, highlighted the importance of having a therapeutic practitioner 'hold' and lead the system around the child.

Qualitative findings from a research paper entitled "The Children Were Fine" (Boswell & Cudmore, 2014) highlighted that children's emotional experiences, particularly the experience of losing their foster carer, were often not attended to during the transition into adoption due to the increase in stress on the adults around them during this process. Findings from interviews with foster carers, adopters and social workers proposed a set of guiding principles to prevent transitions from becoming traumatic for children who have already experienced significant attachment disruption. Recommendations from the research included making commitments to maintaining the child-foster care relationship during the transition process and beyond, promoting an ongoing working relationship between foster carer and adopter, support and training for foster carers and adoptive families during and after the transition, and support and training for adopters on attachment and loss. These recommendations have since been written into best practice guidance for UK adoption services (Coram: BAAF Adoption and Fostering Academy, 2017).

Despite the research described above highlighting some potential avenues of good practice to support children's care transitions, supporting the child psychologically during



transitions is often not prioritised in practice, and conflicting perspectives on how to best support transitions remain. For example, Boswell & Cudmore (2017) found that in light of insufficient research and guidelines, social care professionals, foster carers, and adoptive parents often deferred to a “the way we’ve always done it” approach. They highlighted that there remains a disparity between the knowledge base around the making and breaking of attachments in childhood, and the way that children and infants are moved from foster care to adoption, and emphasised the importance of the integration of theory to ensure best practice in adoption transitions.

The ‘By Your Side’ therapeutic intervention (Norris, 2019) was recently developed in the UK to support children and professionals so that a child moves from a temporary foster placement to a permanent adoption placement. The intervention aims to facilitate a transition that the child can make better sense of, that minimises the risk of re-traumatising the child and that reduces the risk of later placement breakdown. The intervention is manualised, provides specific training for professionals, carers and adoptive parents, and involves an allocated therapeutic practitioner (registered clinician, ideally with further therapeutic training in Theraplay and/or Dyadic Developmental Psychotherapy) to support the team around the child during the transition process. The practitioner is also expected to undertake specialist on-going supervision as part of delivering the intervention.

By Your Side (BYS) is based on theories of attachment (Ainsworth & Bowlby, 1991) and developmental trauma which understands that there are additional challenges for children who have been exposed to adverse experiences during their early years. When a parent is not able to provide sensitive attuned care to their child, the child will find strategies to manage as best they can. They may become self-reliant and hide their needs, or they might become highly distressed (Howe et al. 1999). The combination of a lack of

predictable and sensitive care, along with frightening or neglectful experiences, impacts the developing child in wide-ranging and profound ways (known as developmental trauma; Hughes & Baylin, 2016). It is widely understood that children who are moving family from foster care to adoption will typically have experienced developmental trauma in their early years, and so the By Your Side intervention is based on taking these vulnerabilities into account when thinking about how best to support children and families during the transition process. Several other models and practical guidelines related to adoption transition in the UK also exist, including the UEA Moving to Adoption model (Neil et al., 2018), and Family Futures Practice Guidelines (Burnell, Castell & Cousins, 2009). There do not appear to be any formal transition models specific to the US at this time. Current models are described and compared with BYS in Appendix V.

### **Rationale for and aims of the current study**

The development of interventions to support the transition process to adoption has far reaching implications, given that there is consistent evidence showing that adopted children experience more psychological, educational and behavioural difficulties, and contribute a significant proportion of referrals to mental health services (McAuley & Young, 2006; Brown et al., 2017). Further, these difficulties often persist into adulthood (Dekker et al., 2017), presenting a societal cost over time. To date, there has not been any research into the By Your Side intervention. The aim of the current study is to explore practitioners' experience of adoption transitions using the By Your Side intervention in order to inform future research and clinical practice. The specific research questions were therefore as follows:

a) What are practitioners' perspectives of the potential strengths and weaknesses/challenges of using the intervention?

b) What are the key principles, methods and techniques of the intervention that are perceived to be more or less effective in supporting family transitions?

c) What have practitioners learnt from using the BYS intervention that can be transferred to wider social care contexts?

## **Methodology**

### **Study design**

A qualitative research design using semi-structured interviews was used in the current study. Qualitative methods are used to answer questions about experience, meaning and perspective, often from the view of the participant (Hammarberg et al., 2016). When attempting to understand people's experiences and meanings, a qualitative approach allows for a richer exploration of personal experience that is not pre-framed by the researcher (Clarke & Braun, 2013). Interview transcripts were analysed using reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2019).

### **Epistemology**

It is important that researchers make their epistemological assumptions explicit (Holloway & Todres, 2003). The researcher's philosophical stance aligned with a critical realist position; an approach which takes a realist / subjectivist standpoint and is consistent with thematic analysis (Braun & Clarke, 2022; Wiltshire & Ronkainen, 2021). Through this stance, the ways individuals make meaning of their experiences were acknowledged. Equally, the way the broader social context influences those meanings was also acknowledged. Accordingly, thematic analysis was used to both reflect an individuals' reality, as well as attempting to examine its underlying meaning (Braun & Clarke, 2006).

### **Participants**

Participants were selected from a sample of health and social care practitioners who had been involved in at least one completed transition using the By Your Side intervention. Suitable participants were recruited using purposive sampling by a UK third sector provider of specialist therapeutic interventions for adopted and looked-after children and their families, who shared the study advert via email (Appendix J). Two groups of participants were recruited: professionals (e.g., Clinical Psychologists, Social Workers, Foster Carers) who had either facilitated or received the By Your Side intervention. Facilitators refer to professionals who clinically lead the By Your Side intervention, and receivers refer to professionals who are an integral part of the By Your Side intervention, but do not lead it. Both are expected to attend formal training in BYS. A target of ten to twelve participants was chosen as a sufficient sample size for thematic analysis (Clarke & Braun, 2013; Ando, Cousins & Young, 2014).

The inclusion criteria were:

- Professionals who have facilitated or received at least one completed By Your Side intervention within the past two months to three years
- Participants had to have attended the formal By Your Side practitioner training
- For BYS facilitators, participants had to have received clinical supervision to support the implementation of the BYS intervention.

Details of participant demographic information can be seen in Table 1. Information summarising the BYS intervention can be viewed in Appendix U.

**Table 1.** Participant demographic information

	Frequency	Percentage
<b>Sex</b>	10	-
<i>Female</i>	10	100%
<i>Male</i>	0	0%
<b>Ethnicity</b>	6	-
<i>British</i>	6	100%
<i>Welsh</i>	2	33.3%
<i>English</i>	4	66.6%
<b>Job Title</b>	10	-
<i>Consultant Clinical Psychologist</i>	1	10%
<i>Social Worker</i>	1	10%
<i>Therapeutic Social Worker</i>	5	50%
<i>Play Therapist</i>	1	10%
<i>Therapeutic Foster Carer, Therapist and Counsellor</i>	1	10%
<i>Therapeutic Foster Carer</i>	1	10%
<b>BYS role</b>	10	-
<i>Facilitator</i>	7	70%
<i>Received</i>	3	30%
<b>Employer</b>	10	-
<i>Family Place</i>	5	50%
<i>Other health and social care service</i>	5	50%

## Procedure

The study was granted ethical approval by Cardiff University School of Psychology Research Ethics Committee (Appendix I; reference: EC.22.09.20.6616R). Participants were provided with an information sheet (Appendix K) and completed a consent form (Appendix L) prior to taking part in the study. A demographics questionnaire (Appendix N) was also used to collect data on participants' gender, age, ethnicity, and occupation. A debrief sheet was provided after the interview (Appendix M) and all participants were compensated for their contribution, in the form of a £10 high street voucher.

## Semi-structured interviews

In-depth interviews were guided by a semi-structured interview schedule (Appendix O) which comprised of thirteen open-ended questions with prompts. Interview questions were

developed using specific guidance from Clarke & Braun (2013) and were refined following input from the research team and a Clinical Psychologist involved in the development of the BYS intervention. Questions were separated into three sub-sections; a) Participants' experience and motivation to use the BYS intervention; b) Perceived opportunities and impact; and c) Perceived challenges.

All interviews were conducted remotely via Microsoft Teams, and were recorded and transcribed verbatim. Interviews ranged from 38 to 84 minutes with an average duration of 61 minutes. Interviews were transcribed using the Microsoft Teams software and transcripts were checked carefully for accuracy by the researcher. Names and other identifiable details were changed to protect participant anonymity.

### **Analysis**

In line with the main aims of the study, the data was analysed using reflexive Thematic Analysis (TA); an appropriate and powerful method to use when seeking to understand a set of experiences, thoughts or behaviours across a data set (Clarke & Braun, 2013). Through TA, the research constructs themes to reframe, reinterpret and connect elements of the data. Additionally, TA is thought to be suitable for research questions which aim to have implications for clinical practice and policy (Braun & Clarke, 2021).

Braun and Clarke (2006; 2019) outline an explicit six-step process to thematic data analysis which can be applied in a flexible and dynamic method. This process is outlined in Table 2. Data were analysed inductively, and shaped to some extent by the researcher's standpoint, as opposed to being shaped by any pre-existing theory. The researcher attempted to interpret the meanings and assumptions that underlie the data surface, meaning that data were coded at the latent as well as the semantic and descriptive level.

**Table 2.** *The process of thematic analysis (based on Braun & Clarke, 2006)*

<b>Stage</b>	<b>Description</b>
Stage 1	Becoming familiar with the data was achieved by some transcription and thoroughly re-reading all transcripts.
Stage 2	Initial codes were generated by systematically coding the entire data set, paying equal attention to each data item. Data was re-coded in places after re-reading of the data. Supervisors reviewed two coded transcripts and alternative interpretations of the data were discussed. An example extract of coded data can be seen in Appendix P.
Stage 3	Appendix Q demonstrates this process, where codes were sorted into initial clusters of shared meaning, and initial candidate themes were generated. Codes that were notably rich were 'upgraded' to candidate theme. For others, themes were generated based on identifying shared meaning across codes.
Stage 4	Themes were checked for internal and external heterogeneity, meaning that some themes were merged and some disregarded. Themes were also checked against the original dataset. Themes and examples of related codes can be seen in Appendix R.
Stage 5	Themes were defined and named in a way that attempted to capture the entire meaning of each theme. The researcher considered how each theme contributed to telling a story about the data in relation to the aims of the research.
Stage 6	Themes were written in narrative analytic format, with chosen data extracts to illustrate the story.

### **Quality assurance**

Quality assurance was considered according to quality standards of qualitative research (Elliott et al., 1999), and guidance on reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2022). Researcher reflexivity is seen as central to the quality of reflexive thematic analysis, and is defined as striving to acknowledge and take responsibility for ones' perspectives (Braun & Clarke, 2022). Braun and Clarke recommend that deep, engaged and critically open reflexivity is practised throughout the research process. Credibility of the analysis was attended to by ongoing discussion of code and theme development with research supervisors. Themes were checked against each other and back to the original data set to allow for accuracy (Braun & Clarke, 2006). Examples of the data were provided throughout to provide clarity, and the use of a thematic map allowed the data to be

presented in a coherent manner (Elliott et al., 1999). Demographic information about participants is also reported to offer context around the results.

### **Reflexivity**

It is recommended that the researcher commits to on-going reflexivity throughout the qualitative research process, as part of evidencing careful thinking around decision making as well as considering their own stance within the research. Mitchell et al. (2018) define reflexivity as the “process of a continual internal dialogue and critical self-evaluation of a researchers’ positionality”. The reflexive process was facilitated through on-going supervision and involved consideration about the researchers’ position as an insider or outsider in relation to the research area. It also involved completing a process journal (Dodgson, 2019).

The researcher’s position was that of a white, female, educated woman, who identifies professionally as a trainee clinical psychologist. The researcher has significant experience working in health and social care settings with children and young people who cannot remain with their birth families and who require psychological support in relation to early-years adverse experiences. Although she has little experience specifically within the field of adoption, the researcher still identified as an insider in relation to the subject matter, and feels heavily invested in improving transition support for young people. The researcher shared her insider status with interviewees, in an attempt to remain authentic and also to build rapport and connection, and enhance the richness of stories shared. The researcher acknowledged that her initial beliefs with regards to young people moving families were that when transitions aren’t facilitated well, this can often set the placement up for later difficulties, and can also leave the young person with a fragmented



understanding about why they needed to move homes, and often a sense of being to blame or not wanted by previous carers.

Having attended the formal training in By Your Side, as well as already being trained in Dyadic Developmental Psychotherapy and Theraplay (core therapeutic models which underpin BYS), the researcher identified as an insider in relation to the need for adoption transitions to be therapeutic in nature and clinically led. Although she has not worked for the service which developed BYS, the researcher has knowledge of and professional respect for the team; and together these highlight an emerging professional passion within this area, which brings with it an increased risk of bias in relation to the BYS intervention. The researcher has spent time reflecting on the hopes and beliefs she brings as an insider to this research project, in attempt to become more aware of how her own position may interact with the data collection, analysis and findings, and make it more challenging to hold a critical stance towards the BYS intervention and its application in practice.

## **Results**

Five themes were generated through the process of analysis. An overview can be seen in the thematic map, which was developed to express the relationship between themes and subthemes (figure 1.). Pseudonyms are used to anonymously illustrate the range of quotes across participants.

Figure 1. Thematic Map



## 1. **BYS Viewed as a ‘Best Practice’ Transition Approach, and this comes with Challenges**

### Strong Therapeutic Framework

Participants shared that BYS has a strong theoretical framework which is underpinned by psychological theory, research and key therapeutic models. Participants felt that having a well-defined model offers practitioners structure, containment and confidence in supporting children to move families successfully. Further, many participants perceived that BYS formalises good practice that was already happening. Participants often felt that BYS offers a clear and well-structured framework for guiding transitions, which is supported practically through the clinical guides and therapeutic transition story, “Not Again, Little Owl” (overview in Appendix T). BYS was described as a well-integrated model, with a “*sensory-emotional-relational focus*” (Eliza, facilitator), which attends to the practical, process and emotional aspects of transition work. Participants often shared that they were unaware of any models comparable to BYS to guide transition practice.

*“I think By Your Side, like I said, it has that integrated approach. It has a real clear framework for people to make sense of. It's got a really clear model. It's got a really clear process. It's well backed up by modalities that have a good strong practice base.” – Mel, facilitator*

*“I can't think of another sort of practice model or theoretical model that informs practice decisions” – Cariad, facilitator*

### Best Practice Intervention

BYS was described as making “*complete and utter sense*” (Justine, facilitator) to practitioners; during training it often felt like a “*lightbulb moment*” (Stephanie, receiver).

Some participants shared their experiences of BYS feeling like a powerful intervention that has been missing from social care services for a long time. It was felt that BYS offers a practical, non-expert approach that is *“accessible in its simplicity”* (Bethan, receiver), making it straightforward for practitioners and families receiving the model to understand. Related to putting BYS into practice, participants recognised that although it may appear simple, BYS requires a skilled clinician with therapeutic expertise and training to lead a transition. Often, practitioners were highly experienced in the field of fostering and adoption, and it was felt that requirements for prior training in Theraplay and / or Dyadic Developmental Psychotherapy (DDP) added to the therapeutic quality of transitions offered to children. It was noted that due to its complexity, practitioners who are newly trained in BYS may find it difficult to apply BYS flexibly and adapt the model to the child.

*“In order to practice with By Your Side you have to have DDP training and Theraplay training. I think that gives it a really good, solid foundation for people who have a good level of expertise in what they're doing.” – Mel, facilitator*

### Conflicts with Available Resources

Participants spoke in depth about how BYS requires time, energy and effort, and that this conflicts with available resources in social care systems, making it difficult to offer the quality of transition that is required. Many participants shared that specialist transitions are expected to fit into normal workload, however, working in this way requires high levels of investment and availability. Participants' experiences were that social care professionals are generally overwhelmed and have little time to think and reflect, and this can make the high level of investment required in BYS less appealing. Participants often shared how BYS can often conflict with other social care processes, for example, how the rigidity of managing

practicalities and processes can get in the way of meeting the child's needs. Some participants expressed frustration and hopelessness about how to improve other transition practice that is seen as far from good enough and *"just isn't right"* (Clara, facilitator), in comparison to BYS. Participants held a shared view about BYS being a better cost than the cost of a future placement breakdown for a child.

*"So I think maybe that's what other people outside of the transition work don't really get is that you know you for a period of so many weeks you literally can't do anything else .... and quite rightly, you know [BYS] is the focus of your work. But to be able to carry on doing other stuff at the same time, it's really, really tricky. But that's a practical and resource issue I guess."* – Stephanie, receiver

## **2. Relationally Healthy and Cohesive Systems Support Good Quality Transitions**

### *Working as a Team is Important*

All participants spoke about the impact of BYS on bringing systems involved in a transition together, but it can take significant time and effort to get all of the adults on board, with some appearing initially sceptical towards the BYS model. Participants shared that the model requires the BYS practitioner to *"hover over the system"* (Clara, facilitator) and keep things on track, offering containment to the adults. Understanding and communicating each individual perspective supported increased connection and empathy between adults.

Despite not being built into the model, participants also commented on the importance of the BYS practitioner having their own supportive team to allow them to work effectively within other systems. Participants felt that children experienced reassurance and relief from seeing the adults working together.

*“And I guess it's just knowing where and how to pitch it. That kind of supporting understanding and whether it is just saying to carers “I really appreciate that you're coming along to this, and yet this [BYS intervention] is something we do have to do. We think it will benefit the child for these reasons.” Yeah. And then again, I guess the same on the adopters' side.” – Naomi, facilitator*

### The Need to Take Care of the System

Transition work was described as intensely emotional for all involved, and practitioners highlighted a strength of BYS in that it pays close attention to the emotional impact this sort of work has on the adults; making sure they felt heard, understood and supported. Participants spoke particularly about the importance of BYS supporting foster carers to grieve the loss of the child who moves from their care. In comparison to mainstream practice, participants shared how the role of the foster carer is valued and celebrated in BYS. Participants felt that it is novel for people to be looked after during transition work, and that BYS sees that in taking good care of the adults, they will be freed up to take good care of the children throughout the transition.

*“For the adults involved, it's also a much healthier way to develop those new relationships and for the foster carer or whoever they're moving from for that transition to happen to. [It's a] much healthier way for them, because their grief is permitted and acknowledged...”- Cariad, facilitator*

*“Actually, I think it humanizes and provides a sense of empathy and understanding for the foster carer and their sense of loss...” – Eliza, facilitator*

### The System Requires a Therapeutic Lead

A BYS practitioner was seen as an additional role in the child's system, and one who could take the position of a therapeutic lead. It was acknowledged that being in a lead position can bring challenges at times in terms of tensions arising about who holds power in the system, and the feeling of sometimes *"stepping on people's toes"* (Harmony, facilitator). Having someone holding the therapeutic aims and child's needs at the centre of the transition was commonly seen as a vital role, but nevertheless, there is a potential for this role to feel overwhelming. Thus, receiving clinical supervision (which is standard practice in BYS) was often thought as very valuable in terms of offering containment and support to the lead practitioner, who then is better able to support the system.

*"And that position of being, advising everybody, listening to everybody. That's really crucial. To stop it all pulling. Otherwise, it's like it's like having five terriers pulling on a big rope and they're all going in different directions .... But you kind of need to be able to go "OK, guys. Just have a minute. What have we just been talking about?" And calming it down, slowing it down, looking after people.... Because they need to be in good shape." – Harmony, facilitator*

### Resistance as an Opportunity

All participants spoke about the high level of resistance and conflict that can present in transition work, due to the level of anxiety and hope in the system about the transition being successful. Participants shared that a strength of BYS is its view of resistance as something to be approached and explored non judgementally, rather than avoided. By increasing understanding of other perspectives in the system, participants felt that BYS was able to reduce splitting and blaming, and increase cohesion. Participants felt that as systems become less organised around the adults' anxieties, they become more child-centred, and

less outcome driven. Working sensitively with resistance was seen as uniquely different to mainstream practice.

*“That part about containing the adult dynamics and helping everybody stay focused on the child is the bit that is so absolutely crucial, but so difficult, and it's like there's this constant pull away from that, this kind of avoiding urge to make it all nice and not pay attention to all of the really, really difficult feelings in there and just kind of go back to, “Isn't it exciting? You're going to be getting a lovely new family.”” – Cariad, facilitator*

*“I think our role is to try and get alongside that resistance and really understand it” – Justine, facilitator.*

### **3. BYS Sees Transitions as ‘Holding the Child at the Heart’ of Practice**

#### *Connecting with the Child’s Emotional World*

BYS was seen as unique in how it holds the *“rawness of the child’s emotional experience”* (Justine, facilitator), throughout the transition. In hearing, naming and validating the painful and complicated feelings children experience when they move families, it was felt that BYS supports children to process their emotional experience rather than compartmentalise, shut down or avoid them. The impact of this was described as freeing children up to share and seek support for their feelings, rather than attempt to protect the adults by hiding them, which was seen as being commonplace in mainstream transitions. BYS sees children being ‘difficult’ as a good sign and an opportunity, rather than a sign that the adoption won’t work.

*“I think the other thing that BYS does, is to say the unsaid things. So, allowing children to say “I don't want to go. Why can't I stay?” Children are so powerless. I mean, you know, they don't get a say in adoption .... I think allowing children to say “I*



*don't wanna go. Why can't I stay here with you? Why don't you love me enough to keep me?" And to be able to ask those difficult questions." – Ali, receiver.*

### Focus Remains on the Child's Needs

Participants felt that BYS is unique in the way it focuses on the child's needs and experience centrally throughout the transition process. BYS practitioners were described as being less focused on the adoption working, rather it being done in a way that is right for the child. Participants felt strongly that this gives the child a voice and a sense of agency over their experience. Remaining child-focused meant that thoughtful and careful transitions in BYS allowed the process to be sped up or slowed down according to the child's needs. BYS sees that children often need to be prepared much sooner than might traditionally be expected. Participants shared that a common challenge in BYS is that focusing on the child's needs can often feel uncertain and unfamiliar to the adults in the system, causing increased anxiety about whether the transition will be a successful one.

*"And using this [BYS model] you want to show them [children] that there is another way. Where everyone is carrying them. Everyone is like holding them carefully and thinking about everything and not rushing it and making sure this is gonna be as good as possible in the long term." – Harmony, facilitator*

*"Actually, no, I don't think that he's ready for that. Take it back a couple of steps." Because children tell us when they're ready for things, you just have to see them." – Ali, receiver*

### Holding a More Honest Narrative about Adoption

BYS was described by participants as holding a more honest narrative to the “*train of joy and happiness*” (Harmony, facilitator), that often surrounds adoption transitions. BYS is seen to acknowledge that transitions occur because a “*terrible thing*” (Bethan, receiver), has happened in the child’s first family, and therefore space needs to be held for the entire complex mix of feelings surrounding adoption. Participants spoke about the importance of naming these feelings, so that the child is not left alone to cope with these experiences by themselves.

*“People get stuck on it [adoption transition] being nice, and they want it to be cute and lovely. Well, I'm more interested in this: “How is that gonna sit with them [child] for the rest of their life?” Kids aren't really interested in cute. I think it's the grown-ups that enjoy the kind of cuteness.” – Harmony, facilitator*

*“[BYS] supports parents to say “it doesn’t have to be all sunshine and rainbows and your happily-ever-after” because we all know it’s not like that” – Naomi, facilitator*

#### **4. BYS Acts Like ‘Ripples in a Pond’**

##### *Influence at the Wider System Level*

Participants commented on the breadth of influence BYS has had on how adoption services approach transitions. It was felt that experiencing one BYS transition can have “*ripple effects*” (Justine, facilitator); initially influencing a single transition, then the professionals’ wider practice, later impacting on their team, who take on some of the principles of BYS, and eventually reaching management level. It was also felt that principles of BYS can also ripple out into the child’s wider community (e.g., school). Practitioners shared that they often want to help disseminate information to others when BYS has felt useful for them.

*“Once you've got teams that are invested and you've got social workers that are seeing the value in it [BYS model], it starts to filter up then because they're saying to their team managers, “this is the way we need to be doing it” and so I think that culture then just keeps going up and up and up.” – Eliza, facilitator*

### *BYS becomes Integral to Clinical Practice*

BYS was described as becoming integral to wider clinical practice, often influencing how practitioners thought about how to support transition work generally. BYS was also seen by some participants as a ‘skilling up process’; increasing confidence and competence in how to support effective transitions for children. The impact on foster carers’ wider practice was mentioned specifically; BYS was described as increasing their ability to therapeutically parent, connect with children’s emotional world, impacting the way they thought about transition work, and impacting positively on how they go on to care for other children over time.

*“I really do draw on the principles of the BYS for all placements that I personally do, I guess because it's in my mind more and I absolutely think all children should have some form of transitional plan and sort of a BYS model for all placements really.” – Bethan, receiver*

*“And you know when we've had conversations, she [foster carer] has really found it [BYS] beneficial, has talked to other people about the benefits of it.” – Clara, facilitator*

### *Influence Happens Over Time*

Ripple effects take time, and participants felt that people generally come alongside BYS over time and exposure. It appears common for people receiving BYS to feel uncertain initially, but then after one transition experience are often much more prepared to do transition work in this way again. This experience also seemed to apply at the wider service level, and BYS was described as becoming less controversial as mainstream practice has become more attachment-informed in itself. Participants spoke about how some people may find it harder to use BYS than others, and this may relate to previous experiences of being unsupported by services during transition work, or feeling apprehensive regarding the emotional demands of BYS. Participants shared that adoptive parents may understandably wish to “hurry through” (*Justine, facilitator*), the transition process, as they have often been waiting so long for their child.

*“Often you kind of get the sense that maybe initially they feel like they can't wait to get rid of you, but often we end up working with them after BYS, or extending work with them, so I think they do realise that they find it helpful.” – Naomi, facilitator*

## **5. BYS Seen as an Investment in Placement Stability**

### *More Integrated Transitions*

Participants highlighted a strength of BYS in that it supports more integrated and coherent transitions for children and their systems, which focuses on the quality of relationships as evidence of a successful move. BYS was described as providing a reparative transition experience for children who have already experienced significant loss, change and relational trauma. Further, BYS was seen as a more emotionally healthy way to move families that protects against some of the impacts of trauma caused by the transition. BYS was seen as supporting a “change” in relationships “rather than it being an ending” (*Eliza, facilitator*), in

that children were supported to take the time to get to know their new caregiver whilst remaining held by their current attachment figure. A powerful benefit of BYS was seen to be the encouragement of a continued relationship between the child and their previous caregiver, that does not cease once the child has been adopted. BYS was seen as supporting children to develop a coherent narrative of their story and moves between families. BYS was described as providing a consistent thread throughout placements for a child and their system.

*“We ask children to do a massive thing, and the way that we do it can compound and cause significantly more trauma .... There isn't a way to alleviate the trauma. I think moving families is gonna be traumatic, however it happens, because that's the nature of it. But I think it can significantly protect against some of the impacts of that trauma. It can lead to significantly more resilient relationships.” – Cariad, facilitator*

### Preventative Intervention

BYS was consistently described as an investment in placement stability; setting up the child's attachment relationships during a transition was seen as having a lasting impact on the rest of the child's life. Participants felt that by starting the relationship off in a stronger position, children would be less at risk of placement breakdown and associated placement challenges. BYS was also seen to skill up adoptive parents to care for their child in the long-term; reducing the post-placement support needs of adoptive families. Additionally, participants felt that the unique role of the BYS practitioner allowed them to flag up potential future issues in a placement early on, and in spite of the associated tension, naming when a transition is not working for a child. BYS was seen as improving long-term stability outcomes for children, especially for, but not limited to, those who have already

moved families many times and were seen as being at high risk of adoption breakdown.

Participants experienced in using this model described positive long-term outcomes of BYS for children and their families.

*“I think this way of doing transitions would lead to less adoption breakdowns.” – Mel, facilitator*

*“[BYS] gives them the tools and the understanding to manage as a family.” – Naomi, facilitator*

### *BYS “Should” be Applied Widely Across Social Care*

All participants spoke passionately about how BYS should be applied more widely across social care settings; both in terms of becoming standard practice for all adoption transitions, but also in how the model could be applied and adapted for all children who need to move families. Some participants felt that the flexibility of the model means that BYS could offer a better-quality transition for children across a range of care settings. Participants felt that BYS could help particularly with careful thinking around how to move children sensitively in unplanned or emergency moves of care, and how to support children to remain in contact with important people they’ve had in their lives. Participants spoke about how although BYS is needed across the board, limited resources in social care were seen as a significant barrier to this being implemented.

*“it’s only the really complicated cases that you can kind of argue it for, just a real shame.” – Eliza, facilitator*

*“It is also massively useful for breakdowns, sudden breakdowns .... particularly at time where everybody is distressed and everybody is in chaos. Kind of even acknowledging the importance of a broken-down relationship.” – Clara, facilitator*

## **Discussion**

The aim of this qualitative study was to explore practitioners’ experience of adoption transitions using the By Your Side intervention, in order to inform further development of the intervention, and to provide recommendations that may be of interest to clinicians, professional bodies, and researchers.

The findings of this paper support the current literature which highlights the importance of child-focused transitions, that ‘hold’ the child throughout the process, and do not involve abrupt moves or abrupt endings to key relationships (Lanyado, 2003; Neil, Young & Hartley, 2018). Holding the child at the heart of transition practice was identified as a key theme of the current study. The BYS intervention was seen as unique in making sure transitions were done in a way that is ‘right’ for the child. Remaining child-focused meant that transitions, that were thoughtful and careful, could be sped up or slowed down according to the child’s needs. Further, a benefit of BYS was seen to be the encouragement of a continued relationship between the child and their previous caregiver, that does not cease once the child has been adopted. A key role of the BYS practitioner was seen to act as a “*bridge*” between the child’s previous placement and adoptive home, supporting integrated, attachment-informed transitions where the child is less likely to feel alone or abandoned.

A key paper that has been written into best practice guidelines for adoption transitions is “The Children Were Fine” (Boswell & Cudmore, 2014), which highlights the

need for children's emotional experiences to be attended to during the transition process. Findings in the current study strongly support that of Boswell & Cudmore (2014), in that BYS was seen to hold the "*rawness*" of children's feelings throughout the transition, enabling children to process their emotional experience rather than compartmentalise or avoid in an attempt to cope. In holding a more honest narrative to the "*train of joy and happiness*" that often surrounds adoption transitions, BYS was seen to allow children to share how they are really feeling, rather than attempt to protect the adults by hiding their experience.

Previous literature has included discussions about the need for transitions to be therapeutic in nature (Burnell, Castell and Cousins, 2009; Boswell & Cudmore, 2017), and draw attention to the importance of caring for the carers, developing a shared psychological understanding of the child, and, having a therapeutic practitioner lead the system around the child. A key theme in the data of the current study that builds on these findings is that relationally healthy and cohesive systems support good quality transitions. Findings draw attention to the need for the system around the child to work as a team, and in order to do this effectively, systems need the following support: 1) the need to take good care of the adults and their own emotional experiences; 2) the need for a therapeutic lead to hold the therapeutic aims and child's needs at the centre; and, 3) the need to approach and explore resistance in the system in a curious, sensitive and non-judgemental manner.

Despite existing evidence for supporting the child psychologically during transitions, research suggests this is often not prioritised in practice, and there remains a disparity between the knowledge base around the making and breaking of attachments in childhood, and the way that children and infants are moved from foster care to adoption (Boswell & Cudmore, 2017). Findings from the current study may offer new insight into bridging the



gap between theory and practice, offering possible ideas about how and what makes a transition successful. Findings highlight that BYS is seen as a 'best practice' approach to adoption transition; viewed as an accessible intervention described as making "*complete sense*" to practitioners. A strength is in the strong therapeutic framework that underpins BYS; which was described as offering containment, structure and confidence in how to move children successfully. BYS was also seen to act like 'ripples in a pond', influencing wider clinical practice regarding transitions through repeated exposure to positive outcomes and feedback from families and practitioners. The findings in this study also offer a possible explanation for the gap between theory and practice; participants consistently highlighted the conflict between available resources in underfunded social care services, making it difficult to invest in the time, effort and funding that is required to offer good quality transitions for children.

Finally, this research study offers support for the potential impact of a 'successful' transition on later placement stability for adopted children, although longitudinal quantitative and qualitative research, including seeking the views of adopted children and their parents, is required to fully examine the long-term outcomes of the BYS intervention. BYS was consistently described as a preventative investment in placement stability, and as providing a more integrated, reparative experience for children moving to a new family. BYS was also suggested to protect against some of the impacts of trauma caused by the transition. These findings support thinking around developmental trauma and how repeated experiences of healthy relational interactions promotes healing, development and can act as a 'buffer' following trauma and loss (Ludy-Dobson & Perry, 2010).

### **Strengths and limitations of the current study**

There were several strengths of the study. Firstly, there was attention to the positionality of the researcher. The 'insider' position poses challenges for the researcher, including the need to avoid assumed understanding, ensure analytic objectivity, and manage any emotional activation to the material. However, an 'insider' researcher can bring advantages to the quality of the research (e.g., supporting rapport, and thus enabling collaboration and stories rich in data), and for the purpose of this study these benefits were thought to outweigh the challenges. Strategies to address the challenges of an 'insider' researcher were implemented (e.g., participant 'probing', researcher reflexivity, review by an 'outside' researcher, identifying the risk, and, making the study aims clear), as suggested by Blythe and colleagues (2013), and thus, increasing the validity of the findings in this study.

Secondly, a strength of this study lies in its ecological validity. Using a semi-structured interview encouraged the use of participants' own discourse and prose, although it is important not to assume that an interview wholly represents a person in their 'real life' setting (Fine & Gordon, 1989), especially when they were completed remotely (Johnson et al., 2021). Thirdly, the sample size was deemed to be sufficient (Ando, Cousins & Young, 2014) and the sample was representative of the adoption workforce involved in therapeutic transitions.

One of the limitations of this study was that this paper could have better supported transferability of the findings. Providing a 'thick description' of participants' contexts would have supported the concept of 'transferability' by allowing readers to make a decision about whether results are applicable to other settings (Curtin & Fossey, 2007; Korstjens & Moser, 2017). Secondly, participants were a self-selected sample, half of whom were employed by the service who developed BYS, increasing the risk that those participants were biased

towards reporting positive experiences of the BYS model. Because BYS is a recently-developed approach, it was unavoidable to include those employed by the original service that developed BYS in order to achieve a sufficient sample size to support this research; however, the sample still included 50% of participants who had no formal ties with that service. With these potential bias issues in mind, the researcher paid particular attention to probing for perceived challenges or weaknesses of using the BYS intervention at interview, and, ensured the representation of themes across all participants during data analysis and write up. Further, the potential risk of bias issues in this study were thought to be outweighed by the need for research into novel approaches in the area of adoption transitions to inform practice.

### **Implications of the findings**

Findings indicate that in the views of practitioners working in the field, the BYS intervention offers best practice guidance for how to move young people successfully to adoption.

Findings suggest that the flexibility of the intervention means that BYS could potentially offer a better-quality transition for children across all adoption transitions, as well as a range of social care settings (e.g., short- and long-term foster care; residential and secure care; special guardianship order; edge of care; education transitions; and, return to birth family). Results imply that BYS could help particularly with careful thinking around how to move children sensitively in unplanned or emergency moves of care, and how to support children to remain in contact with important people they've had in their lives following transitions.

In spite of these findings, challenges to implementing BYS remain and wider thinking is clearly needed regarding access to adequate resources for such specialist interventions.

Results implied that funding and enough time to, a) develop the skill and confidence both as a facilitator and receiver, and, b) undertake a BYS transition, is often hard to access within the current context of under-resourced children's social care services. As a result this has left some participants feeling frustrated and hopeless about how to provide this level of intensive support to adoptive children moving to their new families, which they indicated is so clearly needed. Findings also suggest that having clinical leadership and access to supervision throughout a BYS intervention was a key element of making BYS feel like a "best practice" approach to adoption transition. However, this further compounds the resources needed for a BYS transition; leading the researcher to question how the quality of this intervention can be retained whilst access to resources are likely to remain inadequate?

At least one other model of adoption transition currently exists (UEA Moving to Adoption model, Neil et al., 2018) as well as additional practice recommendations (i.e., Family Futures practice guidelines, Burnell, Castell & Cousins, 2009). It is important to ascertain how BYS differs to these interventions, and how what it offers may be similar or different. One clear contrast is that the UEA Moving to Adoption model does not specify the need for a therapeutic lead or clinical supervision as part of the transition process. Whilst this may indicate reduced rigor and quality in the UEA model, it may also make it less resource intensive, and therefore increase its applicability in the current social care climate in comparison to BYS. Some participants were unaware of alternative models of adoption transition, and therefore the researcher cannot be clear about how prior knowledge of the UEA model for example, may have changed their views of BYS. This indicates the need for future research which compares the perceived strengths and challenges of BYS with other models of adoption transition.

## Recommendations for practice

Based on the results of this qualitative study, the following principles and recommendations are indicated as being worthy of being included in transition practice for children moving families across settings and contexts:

- Holding the child's needs at the centre of the transition.
- Adults remain child-led but take charge when needed (e.g., changing pace of the transition where the child's needs indicate this).
- The importance of validating, respecting and naming the child's worries and fears.
- Preparing the child so that they understand that they are moving family (e.g., supported by structure, routine and ritual and a clear, coherent narrative about the transition).
- The importance of supporting a child to psychologically integrate all of their families and people important to them.
- Key attachment figure(s) remain by the child's side at all times.
- The importance of supporting the child's current attachment relationship(s) during and after the transition.
- The importance of helping the child and their new attachment relationship(s) learn how to connect together.
- For a therapeutic/lead practitioner to act as a bridge between current and future attachment figures and facilitate a psychologically informed environment.
- The importance of hearing all voices in the system around the child.
- Facilitating good relationships between current and future attachment figures.

- The therapeutic/lead practitioner needs to be psychologically supported to sit with distress, difficult emotions, and the relational dynamics that surround transitions in looked after children's services.
- Therapeutic training and expertise (e.g., Theraplay, DDP, sensory attachment intervention) underpins the approach and skillset that is required to facilitate transitions within and out of the looked after children system.
- The importance of supporting the adults which helps the adults to support the children.
- The importance of saying the unsaid things and naming the elephant in the room.
- Conflict in the system is to be expected due to the emotional load and complexity of transitions in adoption and looked after children's services, and safe, reflective and open spaces facilitate dialogue.

## **Conclusion**

Health and social care practitioners conveyed that transitions that are child-focused and therapeutic in nature impact can positively on placement stability for adopted children. Despite this, there remains a disparity between the knowledge base and practice, with a lack of information regarding how best to facilitate transitions between the looked after children system and adoption. Findings from the current study suggest that the BYS intervention builds on previous literature, and offers a clear framework to guide practitioners in facilitating 'best practice' adoption transitions. Implications for practice are offered, including how practitioners can apply BYS preventatively, across a range of children's social care settings. Challenges to good practice remain, including access to adequate resources. Further research, including experimental designs that can test the efficacy of the BYS intervention against other existing models, and gathering the

perspectives of adopted children and their parents, are needed to understand longer-term outcomes.

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## Appendices

Appendix A: Manuscript Submission Guidelines: Children and Youth Services Review (target journal for paper one)

### GUIDE FOR AUTHORS

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#### *Your Paper Your Way*

We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article. **To find out more, please visit the Preparation section below.**

#### INTRODUCTION

*Children and Youth Services Review* (CYSR) is an interdisciplinary forum for critical scholarship regarding service programs for children and youth.

#### *Types of Paper*

The journal publishes full-length articles, current research and policy notes, and book reviews. There are no submission fees or page charges.

#### *Submission checklist*

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

#### **Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

*Manuscript:*

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)

*Supplemental files* (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including theInternet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed

- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

## **BEFORE YOU BEGIN**

### **Ethics in publishing**

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#). All manuscripts that deal with human subjects must be accompanied by an Institutional Review Board (IRB) or Ethical Committee Approval, or the national or regional equivalent in your geographic area. The name of the Board or Committee giving approval and the study number assigned must accompany the submission.

#### *Human and animal rights*

If the work involves the use of animal or human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects> EU Directive 2010/63/EU for animal experiments [http://ec.europa.eu/environment/chemicals/lab\\_animals/legislation\\_en.htm](http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm); Uniform Requirements for manuscripts submitted to Biomedical journals <http://www.icmje.org>. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

### **Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. [More information](#).

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The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

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Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright holder. To verify compliance, your article may be checked by [Crossref Similarity Check](#) and other originality or duplicate checking software.

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### **Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

## **Reporting sex- and gender-based analyses**

### **Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/ sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research \(SAGER\) guidelines](#) and the [SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

### **Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [resources on this page](#) offer further insight around sex and gender in research studies.

### **Author contributions**

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Appendix B: Manuscript Submission Guidelines: Journal of Clinical Child Psychology and Psychiatry (target journal for paper two)

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**Arpita Bhattacharya:** [arpita.bhattacharya@sagepub.in](mailto:arpita.bhattacharya@sagepub.in)

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## Appendix C: Prospero Registration

CRD-REGISTER <irss505@york.ac.uk>

To: Romi Barrett  
Wed 23/11/2022 12:19

Dear Mrs Barrett,

Thank you for submitting details of your systematic review "The experiences of parents and children who have lived through adoption breakdown: a systematic review" to the PROSPERO register. We are pleased to confirm that the record will be published on our website within the next hour.

Your registration number is: CRD42022370712

You are free to update the record at any time, all submitted changes will be displayed as the latest version with previous versions available to public view. Please also give brief details of the key changes in the Revision notes facility and remember to update your record when your review is published.

Comments and feedback on your experience of registering with PROSPERO are welcome at [crd-register@york.ac.uk](mailto:crd-register@york.ac.uk)

Best wishes for the successful completion of your review.

Yours sincerely,

Lesley Indge  
PROSPERO Administrator  
Centre for Reviews and Dissemination  
University of York  
York YO10 5DD  
e: [CRD-register@york.ac.uk](mailto:CRD-register@york.ac.uk)

PROSPERO is funded by the National Institute for Health Research and produced by CRD, which is an academic department of the University of York.

## Appendix D: Systematic Review Search Strategy

Full search details for PsychInfo:

Line	Search Term	Results
1	adopt*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	110650
2	child*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	879243
3	teen*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	25824
4	adolescen*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	507214
5	young person.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	1579
6	young people.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	33957
7	infan*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	137549
8	2 or 3 or 4 or 5 or 6 or 7	1220973
9	breakdown.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	8001
10	break* down.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	3379
11	disrupt*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	77958
12	discontin*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	23157
13	dissolution*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	3733
14	dissolved.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	1026
15	displace*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	16595
16	9 or 10 or 11 or 12 or 13 or 14 or 15	131579
17	1 and 8 and 16	970



Appendix E: Meta-ethnography – Example of Data Extraction

**Study title: “Failed” Matches, Child Removals, and Disrupted Placements: Devastating and Invisible Losses During the Family-Building Journey for LGBTQ Adoptive Parents**

**Authors: Goldberg & Allen (2022)**

Objective: The purpose of this qualitative study was to explore the experiences of LGBTQ parents who have experienced “failed” (i.e., unsuccessful; disrupted) domestic adoption placements.

Themes:

1. Experiencing a heart-breaking loss
2. The added sting of judgement and stigma
3. Isolation
4. Shifting course, taking a break or jumping back in
5. What helps to move forward
6. Multiple losses and trauma

Themes (key concepts)	Participant quotes (first order constructs)	Primary author interpretations (second order constructs)
Experiencing a heart-breaking loss	<p>“We were gutted . . . and experienced months of pretty acute grief.”</p> <p>“It felt like we had a miscarriage. [It was] devastating.”</p> <p>“It was really one of the worst experiences of our lives. I didn’t think our marriage was going to make it. We knew the risks going into the foster to adopt process but it was so hard after we lost our first placement (preemie girl, we had her for 11 months)”</p> <p>“Friends treated it much as a miscarriage and grieved with us. It’s confusing to mourn a child who isn’t dead.”</p>	<p>“Described the experience as “crushing,” “devastating,” and “heart-breaking.” Very few described it less intensely”</p> <p>“Despite the reality that they did not actually lose a child to miscarriage or stillbirth, most described the failed match as a profound loss in the sense that they had anticipated, planned for, and loved a specific child.”</p> <p>“Many also described this as “devastating,” “horrible,” and “sheer hell—anxiety-provoking, sad, and discouraging””</p>
The added sting of judgement and stigma	<p>“Within weeks of the expected birth, our birthparent decided she didn’t want us to adopt her child and selected a different adoptive family. We had thought things were going smoothly so this came out of left field . . . It was crushing and devastating . . . and it robbed all of our confidence.”</p>	<p>“Some participants suspected that their matches or placements fell through in part because of systemic bias against them”</p> <p>“Indeed, the fear that they would not be chosen because they were LGBTQ</p>

	<p>“Looking back at it all, it was hard . . . I think I held my breath through the whole adoption process. There was always this underlying fear that no one would want a gay couple.”</p> <p>“Her behaviours were extreme and I decompensated in terms of my mental health—badly. I felt so much guilt about disrupting because I knew that if anyone could be a home for that child, it would be me, and if I couldn’t handle it, it meant that she would be in the system forever.”</p>	<p>lingered beyond their initial failed match.”</p> <p>“These disrupted placements existed not only as a devastating loss, rarely acknowledged in society, but also one marked by stigma wherein not being able to “handle” a child may be regarded as a poor, insufficient, or unethical reason for deciding not to parent.”</p> <p>“Participants’ sense of aloneness and stigma, with little socialization process or support system in place to guide them, adds a depth to their suffering, of which health care providers need to be aware”</p>
Isolation	<p>“It was crushing. I took a week off work and asked my boss to spread the word that the adoption had fallen through and I did not want to discuss it at work.”</p> <p>“It was completely devastating. We decided to flee the country and everyone we knew so nobody would ask us about it and we could just get away”</p> <p>“The loss was intense but didn’t have a name or a formally acknowledged grieving process. No work leave, no one knowing how to respond to our grief, no clear symbol like a grave to acknowledge the loss,”</p>	<p>“When the match was disrupted, they felt intense humiliation and shame associated with “walking back” their announcements, telling employers that they were in fact not about to become parents (and did not need parental leave— although they often needed some type of “grief” leave), and telling friends and family that the adoption “did not work out.” This type of “emotional labour” (as one participant described it) was unsettling and painful amid such a recent loss.”</p> <p>” Many spoke to the invisibility of their loss and grief, and the fact that in the aftermath of their loss, there was no awareness or recognition that they might need time or structural supports to facilitate the processing of such grief”</p>

<p>Shifting course, taking a break or jumping back in</p>	<p>“It made us more cautious and anxious with both of the matches and adoptions for each of our children. Even though we knew the possibility of a disruption/disappointment, having experienced it changed how we handled matches in the future.”</p> <p>“Take time out from the process because it was so devastating.”</p> <p>“Get right back in there.”</p>	<p>“Some highlighted how the “crushing blow” of the failed match ultimately shaped how they proceeded in the family-building process.”</p> <p>“A few thought about dropping out of the adoption process altogether”</p> <p>“impacted them insomuch as they made changes to the type of placements they were open to and/or would accept in the future”</p> <p>“A few participants, however, said that they did not take a break at all from the process”</p>
<p>What helps to move forward</p>	<p>“It helped, over time, to acknowledge that she was being raised in love by her father and would be amazing even without us.”</p> <p>“My cousin was a strength for us. She had had a miscarriage before. And she basically gave us her experience, and we saw a lot of parallels. Family grieved with us. We had each other. . . . When the world is always against you, it’s your family (both actual family and the friends you chose to be family) that get you through it.”</p> <p>“It was a devastating experience, but what helped me was my drive to provide a child a permanent home.”</p> <p>“It was one of the most awful things we’ve experienced. We were only able to move on after a subsequent successful adoption.”</p> <p>“[I’m] so grateful to maintain contact with him and his mom. Even though parenting him was hard, he lived with us from aged 12-15 and losing him after 3 years was heart-breaking.”</p>	<p>“Connecting with people who had experienced reproductive and other minimized losses, as well as engaging with resources about loss and grief, enabled some participants to experience validation and comfort amid the painfulness of their failed matches.”</p> <p>“Some emphasized that time and the hope or knowledge that “there is a child waiting for us” allowed them to continue on.”</p> <p>“Yet, some participants explicitly noted that they never felt they could move on from the loss until they were placed with the child whom they ultimately parented. For them, they could not heal from the heartbreak, loss, and longing of a failed match until they were in fact a parent”</p> <p>“Some of those who experienced child removal</p>

		<p>and/or disrupted placements said that the healing process was facilitated by the fact that they maintained contact with children who had once been in their care”</p> <p>“These prospective parents are crushed, but also survivors, utilizing their material, emotional, and social support resources to move forward with their lives”</p> <p>“Their desire for a child, but also their efforts to put children’s well-being first, is part of this process”</p>
<p>Multiple Losses and trauma</p>	<p>“I tried unsuccessfully to get pregnant for close to 4 years. We were getting sperm from a friend, then did doctor assisted donor insemination, then donor sperm, and lastly donor embryos. We really just wanted to be parents.”</p> <p>“Had several miscarriages . . . tried IVF, etc.,” before finally turning to adoption.</p>	<p>“Their adoption loss was compounded by the stressful losses associated with their prior reproductive journeys”</p> <p>“Such experiences underscore the reality of prior reproductive losses that may amplify or impact participants’ experiences of losses along the adoption journey.”</p> <p>“One of the most important insights from this study is for prospective parents and the professionals who work with them to deconstruct the romanticized narrative of easily becoming a parent, when it can, in reality, and as revealed in our participants’ experiences, include many hidden losses and unanticipated emotions and setbacks.”</p>

## Appendix F: Meta-ethnography Step 4 List of Themes

### **Bloomquist (2015) – parents**

1. Experience of compound loss
2. The broken social contract
3. Attribution
4. Long term effects of disruption
5. Resolve
6. The 'through-ness'

### **Bowman (1995) – children**

1. Roles in family systems
2. Confusion and conflict
3. Separation and loss
4. Mourning and grief
5. Trust and permanence
6. Choice and control
7. Uncertain future
8. Future plans

### **Goldberg & Allen (2022) – parents**

7. Experiencing a heart-breaking loss
8. The added sting of judgement and stigma
9. Isolation
10. Shifting course, taking a break or jumping back in
11. What helps to move forward
12. Multiple losses and trauma

### **Kim (2022) – children**

1. Legal permanency
2. Residential permanency
3. Relational permanency
4. Cultural permanency

### **Lee (2018) – parents**

1. Expectations of the adoption
2. Deeply troubled by the disruptive behaviours
3. Attempted solutions
4. Defeated, frustrated, angry
5. The emotional pain after the dissolved adoption
6. Paradigm shift of the marriage and family system
7. Grieving
8. Stigma, judgement

### **Lyttle, McCafferty & Taylor (2021) – parents**

1. Child aggression, control and risk taking
2. Search for identity
3. Preparation, matching and placement
4. Support
5. Investigation
6. Legal aspects
7. In care
8. Emotional impact
9. Relationships
10. Work
11. Reflections on adoption
12. Stigma, judgement

### **Schmidt (1988) – parents**

1. Problems with attachment
2. Difficulties letting go of birth families
3. Expectation of a less difficult child
4. Infertility issues
5. Gaps in history
6. Importance of worker expertise and support
7. Emotional impact

### **Selwyn (2014) – parents**

1. Build up to disruption
2. Support
3. The move
4. Return to care
5. Impact of disruption
6. Missed opportunities for reunification
7. Parental involvement in care planning
8. Parents reflections on adoption support services
9. Loss and grief
10. Advice to prospective adopters

### **Selwyn (2014) – children**

1. Adoptive family life-the early years
2. Bullying
3. Reasons for leaving the adoptive family
4. The move away from home
5. Living away from home
6. Support

7. Talking and thinking about adoption and adoptive parents
8. Describing adoptive mothers and fathers
9. Talking and thinking about birth families
10. Young people's advice to prospective adoptive parents
11. Young people's advice to a child about to be adopted

**Valentine, Conway & Randolph (1987) – parents**

1. Pre placement preparation
2. Matching
3. Lack of information
4. Attachment and bonding
5. Resolve
6. Relationship with professionals, agencies
7. Reasons to end the adoption
8. Greif and loss
9. Moving on

**Verbovaya (2018) – parents**

1. Deception
2. Stigma and hypocrisy
3. Preservation efforts
4. Fear
5. Varying levels of social/emotional support
6. Adoption system flaws
7. Gap in pre-adoption services
8. The turning point
9. Consequences of the disruption
10. Need for improved adoption practices
11. Advice to parents going through disruption

Appendix G: Meta-ethnography Step 5 Section of Translation Table for Conflicted Sense of Self and Identity theme

Descriptor	First order data (participant quotes)	Second order constructs
Conflicted Sense of Self and Identity	<p>“I had life storybooks full of stuff about her. I started running away at about 9 years old. They treated me differently than my brothers so I used to try and run away. I thought they gave them more attention and were kinder to them. She [birth mother] wouldn’t have been able to look after me because she was depressed and had a breakdown when we were took off her ... but I wanted to find her and be with her ... That was my instinct then ... be with her.” (Selwyn et al, 2014)</p>	Loyalty to birth mothers; a deep longing to find/be with them (Selwyn et al, 2014)
	<p>“When you have to go to court and they say, “Do you want them to be your new mummy and daddy?” I can always remember that day. I couldn’t say “Yes” and I couldn’t say “No.” My brother and sister said “Yes.” I went blank, but I had this teddy in my hands and I was shaking it to say “No”... but they just thought I was playing with it.” (Selwyn et al, 2014)</p>	Not wanting to be adopted (Selwyn et al, 2014)
	<p>“By 10 years from now, Cindy expects to be living with or near her mother and sister.” (Bowman, 1995)</p>	Longing for reunification with birth families (Bowman, 1995)
	<p>"I don't want to make her mad because I really want to have contact. 'Cause she's got my sister and my sister is everything to me and I don't want to lose that with her." (Bowman, 1995)</p>	Longing to reconnect with birth siblings, hard to talk about birth family (Bowman, 1995)
	<p>“And they let my adopted sister from Ethiopia go and I’ve been trying to track her down, actually. But because she was a minor, I can’t get a hold of the records.” (Kim, 2022)</p>	A need to connect/reconnect with birth siblings (Kim, 2022)
	<p>“I saw my real mum for the first time. It was set up by SSD ... I was 15 ... Made my feelings worse, after I’d seen her; it brought back memories I never knew. I went to talk to my adoptive parents [but we weren’t getting on] and I physically needed someone that day ... but I never got that ... I got “Go to your room.” So, I kicked off and was gone.” (Selwyn et al, 2014)</p>	Attempts to find birth families (Selwyn et al, 2014)
	<p>“Brilliant, they’ve always been really forward ... with information, and just wanting to talk to me about it and stuff. I did ask a couple of times, but there’s a lot of things they didn’t know about...but there was quite big things that they didn’t know about.” (Selwyn et al, 2014)</p>	Thirst for information (Selwyn et al, 2014)



	<p>“Talking about my mum to her, I feel like she will feel bad, because she knows she’s not my real mum and it will remind her.” (Selwyn et al, 2014)</p> <p>“There’s just one person I never want to see until the day I died and that’s my birth dad” (Selwyn et al, 2014)</p> <p>“And we were separated from our other two brothers and we are trying to build those bridges back again but it’s so hard. I’ve missed so much of their lives ... my brother is like “Do you remember when...?” I go “No I wasn’t there.”” (Selwyn et al, 2014)</p> <p>"I didn't really care because she just left me and didn't never come back. But I still love my mom."</p> <p>“It’s weird because people say that you don’t usually get contact [with birth family] when you’re adopted, but I do with my grandmas. It’s really nice actually, to talk to somebody that you’re actually related to” (Selwyn et al, 2014)</p> <p>“If the child tries, let them see their birth family more often but not too much, as it might break the bond. But if they don’t see them enough that might break the bond and then there’s no trust” (Selwyn et al, 2014)</p> <p>“And then what I was really upset about was that my [birth] sister and I went to separate foster homes. So, that was really hard.” (Kim, 2022)</p> <p>“It’s a horrible feeling to be adopted. You already know that you’ve been abandoned once.”</p>	<p>Hard to talk about (Selwyn et al, 2014)</p> <p>Complex feelings; grief, loss, anger, confusion, denial (Selwyn et al, 2014)</p> <p>Longing to reconnect with birth siblings (Selwyn et al, 2014)</p> <p>Limited opportunity to grieve and mourn loss of birth family; Confusion and conflict about where they belong (Bowman, 1995)</p> <p>Need to belong, need for contact (Selwyn et al, 2014)</p> <p>Need adoptive family to support connection to birth family (Selwyn et al, 2014)</p> <p>Loss of siblings and wider family/connections (Kim, 2022)</p> <p>Abandoned by birth family (Kim, 2022)</p>
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Summary of main ideas – longing to find, connect and learn more about birth families, particularly mothers, parents and siblings, conflict about living with a new family leading to rejection of adoptive family, feeling abandoned by birth family, children not well supported to process loss of birth family, complex mix of feelings towards birth family, hard and complicated to talk about birth family with adoptive family, contact with birth family feels important.

## Appendix H: Meta-ethnography Step 6 Reciprocal Translation

### ***Conflicted Sense of Self and Identity theme***

#### ***A deep longing to be with mothers / birth families***

Bowman (1995) results indicated a longing to be reunified with birth families; parents and siblings.

Kim (2022) findings suggested a longing to connect or reconnect with birth siblings.

Selwyn et al. (2014) described loyalty to their birth mothers, and a 'deep longing' to find and be with them, as well as to reconnect with birth siblings. Young people made attempts to find their birth families, and described a thirst for information about them, and their histories. Young people described complex feelings about their birth parents, including grief, loss, anger, confusion and denial.

#### ***Conflict about where children belong***

Bowman (1995) described how young people were not well supported to process the separation from their birth family, and young people generally did not understand why they could no longer live with their family. They felt conflicted about living with a new family.

Kim (2022) identified that some young people felt abandoned by their birth family.

Selwyn et al. (2014) results suggests that young people felt loyalty to their birth family, meaning that they did not want to be adopted or join a new family. For some young people, this led to rejection of their adoptive families, particularly their mother.

#### ***Talking about birth families is complex and difficult***

Bowman (1995) results suggested it can be difficult to talk about birth family, and that adoptive parents need to support young people's connection and belonging to their birth family.

Kim (2022) does not endorse or provide knowledge of this theme.

Selwyn et al. (2014) described that young people were aware of how hard it was for their adoptive parents to talk about their birth families. Despite this, they often longed to talk about them and to be given permission by adoptive families that this was okay to do. Young people recognised that there is a careful balance between not enough and too much. Contact with birth family felt 'really nice'.

## Appendix I: Ethical Approval

psychethics  
To:

• Romi Barrett  
Tue 10/4/2022 2:42 PM

Dear Romi,

The **Ethics Committee** has considered your revised PG project proposal: Exploration of the process, benefits and challenges of delivering the By Your Side model for staff in social care (EC.22.09.20.6616R).

Your revised project proposal has received a **Favourable Opinion** based on the information described in the proforma and supporting documentation.

### Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met:

- You must retain a copy of this decision letter with your Research records.
- Please note that if any changes are made to the above project then you must notify the **Ethics Committee**.
- Please use the EC reference number on all future correspondence.
- The **Committee** must be informed of any unexpected ethical issues or unexpected adverse events that arise during the research project.
- The **Committee** must be informed when your research project has ended. This notification should be made to [psychethics@cardiff.ac.uk](mailto:psychethics@cardiff.ac.uk) within three months of research project completion.

**The **Committee** reminds you that it is your responsibility to conduct your research project to the highest ethical standards and to keep all ethical issues arising from your research project under regular review.**

**You are expected to comply with Cardiff University's policies, procedures and guidance at all times, including, but not limited to, its Policy on the Ethical Conduct of Research involving Human Participants, Human Material or Human Data and our Research Integrity and Governance Code of Practice.**

Kind regards,  
Deborah

School of Psychology Research **Ethics Committee**  
<https://cf.sharepoint.com/teams/InsidePsych/Ethics/>

Cardiff University  
Tower Building  
70 Park Place  
Cardiff  
CF10 3AT

Tel: +44(0)29 208 70707  
Email: [psychethics@cardiff.ac.uk](mailto:psychethics@cardiff.ac.uk)

The University welcomes correspondence in Welsh or English. Corresponding in Welsh will not lead to any delay.

Prifysgol Caerdydd  
Adeilad y Tŵr  
70 Plas y Parc  
Caerdydd  
CF10 3AT

Ffôn: +44(0)29 208 70707  
E-bost: [psychethics@caerdydd.ac.uk](mailto:psychethics@caerdydd.ac.uk)

Mae'r Brifysgol yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi.

***Researchers at the School of Psychology, Cardiff University are looking for social care professionals for research on By Your Side; a therapeutic intervention supporting children transition to adoption or other permanent homes.***

**Time Required:** Approximately 1 hour

**When:** Arranged at a time to suit you (interviews will be held remotely via MS Teams)

**Cost:** You will be given a £10 High Street voucher as a thank you for taking part

**WHO CAN TAKE PART?**

Any social care professional, who has facilitated OR received the By Your Side intervention. This includes psychologists and therapeutic practitioners, social workers and foster carers. For those who have facilitated, you must have completed By Your Side training with The Family Place and accessed clinical supervision to support the implementation of the model. *We advise that during the interview you only hold in mind completed cases, and not families who are currently going through the intervention.*

**WHAT DOES IT INVOLVE?**

We are interested in your experiences of using By Your Side, including your views around the benefits and challenges.

You will be asked to complete a semi-structured interview which consists of around 10 questions.

This will help us to improve transitions for children who cannot live with their family of origin.

**WHAT HAPPENS TO ALL THE INFORMATION?**

All the information provided will be anonymous and only the research team will have access to anonymous data.

**HOW CAN YOU TAKE PART?**

For further information contact **Romi Barrett** at **Barrett4@cardiff.ac.uk**.

We will tell you more about the project and answer any questions you may have.

***Please note, at this point in time, we only need twelve participants. There is a small risk that once you have expressed interest, we may no longer need you to attend an interview. We will do our very best to prevent this from happening, and wish to reassure you that hearing your views and experiences is very important to us.***

## Appendix K: Participant Information Form

### Information Sheet

<i>Title of study:</i>	<b>The benefits and challenges of delivering the By Your Side intervention, with a focus on recommendations for best practice guidance</b>
<i>Project lead:</i>	Romi Barrett, Trainee Clinical Psychologist
<i>Supervisor:</i>	Dr Cerith Waters, Clinical Psychologist
<i>Contact details:</i>	South Wales Doctoral Programme in Clinical Psychology School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT.  e-mail: barrettr4@cardiff.ac.uk  telephone: 02920 874007 (school of psychology – ask to be put through to the clinical psychology programme and leave a message if necessary)

We would like to invite you to take part in this research study to find out about the experiences of professionals who have been involved in facilitating family transitions using the By Your Side intervention, or professionals who have received the intervention.

The interview will take about an hour. Romi Barrett (project lead) will go through the information sheet with you and answer questions you have before the interview begins. Before deciding whether or not you would like to take part, please read the following information about why the research is being conducted and what it will involve.

### **Thank you for reading the information and your interest in the study.**

#### The purpose of this study

By hearing practitioners' experiences this study aims to develop our understanding of how best to meet the psychological needs of children who are unable to live with their birth families and need to reside in a permanent home elsewhere (e.g. adoption, long term fostering, special guardianship order). We are specifically interested in how transitions can be best supported, and how this can inform other services supporting looked-after and adopted children. When all of the information has been put together, Romi Barrett will submit this study as part of their training in Clinical Psychology.

#### Why have I been invited to take part?

You have been invited to take part because you are either a) a professional who has been trained in the By Your Side intervention and have facilitated at least one family transition using this approach or b) a professional who has received the By Your Side intervention. We would like to find out more about what motivated you to use By Your side, your views about the strengths and challenges of using this approach, and how it has impacted on your practice. We are aiming to speak with 12 other people about their experiences also.

### What will happen?

If you agree to take part in this study, you will be invited to a location agreed between yourself and Romi Barrett, the project lead, where the interview will take place. Due to covid-19 restrictions, this may be held virtually. Romi will welcome you and take you to a quiet room / ensure you have access to a quiet space if meeting virtually. Romi will go through the information sheet with you and answer any questions you may have. Romi will also explain about confidentiality.

You will be asked whether you would still like to be interviewed. If you agree, Romi will ask you some questions related to your experiences of the By Your Side intervention. The discussion will last about an hour. The interview will be audio-recorded. Following the interview, Romi will make transcripts of the discussion. Transcriptions and recordings will be kept on a password protected memory stick. Recordings will be destroyed once transcription and anonymisation of the data has been completed (within 14 days).

### What will happen to my personal data?

The interview will be confidential, and any information that we use in the completed study will be anonymous, so you will not be able to be identified. Interviews will be recorded on a secure MP3 recording device or via a secure online platform (MS teams). Following each interview, the recording will be uploaded onto a password-protected laptop and deleted from the recording device. Research data may be shared with project team members who are authorised to work on the project and access the information. This may include the research supervisor (Cerith Waters). Your personal data will not be shared with anyone except the project lead (Romi Barrett). You will be given a pseudonym to ensure anonymity, and a unique participant number so that should you wish to withdraw from the study, we can identify your data.

### What happens to the data at the end of the research project?

In accordance with the University's Research Records Retention Schedule, all anonymised research records and data from this project will be retained for a minimum of 15 years after the end of the project (September 2038).

### Do I have to take part?

No! If you agree to take part you can change your mind at any point until the interviews have been transcribed when false names will be used. If you agree to take part you will be asked to sign a consent form. You are welcome to take a break at any point during the interview, if you decide to take part.

### What will happen to the results of the study?

Romi will analyse the interviews and search for similarities and differences between what people have said about their experiences. The results will be submitted as part of Romi's training in Clinical Psychology. They may also be written up and published in an article. It is hoped that this will help services/people who work with groups of children who cannot live with their family of origin.

What are the risks of taking part in this study?

Even as a professional it is important to be aware that during the interview we may talk about situations that have been difficult for you, given the sensitive and emotional nature of supporting children to move to a new family. However, we do not have to talk about anything which you do not wish to talk about.

Who has said that the study is OK to go ahead?

The research study has been reviewed and approved by the School of Psychology Research Ethics Committee at Cardiff University.

If you would be willing to take part in the study, please email Romi Barrett (barrettr4@cardiff.ac.uk) or The Family Place (info@thefamilyplace.co.uk) stating your interest. The project lead will then make contact with you in regard to making an appointment.

Many thanks,

Romi Barrett (Trainee Clinical Psychologist) – project lead.

**Email:** barrettr4@cardiff.ac.uk

**Address:** South Wales Doctoral Programme in Clinical Psychology, 11th Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT

**Telephone:** 02920 874007 (school of psychology – ask to be put through to the clinical psychology programme and leave a message if necessary)

If you have any concerns or complaints about the research you can contact the School of Psychology Research Ethics Committee in writing at:

Secretary to the Research Ethics Committee, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT

Email: [psychethics@cardiff.ac.uk](mailto:psychethics@cardiff.ac.uk)

Phone number: 02930687734

Appendix L: Consent Form

**Consent Form**

**Please put your initials in the following boxes only if you agree with the following statements:**

1. I confirm that I have understood the information sheet for the above study.	
2. I have had the opportunity to consider the information, ask any questions and have had these answered satisfactorily.	
3. I understand that taking part in the project will have no impact, either positive or negative on any future involvement with The Family Place.	
4. I understand that my participation is voluntary and that I am free to withdraw at any time up until the interview is typed up, as it will then contain made up names.	
5. I understand that information I give will be published as part of the project (in the form of quotations), but I will not be able to be identified by this information (they will be made anonymous). I give consent for anonymous quotations of mine to be published in the study write-up.	
6. I consent to the interview being audio recorded and transcribed, but I understand that once the project is complete, this information will be destroyed.	
7. I understand that my personal data may be shared with the research supervisor, but will not be shared with anyone else.	
8. I agree to take part in the above study	

Signature of Participant: ..... Date .....

Signature of Researcher:..... Date .....



## Appendix M: Written Debrief Form

### Participant Debriefing form

*Title of Study:* **The benefits and challenges of delivering the By Your Side intervention, with a focus on recommendations for best practice guidance**

Thank you for taking part in this study. The information that you have provided in your interview will be analysed along with information from other interviews for this study. We hope that the findings will help people and services who are working with groups of children who cannot live with their birth family to understand how to best support family transitions. If the interview has caused you distress, please contact us so that we can explore how you can gain extra support. You can also access support from the following resources:

[www.samaritans.org](http://www.samaritans.org)

[Helplines and crisis contacts | Centre for Mental Health](#)

[Free, 24/7 mental health text support in the UK | Shout 85258 \(giveusashout.org\)](#)

The consent form that you signed will be stored on a password protected computer, only accessible by the researchers. The audio recording will be transcribed, anonymised and then destroyed. You can withdraw your participation up until the interview is typed up, as it will then contain made up names.

If you would like to receive information about the results of the study please let Romi Barrett know and she will send you a summary of the results as soon as they are available.

If you have any further questions please contact us:

Project Lead: Academic Supervisor:

Romi Barrett

Dr Cerith Waters

Trainee Clinical Psychologist / Principal Lead Clinical Psychologist

Email: [barrettr4@cardiff.ac.uk](mailto:barrettr4@cardiff.ac.uk)

[waterscs@wales.nhs.uk](mailto:waterscs@wales.nhs.uk)

Telephone: 02920870582

South Wales Doctoral Programme in Clinical Psychology, 11th Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT

If you have any concerns or complaints about the research you can contact the School of Psychology Research Ethics Committee in writing at:

Secretary to the Research Ethics Committee, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT

Email: [psychethics@cardiff.ac.uk](mailto:psychethics@cardiff.ac.uk)

Phone number: 02930687734

Appendix N: Demographic Form

**Participant Demographic Information**

Age .....

Gender .....

Ethnicity .....

Occupation .....

Please be assured that the above information is kept confidential. Completing this questionnaire is optional and will not impact you taking part in the By Your Side research project. You can request for this information to be withdrawn from the study at any time.

## Appendix O: Interview Schedule

### Interview Schedule

(The main questions are in **bold**, with supplemental questions following.)

#### Experience and motivation to use the By Your Side model

**1. What is your understanding of the main principles of the By Your side intervention?**

**2. What is your experience using ideas from the intervention in your work with children and families?**

- a. How has it influenced your practice?
- b. Did you introduce it or was it already used?
- c. What was the existing setting / culture like?
- d. How is the intervention similar / different to what's been used before?

**3. What motivates you to use the intervention?**

- a. How were you drawn to using By Your Side?
- b. What were your aims in introducing it into your work?
- c. Do you think that there is a type of person/practitioner who is drawn to using the By Your Side intervention? Do you see that it conflicts with other ways in which transitions are managed for children in foster care?

#### Opportunities and impact of using the By Your Side model

**4. In what ways have you used ideas from the By Your Side Intervention?**

- a. With service users, teams, and/ or organizations?
- b. Which ideas from the model have you used? (e.g. Theraplay, DDP, ensuring a coherent narrative, support for adults in the system)
- c. Using current attachment relationships is a particularly important concept in the model, is this a concept you've drawn upon in your work? If so, how?

**5. Has anything been helpful or unhelpful about using the intervention?**

- a. What does it add that's different from other approaches?
- b. Most helpful elements?
- c. What are the least helpful elements?

**6. Have you noticed any positive impacts of the By Your Side Intervention on children, carers, adoptive parents, or the wider system?**

- a. Can you tell me a little more about this?
- b. Do you think there has been an impact on how you or others think about the children you care for? (if yes, evidence of this, impact on care, limitations)

**7. Have you noticed positive impacts of the By Your Side Intervention on team culture and practice in the service you work in?**

- a. Can you please tell me more about this?
- b. Any specific examples?

**8. What other ideas do you draw upon alongside the intervention?**

- c. How do these go together?

**9. How do other carers/staff respond to you drawing on the intervention in your regular practice?**

- d. Are there differing views in the team? If so, how do you navigate this?

Challenges of using the By Your Side model

**10. Have you experienced any challenges or difficulties in using the intervention?**

- a. Difficulties with wider system – what interventions are used in the wider system and how do these go together or conflict?
- b. How have you navigated these challenges? What's been helpful in overcoming them?
- c. Have these challenges had an impact on you?

**11. What do you think fostering and adoption services can learn from the By Your Side intervention?**

- a. What aspects of the By Your Side intervention do you think could be routinely implemented in routine practice?
- b. What recommendations would you make?

**12. Is there anything you would like me to ask that I haven't?**

**13. Is there anything you would like to ask me?**

End of interview

## Appendix P: Thematic Analysis Example of Data Coding

<p><b>Interviewer:</b> What is your understanding of the main principles of By Your Side?</p> <p><b>Participant:</b> So for me it's about being by your side by the side of the children as they go through a transition. You know and keeping some familiar things from when they were in their foster placement to moving to their adoptive placement. Yeah, I think that in a nutshell is what it is. But you know, if it's really, really important, I think. And you know that the whole principle behind this idea that we remain. Well, actually we start building something before a child moves and that we remain with them and keep that continuity, for me is something that's really important and I guess like in our region we had been trying to do something similar. We knew, you know, the importance of it, just the model.</p>	<p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Remaining alongside the child</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Providing predictability to children</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Providing continuity to children before and after they move to their adoptive home</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> BYS seen as important</p>
<p><b>Interviewer:</b> What's your experience using ideas from By Your Side in your work with children and families?</p> <p><b>Participant:</b> Umm, I suppose for us like so I've been around a long time now so I like when I first started in the team I cringe when I think about we would the first time foster carers and adopters would meet would be on the day that we were having our, you know, our planning meetings. And you know, and it and it felt wrong, it felt so tense. And the children were tense and, you know, so I think, you know, we've moved on incredibly. And we've always had this ideal that if the adults, if you can get the adults working together, if you can, you know, kind of bring everybody's views out because everybody's got anxieties during that time. If you can bring it down and have these little rituals, have these kind of transitional items that pass back and forth that you know that the help that adults feel better, that they've got more control than that helps the children feel better. So that's kind of where we'd been with it as a team. And then I think, you know, speaking to it, it's sort of been a developing picture for me. When I approached the family place to provide a transitional package, it was because we have a Theraplay therapist in our area. Umm, but she's one person covering 4 counties and you know geographically where the biggest region. And so I knew that I wanted some input in that transition process from her. But it was kind of lacking at her being</p>	<p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Previous practice in adoption transitions felt uncomfortable for everyone involved</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Previous practice in adoption transitions felt uncomfortable for everyone involved</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Adults working together as ideal practice</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Space for the adults to name worries</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Supporting the adults helps to support the children</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Rituals and items that are shared between foster and adoptive placement</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Resources in local authorities can't always manage transitions, need to be outsourced</p>
<p>like Theraplay. If you see what I mean. So I went to the family place, asking, did they do something similar? You know, not really aware because I don't think anybody in our team had used By Your Side model before with the family place. And so when they came back to me with that, I felt really excited by it because, you know, we've that wished to do something like this had been there for our team, but we didn't, you know, we didn't know necessarily that it existed in this model. Because, you know, I think I'm really pleased adoption has come on. You know so much like, say, since, you know, and I've been in the team now, actually. Yes. So it was 14 years this month, so you know. You know, in that time the team that I first started to, you know what we provide now is incredible and I'm really proud of how we've kind of we've shifted with it. But you know, there was this sense that we needed to do more and that you know that kind of traditional model of like 2 weeks introduction where you like cram everything in which just wasn't right and it wasn't in the timescales of the children that we were kind of overlooking how enormous these transitions are.</p>	<p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Practitioners have wanted more for adoption transitions but weren't sure how to achieve this</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Adoption practice has changed over time</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> More needed to support adoption transitions</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Usual transition timescales insufficient</p> <p><b>RB Romi Barrett (Aneurin Bevan UHB - Psycholo...</b> Model recognises emotional impact of transitions</p>

## Appendix Q: Thematic Analysis Example of Initial Clustering of Codes

Possible subtheme	BYS becomes integral to clinical practice	Increased confidence in transition work	Makes sense to practitioners	Influences wider system change	BYS is resource intensive	The frustration of 'gold standard'	Strong theoretical underpinning	Supported by practice-based evidence	Opportunities for social workers to do clinical work	Clinical supervision essential
<b>Codes from across papers</b>	<p>BYS influences wider clinical practice</p> <p>Practitioners were not expecting to be influenced so widely across their practice</p> <p>BYS practice becomes cemented in</p> <p>BYS enhances practice</p> <p>BYS is carried across to wider practice</p>	<p>BYS increased confidence in transition practice (1)</p> <p>BYS increases adults sensitivity to children's transitions (1)</p> <p>Impact on thinking about children's needs within transitions (1)</p> <p>BYS has impacted the way practitioners think about the child slightly</p> <p>Increase in adopters confidence using BYs</p>	<p>BYS feels like common sense (1)</p> <p>BYS makes sense to practitioners, feels obvious (1)</p> <p>BYS training like a lightbulb moment (1)</p> <p>BYS seen as important</p> <p>Benefits of BYs feel obvious</p> <p>BYS makes complete sense to practitioner</p> <p>BYS makes sense to professional</p>	<p>BYS is influencing how adoption services approach transitions (1)</p> <p>When teams become invested this influences management</p> <p>Practice based evidence influences wider system change</p> <p>Influencing one transition will have ripple effects</p> <p>Practitioners remember clearly the</p>	<p>BYS conflicts with available resources (1)</p> <p>Resources and practical / service issues make committing to BYs difficult (1)</p> <p>BYS particularly important in understaffed contexts</p> <p>Adequate resources not always provided to do BYs transition</p> <p>BYS requires more resources (time,</p>	<p>BYS seen as good practice, and this can increase frustration regarding less positive practice</p> <p>Impact on practitioners of less positive practice that still takes place</p> <p>BYS supports practitioners to recognise how much support is needed</p> <p>BYS transitions seen as gold standard</p>	<p>BYS has a strong theoretical underpinning</p> <p>Having a formal model offers reassurance that practitioners are doing the right thing (1)</p> <p>Psychological models from BYs underpin thinking (1)</p> <p>Having a clear model can provide structure and containment for newer practitioners (1)</p>	<p>BYS supported by practice-based evidence</p> <p>BYS formalises good practice that was already happening organically (1)</p>	<p>Offers social workers the opportunity to do direct therapeutic work (1)</p> <p>BYS offers social workers a balance between social work and therapeutic work (1)</p>	<p>Support from clinical supervision seen as helpful (1)</p> <p>Clinical supervision makes practitioners feel less isolated (1)</p> <p>Psychological support comes as standard practice with BYs (1)</p> <p>Having psychological support planned in saves time (1)</p> <p>Psychological support seen as 'good padding' (1)</p>

## Appendix R: Thematic Analysis Table of Theme Development

<b>Theme</b>	<b>Subtheme</b>	<b>Example Codes</b>
BYS viewed as 'best practice' transition practice, and this comes with challenges	<p>Strong therapeutic framework</p> <p>Best practice intervention</p> <p>Conflicts with available resources</p>	<p>BYS is well supported by psychological theory</p> <p>BYS feels 'right' for children who are moving families</p> <p>It feels like BYS has been missing in social care practice from a long time</p> <p>Adequate resources not always provided to do BYS transition</p>
Relationally healthy and cohesive systems support good quality transitions	<p>Working as a team is important</p> <p>The need to take care of the system</p> <p>The system requires a therapeutic lead</p> <p>Resistance as an opportunity</p>	<p>BYS brings a team around the child together</p> <p>BYS gives permission for carers to feel sad</p> <p>BYS practitioner seen as an additional therapeutic role in the network</p> <p>BYS reduces splitting and blaming in systems</p> <p>BYS influences how to work with resistance</p>
BYS sees transitions as 'holding the child at the heart' of practice	<p>Connecting with the child's emotional world</p> <p>Focus remains on the child's needs</p> <p>Holding a more honest narrative about adoption</p>	<p>BYS involves daring to imagine what the child is feeling</p> <p>BYS practitioners brought the focus back to the child's rights and needs</p> <p>BYS sees children being difficult as a good sign rather than a bad sign</p>
BYS acts like 'ripples in a pond'	<p>Influence at the wider system level</p> <p>BYS becomes integral to clinical practice</p> <p>Influence happens over time</p>	<p>When teams become invested this influences management</p> <p>BYS practice becomes cemented in</p> <p>BYS increased confidence in transition practice</p> <p>Adults benefit from experiencing BYS and often feel more positively about it afterwards</p>
BYS seen as an investment in placement stability	<p>More integrated transitions</p> <p>Preventative intervention</p> <p>BYS should be applied widely across social care</p>	<p>BYS aims to show children another way of moving families</p> <p>Children are supported to understand why they can't stay with their foster family</p> <p>Getting transitions right effects the rest of the child's life</p> <p>Key principles can be applied to any change in care</p> <p>BYS should be used for all big changes children in social care go through</p>

## Appendix S: Extract from Reflective Journal

*November 2021: I'm writing my research proposal and beginning to think about the participant demographic for the empirical paper. I notice that I'm wanting to both include professionals and adoptive parents without considering the methodological implications. When I take a moment to step back, I can see that adoption transition is an area I feel passionate about, and I therefore want to do a 'good job' of the research. It will be important to keep thinking about how my position interacts with the study. After reflecting with the research team and some peers, I decide that this study will include professionals only at this point, however foster carers will be included within this demographic, as this fits with recent progression in social care to treat foster carers as professionals, and equally valued members of the system around the child.*

*I feel apprehensive about completing a systematic review. This is new to me, and I feel uncertain about what this will entail. I feel reassured by the 'systematic' nature of the project, and I hope that this will offer me some structure and containment.*

....

*December 2022: I have started the interview process. I'm really enjoying being in the position of researcher as it frees me up to really sit, listen and be interested in someone's views and experiences. What a privileged position. I notice that as participants talk, I often find myself drifting back to my own experiences of supporting young people to move families. I am relating a lot to what many of the interviewees are saying, and how they champion attachment-informed approaches. I am really invested in the results of this study, however I also recognise that I need to be careful that I am not over-identifying with the research topic, and one way to do this is to be able to acknowledge my own views and put them to one side where possible, so that I can capture the views of participants accurately and fairly.*

*I share my insider status with interviewees, and I can see how this seems to help participants feel at ease and less anxious. I remain careful and cautious about the risk of my insider status influencing participants. I am aware of the positivity around the research topic; it's important to try to get a balanced and nuanced view. I ensure that I probe participants around challenges and limits of the intervention.*

....

*January 2023: I'm synthesising the meta-ethnography and it is heart-breaking to read in such depth about adoption breakdown. I have known many children who have experienced placement breakdowns. What might I be missing as a result of my own lens here? My work experience makes me want to work really hard to pull together parents and children's views as accurately and impactfully as possible. How might the systematic review influence the results of the empirical paper?*

....

*March 2023: I'm coding the interviews and I'm noticing having ideas about how the intervention could prevent adoption breakdown, and how the topics of both papers map into each other. Am I paying more attention to coding this topic? In noticing, naming and making space for these questions I feel able to remain more self-aware during coding and analysis.*



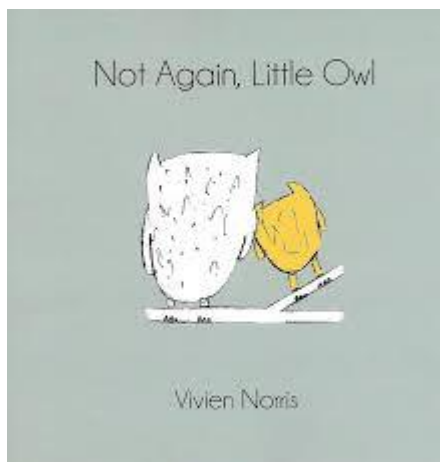
## Appendix T: Overview of Therapeutic Story used in By Your Side

The following excerpt is taken from the By Your Side Practitioner Guide (Norris, 2019):

***Not Again, Little Owl*** is a children's story book that has been written specifically for children who have experienced multiple placement moves and are feeling mixed. The BYS practitioner will have this book, amongst others, and may use it as part of the transition work.

The story tracks Little Owl's moves in simple language, with a focus on feelings. The pattern of repeated moves replicates a typical experience for a child in care. The child begins in a birth family. Something goes wrong which results in him being moved into another family and there may be several moves before he settles for a period in a short-term placement. Court processes unfold over time and he may end up living for many months or sometimes years in this temporary family. He may respond (quite rightly) to this essential carer as his parent.

The news that he will be moving again (e.g., to an adoptive family) can be a very mixed experience. He may not understand why it is necessary or what it may mean. He will watch the adults closely and is likely to follow the adults' cues about how to respond. He may express his fear and distress in ways that can be confusing for the adults.



## Appendix U: Summary of By Your Side Intervention

The 'By Your Side' therapeutic intervention (Norris, 2019) was recently developed in the UK to support children and professionals so that a child moves from a temporary foster placement to a permanent adoption placement. This is done in a way that is more likely to be successful (and prevents later breakdown), that the child can make better sense of, and that seeks to prevent re-traumatising the child. The intervention is manualised, provides specific training for professionals, carers and adoptive parents, and involves an allocated therapeutic practitioner (registered clinician, ideally with further therapeutic training in Theraplay and/or Dyadic Developmental Psychotherapy) to support the team around the child during the transition process. The practitioner is also expected to undertake specialist on-going supervision as part of delivering the intervention.

The BYS practitioner (facilitator) organises some direct sessions with the adults on their own and some joint sessions involving the main carers with the child. The work starts in the foster care placement and continues across introductions and into the adoptive placement. The practitioner involves the main carer in all sessions and works hard to develop strong relationships with both the foster carers and adopters. Wraparound systemic support is provided to the system around the child throughout the transition. Professionals involved in receiving a BYS transition include Foster Carers, Social Workers and other practitioners involved in the child's care.

### Typical Sequence and Quantity of Direct Work Sessions:

- Adult-only meetings to bring information together, review and plan at different points
- 4 x direct work sessions with foster carer and child prior to interventions
- 2 x direct work sessions during introductions (one of which involves foster carers and adopters together)
- 1 x adult review meeting mid-way through introductions
- 4-6 x direct work sessions with adopter and child after child has moved
- Telephone support as needed

A brief overview of the intervention can be viewed here:

<https://www.byyourside.online/videos>

Appendix V: Summary of Alternative Models / Practical Guidelines of Adoption Transition

Key Features	UEA Moving to Adoption Model (Neil et al., 2018)	Family Futures Practice Guidelines (Burnell, Castell & Cousins, 2009)	By Your Side (Norris, 2019)
Underpinned by relevant psychological theory (i.e., attachment and developmental trauma)	√	√	√
Theoretical guidelines	√	√	√
Practical guidelines (including manual)	√		√
Formal training package	√		√
Requires additional therapeutic training (i.e., DDP, Theraplay)			√
Requirement for clinical supervision			√
Requires a clinical lead (registered therapeutic practitioner)			√
Involves supporting the system around the child	√	√	√
Involves direct work with child, carers and adoptive parents	√	√	√
Supports child and family before, during and after transition	√	√	√
Supports foster carer/s and child to remain in relationship after transition	√	√	√

