Mothers with learning disabilities experience of attachment and emotional relationships

with their children

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Lay summary

People with learning disabilities are described as having difficulties with understanding new information and skills, which can make everyday activities harder. People with learning disabilities are often excluded from relationships. Parents with learning disabilities face stigma and have high risk of children being taken into care. This thesis has three separate parts. The first part is a systematic review with thematic synthesis of people with learning disabilities' experiences of attachment. Part 2 is a qualitative research study exploring mothers with learning disabilities' attachment experiences with their children. Part 3 provides a review of the research process altogether and describes the next steps to share the thesis. 'Easy read' summaries were developed for people with learning disabilities.

An easy read summary of a systematic review: **How do adults with learning disabilities understand their experiences of attachment?**	
	Background • People with learning disabilities have smaller networks. • They are more likely to experience stigma and abuse. • People might have difficulties with access to service funding, money, and public transport. • These things can all make it hard to build and keep close

connections with others (partner, friend, family).

- These close connections with other people are sometimes called 'attachments'.

- This paper is called a systematic review. It will look at how people with learning disabilities understand their experiences of attachment in relationships.

What did we do?

- We searched 3 electronic libraries for research that had been done already.

- We only included studies about how adults with learning disabilities experienced attachment in relationships.

- We only included qualitative research. This is research that is about people's lived experiences, using their own words.

- We used a checklist to help judge whether the research is trustworthy and useful.

Themes	• The checklist was called the Critical Appraisal Skills Programme (CASP, 2018). The checklist told us that the research we found was 'moderate to high' quality. • A second researcher checked the scores and they agreed after one small change. • We found 25 papers. We looked at findings of all the papers, looking for themes across papers. This is called thematic synthesis (Thomas & Harden, 2008).
	What did we find out? Four themes were found across the 25 studies: 1. <u>Feeling safe in relationships.</u> People talked about the things that made them feel safe in the relationship and made their connection stronger, like feeling a sense of belonging, give and take in relationships, and being physically close with the other person. 2. <u>The challenges in relationships.</u> People felt left out and rejected by other people. They felt powerless and lacked control in their relationships. People also

showed strength and wanted more autonomy.

3. <u>Loss of attachment</u>. People described the emotional impact of losing a loved one on their sense of identity and wellbeing. Some people managed loss by keeping reminders and photographs that helped them feel connected. Some people made other relationships stronger.

4. <u>Hopes for future relationships</u>. People talked about a perfect partner or friend being someone kind, understanding, and who was like them. People longed for a 'normal' life without stigma. This included spending time with loved ones and feeling supported.

What do these findings mean?

- People with learning disabilities experienced strong connections with others. These connections improved their quality of life and happiness.

- Attachment Theory (Bowlby, 1969) is a psychological theory which helps us to understand these

findings. Attachment Theory tells us that people, including people with learning disabilities, want to be close to other people, worry about loss of closeness to others, and need mutual relationships with others.

- Attachment is influenced by people's lack of choice and control in their daily lives. People can feel powerless and stigmatized by relationships with others and in society.

Strengths of the review

- The review summarised lots of different people's experiences.

- The papers were good quality.

Limitations of the review

- It was difficult to define 'attachment' in the studies.

- We didn't get feedback from self-advocates.

	Clinical implications • Caregivers might need support to understand the role of attachment in relationships for people with learning disabilities. • Professionals should make resources to help people have safe and meaningful relationships.
	Future research • More research is needed to understand attachment for people who are nonverbal. • More research is needed to get professionals' perspectives on using attachment theory for adults with learning disabilities.
	This easy read report was made with Photosymbols.

An easy read summary of the research project:

"So the child feels loved": How do mums with learning disabilities feel about their relationships with their children?

Why did we do this research?

- We are interested in how mums feel about their relationship with their children.

- We wanted to find out what it is like for mums to develop attachment with their children.

- Attachment is about the bond and emotional relationship with a child.

- We wanted to hear about experiences of mums who are currently living with and caring for their children.

- We want to share the research with:
  - parents with learning disabilities
  - self-advocacy groups
  - and professionals to improve learning disability services for parents

How did we do this research?

- People with a learning disability helped us to make the study information sheets and interview questions easy to understand.

- We interviewed mothers with learning disabilities about their attachment and relationships with their child.

- The interviews were written up word for word.

- We listened and read mothers stories over and over.

- Mothers had different experiences but there were things in common from their stories. We call these things in common 'themes' in the research.

- Finding 'themes' in the different stories is called 'Thematic Analysis'.

Themes

- We asked a group of parents to look at the themes we had found to check they made sense to the parents.

- This report gives a summary of the themes we found.

What did we find in the research?

Who took part?

- 10 mothers from self-advocacy groups in the UK were interviewed.

- Mothers were aged between 30 and 49 years old.

- Their children were aged between 3 to 20 years old.

- All mothers had children living with them. Two mothers had been separated from some of their children through legal processes.

What did the research tell us?

There were 3 main research themes.

All of the themes included mothers talking about loss of power and feeling empowered.

1: Understanding and Growing Attachments

Mothers talked about having a physical connection with their child. For example, holding their baby or having a hug. This leads to a strong bond and connection.

"The minute that she was out I think we had that connection straight away."

Mothers had emotional connections with their children and took care of them. Mothers talked about how important it was to have a close attachment with their children.

"So the child feels loved."

2: Challenges in the Relationship

Sometimes mothers faced challenges with their mental health and feeling very alone.

"I feel like okay, let me survive myself."

Sometimes children were separated from their mothers, and this was very painful. Professionals sometimes made decisions for mothers, so mothers didn't feel in control.

"She got took off us and that for 9 years...I can't do a thing about it."

Mothers talked about things that were hard in their day-to-day life with their child. For example, child behaviour or not listening.

'It is up and down because of the way he is with his dyslexia and his emotions...it is fantastic when it is up. But it is stressful when it is down."

	Mothers talked about repairing the relationship with their child. *"I think just giving him time out a bit on his own...We will just forget all about it and apologise to each other and that is it."*
	Some mothers had support from family or professionals to help them care for children. Mothers showed strength and commitment to their children. *"I am not a quitter."*
	3: Child needs mum...Mum needs child Mothers and older children supported each other. *"I call her my rock. And I am her rock."* Sometimes children helped look after their mother if their mother was ill or feeling sad.

	Sometimes mothers found it hard to juggle their own needs and their children's. *"It is hard because sometimes I just feel like running out and not coming back."* Some mothers said they found it upsetting to be away from children. They wanted to be close to children to feel happy. *"She is the reason I get up."*
	What do these findings mean? • The mother-child connection was powerful and important to all mothers. • Mothers described 'attachment behaviours' including being close, nonverbal communication, give and take. • Mothers often felt they had to prove themselves to professionals and faced stigma. • Mothers' own attachment experiences might influence parenting.

	Strengths • Included a wide range of experiences. • People with learning disabilities helped throughout the project. **Limitations** • Doesn't include fathers' experience. • Doesn't include people who are nonverbal.
	Clinical implications • Psychological interventions should focus on supporting the attachment between parents and children. • Professionals should get training about trauma and stigma.
	Future research • Get fathers' perspectives of attachments with their children.
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An easy read summary of how the research fits together, who it could help and how it is shared	
	Integration – how the research fits together
	• There were similarities across the systematic review and the mother-child research. People across both talked about the importance of connection for their wellbeing and quality of life.
	• There were also differences. People in the systematic review spoke more about positive romantic relationships. Mothers in the research project spoke about their bond with their children.
	Impact – who benefits from the research The research suggests that: • Attachment can help people with learning disabilities, their networks, and wider systems. • Psychological therapy could focus on supporting people's relationships
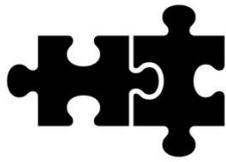
	(parent and child, friendships, partners) and experiences of trauma.
	• Staff training needs to balance keeping people safe, with encouraging people to have choices and feel empowered within relationships.
	• Policies need to promote attachment theory and challenge stigmatised beliefs about people with learning disabilities.
	Dissemination - where the research will be shared • The research has been presented to trainee and qualified psychologists. • The mother-child research was presented to a self-advocacy parent group. • Easy read reports will be shared with self-advocacy groups and learning disability services.

Report	• Research will be sent to journals to share the findings with professionals.
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Paper 1 - A systematic review of the lived experiences of attachment in relationships for adults

with learning disabilities

Abstract

The paper aimed to systematically review and synthesise qualitative studies exploring people with learning disabilities' experiences of attachment in relationships. Research has shown that people with learning disabilities are vulnerable to attachment difficulties, have smaller networks and experience high levels of isolation and marginalisation. The need for a review gaining people's subjective perspectives was indicated, to offer insight into the lived experience of how attachment develops and what challenges people face, with a view to understand attachment across contexts and identify areas for clinical practice. Three databases were used to retrieve articles by using relevant search terms. In total, 25 studies met the inclusion criteria, with data from 456 people with learning disabilities with a range of contexts, backgrounds, and level of functioning. All the studies were classified as moderate to high quality using the Critical Appraisal Skills Programme (CASP, 2018) criteria. Thematic synthesis was conducted to synthesis the findings across 25 papers using Thomas and Harden's (2008) three-stage method. This generated four themes: (1) "I feel safe": Attachment safety and significance of relationships (2) Challenges and constraints to attachment, (3) Experiencing loss of attachment and (4) Hopes and desires of attachments within relationships. Strengths and limitations of the review and studies are discussed, with suggestions for future research and clinical implications.

Key words: systematic review, learning disabilities, intellectual disabilities, attachment, relationships

A systematic review of the lived experiences of attachment in relationships for adults with

learning disabilities

Learning disabilities[1] refers to a significant impairment of intellectual functioning (reasoning, learning, problem solving) and adaptive behaviour (practical and social skills) with onset before adulthood (American Psychiatric Association, 2013). People with learning disabilities have long been socially marginalised and excluded (Cluley et al., 2020). UK government policy and legislation have promoted initiatives to enable people to develop a range of friendships and relationships (Association of Directors of Adult Social Services, 2015; British Psychological Society [BPS], 2017; Department of Health, 2001; National Development Team for Inclusion, 2016). Despite the increasing recognition for equal opportunities regarding interpersonal relationships, individuals face many barriers to developing social networks and close relationships (Healy et al., 2009).

Having social relationships is important for the quality of life, wellbeing, and mental health (Bhardwaj et al., 2018) and can positively impact people with learning disabilities' identity and skills (Beadle-Brown et al., 2016). Mental and physical health problems can be exacerbated by feelings of loneliness for people with learning disabilities (Gilmore & Cuskelly, 2014). People have shared their desires for more friendships and intimate relationships (Healy et al., 2009). Social networks and interpersonal relationships are just as important as for those without disabilities (Mason et al., 2013) yet people with learning disabilities are frequently isolated (Department of Health, 2001).

A systematic review recently mapped the networks of adults with learning disabilities and found people had small networks consisting of family, professionals, and other adults using disability services (Harrison et al., 2021). The review highlighted that understanding of self and identity was impacted by a lack of social networks, with a desire for 'ordinary identity'. The papers revealed

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[1] Also known as 'intellectual disabilities' in the wider literature, the term 'learning disability' was used throughout the paper to reflect the preferences of self-advocates in the empirical research project and previous literature (Cluley, 2017; Franklin et al., 2021).

unsatisfactory opportunities to build relationships, feeling controlled in institutional settings, and lack of integration in community settings with few meaningful social activities. People often had little power over where and whom they lived with and experienced stigma within these relationships (Harrison et al., 2021).

There may be a plethora of reasons why people with learning disabilities have difficulty in establishing and maintaining interpersonal relationships. External factors such as social isolation and stigma from the wider community are central to people's experiences (Theodore et al., 2018). The social model of disability proposes that people are not disabled by impairments, but by the disabling barriers they face in society (Oliver, 2013). This includes prejudice that disabled people cannot have sexual relationships, have children, or live independently. Research has traditionally focused on cognitive and medical aspects of functioning and less so on the interpersonal functioning related to wellbeing, including relationships for people with learning disabilities (Mullen, 2018). However, the social model emphasises the importance of connectedness with others. One such area of psychological theory and research considered core in understanding human connection is attachment theory.

Attachment theory proposes that all humans are born with an innate system that drives infants to seek proximity of their caregiver to facilitate their chance of survival (Simpson & Belsky, 2008). Attachment theory proposes that infants are predisposed to form relationships with their primary caregivers and display behaviours to ensure proximity to the caregiver (e.g. crying and smiling) to stimulate a response from the caregiver and ultimately to keep them safe (Bowlby, 1988). The emotional transaction involves the caregiver sensitively responding to the child's emotional state and modulating feelings of anxiety or sadness (Siegal & Hartzell, 2003). These repeated experiences become encoded as mental models of attachment, which function as the child's internal secure base in the world and predict future social interactions (Bowlby, 1969). Attachment evolves in ways to influence motivational, emotional, and memory processing in interpersonal relationships

(Siegal, 2020) and can be a buffer for wellbeing (Weinfield et al., 2008). Patterns of attachment relationships during infancy relate to emotional regulation and social relatedness in adulthood (Main et al., 2005).

An extensive body of literature exists following Bowlby's (1969) theory which reflects competing views and perspectives. Ainsworth et al. (1978) developed the Strange Situation Procedure as a way of analysing quality of child attachment into three classifications: secure, insecure-ambivalent, and insecure-avoidant. Main and Solomon (1986) later identified disorganised attachment for infants who do not show organised behavioural patterns. Crittenden (2006) refined attachment categories further and contended it is not fear that gives rise to attachment insecurity, but an inability to flexibly use strategies within a social environment. Other researchers have attempted to measure the neurophysiological components of attachment such as analysing the neurobiological response to risk (e.g. fight, flight, freeze) through magnetic resonance imaging (Porges, 2011). Prolonged exposure to adversity may also impair cognitive resources, interpersonal skills, and emotional processing (Guerra-Carillo et al., 2014). Making causal inferences about biological intricacies and attachment is complex (Rose & Rose, 2016) but there may be an associated bias at a physiological level for attachment categories and patterns of autonomic defence (Ogden et al., 2006).

Application to people with learning disabilities is less researched and the evidence-base is lacking (Mullen, 2018). There is some evidence that children with learning disabilities are more likely to show insecure and disorganised attachment styles (Scuengel & Janssen, 2006). This could be due to a multitude of reasons, including caregivers not being able to meet their needs (Giltaii et al., 2015), cognitive and behavioural phenotypes related to specific syndromes (Pothast et al., 2012), higher risk of adverse childhood experiences (e.g. exposure to abuse, family violence) (Morris et al., 2020) and over-representation in the care system (Smith, 2009).

A systematic review looking across adult populations with learning disabilities found insecure attachment was associated with early adversity and current mental health problems (Mullen, 2018). Standardised measures of adult attachment, such as the Adult Attachment Interview (George et al., 1985) and the Adult Attachment Projective Picture System (George & West, 2001) reportedly measure different constructs of attachment and their application has been critiqued due to their reliance on memory and recall assessment (Beail, 2002). The Self-report Assessment of Attachment Security (Smith & McCarthy, 1996) was developed for people with learning disabilities. However, its scoring of 'no answer' indicates insecure attachment, whereas this could actually represent an inability to understand the concept or formulate a response due to memory or language impairments (Fletcher et al., 2016). The Manchester Attachment Scale (Penketh et al., 2014) is an observational measure, which can identify secure attachment, but it does not identify dysfunctional attachment, nor does it elicit an individual's own perspectives. Crittenden (2005) suggested that attachment measures should tap into more than one memory system and be standardised with an evidence base, but this is yet to be achieved for people with learning disabilities.

Related to concepts within attachment theory, a recent systematic methodological review specifically explored peoples' experiences of belonging and reciprocity as components of social inclusion (Fulton et al., 2021). Although the review highlighted that clear definitions of belonging and reciprocity were lacking, it identified that people with learning disabilities spoke about relationships in similar ways to those without learning disabilities; namely that giving and receiving were essential in relationships, improved quality of life, and prevented loneliness (Fulton et al., 2021). Belonging expresses itself as a sense of attachment that one 'fits in' with a particular group, place, or wider society and reciprocity refers to interactions that are mutually rewarding for people.

Thus, attachment is a complex and multifaceted concept and has been conceptualised in various ways through research, depending on whom you ask (individual or carer), how you ask

(conscious self-report) and the ability to access memories (George et al., 1985). It is important to also acknowledge the heterogeneity across learning disabilities, in terms of severity and specific behavioural phenotypes underpinning specific syndromes. For example, Williams syndrome is associated with hyper-sociability (Jones et al., 2000). Such differences could specifically influence how a person interprets their experiences and how attachment can be measured and formulated.

Given the importance of adult relationships and the links between attachment, isolation, and mental health (Mullen, 2018), it is important to explore the experience of attachment from the perspectives of people with learning disabilities themselves. To the best of our knowledge, a systematic review exploring how people with learning disabilities experience attachment relationships has not yet been conducted. The current review aims to address: *What are the lived experiences of attachment in relationships for adults with learning disabilities?*

For the purposes of this review, attachment will be conceptualised broadly to encompass the 'lasting psychological connectedness between human beings' (Bowlby, 1969). Gaining insight to research that documents people's lived experiences could provide a richer understanding of how people with learning disabilities develop and maintain attachment within relationships and the challenges they face. It is hoped that synthesising this research can identify better ways to support caregivers and inform services.

Method

Systematic literature search

Electronic databases were systematically searched for articles between October and December 2021 (Web of Science, PsychINFO, and Pubmed). Three categories of search terms were used, with the Boolean operators 'OR' within each category, and 'AND' to combine the categories. The search categories were (1) people with learning disabilities, (2) experience and, (3) attachment relationships (Appendix A). Restrictions were not made on the publication date given the relatively small amount of research in this area. Searches were restricted to peer-reviewed journals published

in English. Reference lists of articles meeting inclusion criteria were hand-searched for additional relevant studies. The systematic review protocol was registered on the International Prospective Register of Systematic Reviews (PROSPERO; ID: CRD42021298478) and was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (Moher et al., 2010).

Inclusion and exclusion criteria

Articles identified in the initial search strategy were screened following inclusion and exclusion criteria. The review question was developed further alongside the inclusion criteria as complementary tasks, to refine and focus the review (Cherry & Dickson, 2014). Studies were identified as being relevant to the review if they met the following criteria:

- Peer-reviewed studies written in English

- Studies using qualitative methods (e.g. interviews, focus groups) or mixed designs that included qualitative data

- Primary empirical research

- Adult participants who have been identified as having a learning disability or learning difficulty

- Studies reporting on the construct of interest (attachment in relation to an emotional bond with another person)

The criteria for being excluded from the review were:

- Studies in languages other than English

- Studies using only quantitative methods

- Studies reporting the experiences of caregivers, family, partners, or others without reporting the experiences of people with learning disabilities

- Studies exploring experiences of relationships with paid professionals (e.g. health and social care workers)

- Experiences of a specific intervention

- Studies with participants under the age of 18

- Book chapters, book reviews, dissertations, editorials, opinion pieces, conference presentations, and abstracts which did not report an empirical research study

Search results

As illustrated in Figure 1, 3010 articles were identified through the database searches and 328 duplicates were removed. The titles and abstracts of the 2683 articles were screened in line with the inclusion and exclusion criteria, of which 2651 did not meet eligibility criteria. The most common reasons for exclusion relate to not being relevant, wrong population, and wrong methodology (Figure 1). Thirty-one articles were read in full and an additional eight articles were identified through hand-searching the reference lists of these articles. Of the 39 full-text articles, 25 met the inclusion criteria for the systematic review. This included all eight studies found from the reference lists.

In order to enhance rigour and decrease the risk of bias, a second reviewer independently screened the 39 articles undergoing full-text review and five discrepancies were identified. The inter-rater agreement was kappa = .62, indicating substantial agreement. Discussion took place with the research supervisor whereby the eligibility and exclusion criteria were reassessed, and the discrepancies were resolved.

Figure 1

Flow chart of search and selection process

PsychINFO (n = 1531)
Web of Science (n = 1449)
Pubmed (n = 30)

Records identified through
database searches
(n = 3010)

Duplicates removed
(n = 328)

Records after
duplicates removed
(n = 2682)

Records excluded
(n = 2651)
- Not written in English
(n = 141)
- Not empirical research
(n = 38)
- Not relevant to attachment
(n = 918)
- Wrong population
(n = 892)
- Wrong methodology
(n = 662)

Full-text articles
assessed for eligibility
(n = 31)

Full-text articles excluded
(n = 14)
- Focused on a specific
intervention
(n = 3)
- Participants under 18 years
(n = 3)
- Not relevant to construct of
attachment
(n = 5)
- Focus on experiences of
caregiver / family views
(n = 3)

Studies identified from
searching reference lists
(n = 8)

Total studies included in
the systematic review
(n = 25)

Quality Assessment

The included 25 studies were assessed for methodological quality using the Critical Appraisal

Skills Programme (CASP; 2018) checklist for qualitative studies. The CASP (2018) tool has been

widely used for quality screening in systematic reviews regarding learning disability research (Corby

et al., 2015; McCann et al., 2016). Each paper was rated using ten established criteria that focus on a different methodological aspect of a qualitative study. For studies with mixed methods, the checklist was only applied to the qualitative component. Each question was scored zero, one, or two, with a maximum of twenty points per article. If no information was given, a score of zero was given. If the article gave partial information, a score of one was given and if the article adequately addressed the question, a score of two was given. Ten percent of the articles were randomly selected to be independently assessed by the second reviewer. One minor discrepancy on one of the ratings was discussed and resolved (Cohens kappa = .74, indicating substantial agreement).

Although the CASP tool is a commonly used method for quality appraisal in qualitative syntheses (Long et al., 2020) and recommended for novice researchers (Singh, 2013) there is little guidance regarding its application. The concept of using a framework to capture epistemological diversity across qualitative research has been challenged (Carroll & Booth, 2015). For example, the prompts used within each item relate to only one form of data collection and methodology. Additionally, it is not always clear if quality issues are due to methodology or reporting (Long et al., 2020). Nevertheless, the tool is necessary to distinguish between studies. Considering that all the identified articles contained relevant conceptual information regarding the research question, studies were not excluded based on their quality ratings.

Data synthesis

Thematic synthesis was undertaken with qualitative data across the studies following Thomas and Harden's (2008) three-stage method. Thematic synthesis has been utilised in systematic reviews that explore people's experiences and perspectives (Thomas & Harden, 2008). This approach has been found appropriate for the synthesis of a larger number of studies (Booth, 2016).

Stage one involved using NVivo to inductively code line-by-line the verbatim findings of each study. Each study was re-assessed after the first round of coding and many lines were coded with multiple codes. The second stage developed descriptive themes. This involved grouping together

similar codes and new codes were created and refined. The third stage generated analytical themes. This involved a process of going beyond the descriptive themes with inductive analysis that attempted to answer the review questions with consideration of implications for practice. Four analytical themes arose from this process, with 11 subthemes.

Results

Quality assessment

All of the studies were classified as being of moderate or high quality, with an average rating of 17.4. Nineteen of the 25 studies were rated as 17 or above, signifying a low likelihood of methodological flaws (McCann et al., 2016). All included studies scored maximum points for clearly stating the research aims and appropriately choosing qualitative methodology. All studies but one (Bane et al., 2012) scored maximum points for appropriately designing the research to address the aims of the research. The main reasons for scoring one or zero were lack of researcher reflexivity, not providing a clear statement of findings, and limited descriptions of rigorous data analysis. The overall scores are presented in Table 1, and scores for each individual criterion are outlined in Appendix B.

Characteristics of included studies

Across the 25 studies, data was collected from 456 people with learning disabilities, and 167 of these were from various focus groups. Two of the studies used the same sample (Bates et al., 2016; Bates et al., 2017) so participants were counted once. Ages ranged from 18 to 78 years across the studies and specific ages were not always given (e.g. "in their 60's"). Out of the 21 studies that reported gender, 200 participants identified as female, 207 identified as male, and one participant identified as other. Most studies were from the UK, with others undertaken in Australia, the Republic of Ireland, the United States of America (USA), Canada, Israel, Spain, Malta, and Finland. Only nine of the studies reported ethnicity and therefore made it difficult to meaningfully report. Level of functioning varied across papers. Studies commonly reported learning disability eligibility via

access to service provision (n=19). Other papers documented a level of learning disability as mild (n=1), mild to moderate (n=2) and mild and moderate-severe (n=1). One paper included one participant that had "very limited verbal and expressive communication skills" (Pottie & Sumarah, 2004, p. 6). One paper included specific diagnoses such as Down Syndrome, Prader–Willi syndrome and Autism.

Twenty of the studies employed individual and dyadic interview techniques and five conducted focus groups. Data was analysed predominately by thematic analysis (n=8), interpretive phenomenological analysis (n=5), grounded theory (n=3), hermeneutic phenomenology (n=2), and other varying forms of qualitative analysis: Narrative research methods (n=2), Constant comparative analysis (n=1), Theory-led content analysis (n=1), Phenomenological approach with thematic analysis (n = 1). Three did not explicitly report which analysis was used. One study reported mixed methods using quantitative and qualitative data and three included observations as well as qualitative methods. Only qualitative analysis was included in the thematic synthesis.

There was a wide variation in the study aims, research focus, and what type of relationships they were exploring. Ten of the studies focused on romantic partners, six papers referred to friendships, two studies explored family relationships, two focused on parenting experiences and the others documented general relationships (n=2) and specific experiences of belonging (n=2), exclusion (n=2), relationship disruption (n=1) and grief (n=1). Studies also included the experiences of other people (e.g. paid professionals); these findings were not included in the thematic synthesis. Details of the study characteristics are outlined in Table 1.

Table 1

Study characteristics

Author(s) and aim of the paper	Country	Sample	Data Collection	Data Analysis	Key Themes from results	CASP Rating
Bane et al. (2012)

To explore people's relationships and their supports (friend and romantic partner) | Republic of Ireland | N= 97

Sampling: not reported

Gender: 52 female, 45 men

Age range: Over 30: 42, Under 30: 17, 38 people did not provide their age

Ethnicity: not reported

Learning disabilities inferred through service organisations and self-advocacy groups | Focus groups | "1. Used themes to explain important things that people talked about in the focus groups.

2. Made a summary of all the themes with one picture and one quote to give an example of a theme." (p. 115) | What makes a good friend; What they thought about having a boyfriend or a girlfriend; What supports they needed to have friends, boyfriends and girlfriends. | 13 |

Bates et al. (2016)	England	N= 11	In-depth interviews	Hermeneutic phenomenology	The importance of having a loving relationship; Physical expression of love; Reparative nature of love.	19
		Sampling: purposive				
To explore the importance of romantic love		Gender: not reported				
		Age range: over 60 and under 35				
		Ethnicity: not reported				
		Learning disabilities: "User of a service specifically for people with learning disabilities… Able to verbally communicate in sentences and be able to discuss abstract concepts such as love" (p. 66)				
Bates et al. (2017)	England	*Same as Bates et al (2016)	In-depth interviews	Hermeneutic phenomenology	Environmental influences on partner choice; Personality; Companionship; Physical Attractiveness; Expectations.	16
To explore people's valued traits in partner						

		selection for romantic relationships				
Brown et al. (2016) To explore perspectives about family relationships in people with a history of challenging behaviour	USA	N= 30 Sampling: not reported Gender: 25 male 5 female Age range: 24-67 Ethnicity: 6 Black, 1 Hispanic, 1 Cape Verdan, 22 White. Learning disabilities: "Twenty of the participants were diagnosed in the mild range of ID and 10 had moderate-severity ID." (p. 3)	Focus group	Constructivist grounded theory	Intact Relationships; Conflicted or Severed Relationships; Transactional Family Relationship Barriers.	19
Callus (2017)	Malta	N= 7 Sampling: purposive Gender: 5 female 2 male	Focus group	Thematic Analysis	Perspectives on friendship; Acting as friends; Reflections on friendship	17

To explore experiences of reciprocity in friendships		Age range: early 20s-late 50s Ethnicity: not reported Learning Disabilities inferred from being part of a self-advocacy group				
Curryer et al. (2018) To explore experience of choice and control in family relationships	Australia	N= 8 Sampling: self-identification Gender: 4 male, 4 female Age range: 20-49 Ethnicity: not reported Learning Disabilities inferred through advocacy agencies and a disability employment service	Semi-structured interviews	Interpretative phenomenological analysis	Centrality of family; experience of self-determination; limitations to choice and control	19

Haigh et al. (2013)	England	N=20	Interviews	Thematic analysis	Environmental factors;	20
		Sampling: purposive			Enabling and disabling;	
					personal characteristics	
To explore happiness &		Gender: 52% male, 48%		(no direct quotes)		
quality of life (including		female				
relationships)						
		Age range: 23-67				
		Ethnicity: White British				
		Learning Disabilities				
		inferred through advocacy				
		services, day services and a				
		community project				
Hurd et al. (2017)	Canada	N= 20	Semi-structured	"Thematic	Meanings of friends and	19
			interview	analysis…Informed	friendship; Deepening self-	
		Sampling: purposive		by constructivist	knowledge; Negotiating	
To explore perspectives		Gender: 4 female 3 male		grounded theory	in(ter)dependence.	
of friendships in young				methods"		
adults		Age range: 20-24				
				(p. 1188)		
		Ethnicity: not reported				
		Learning disabilities				
		diagnosed: "some				

		participants identified with labels (including Down Syndrome, Prader–Willi syndrome and autism spectrum disorder) while others did not identify with particular diagnostic labels." (p. 1189)				
Lafferty et al. (2013) To explore the nature and meaning of couples in close relationships	Northern Ireland	N= 16 Sampling: not reported Gender: 8 men 8 women Age range: 26-65 Ethnicity: not reported Learning Disabilities inferred through accessing service for people with learning disabilities	Dyadic and individual semi structured interviews	Grounded Theory	Comradeship; A sense of contentment; Availability of mutual support; Coping with the ups and downs of relationships; Continuing commitment.	19
Llewellyn (1995)	Australia	N = 3 couples with data	In-depth interviews	"Open coding… Constant	Relationships and social support in family lives of	16

		Sampling: not reported		comparative analysis…Axial coding paradigm" (p. 355)	parents with intellectual disabilities; Friendship ties; Professional support.	
To explore parents view of relationships and social support		Gender: 3 male, 3 female				
		Age range 28-37				
		Ethnicity not reported				
		Learning Disabilities inferred through accessing services, community-based support services, early intervention, and advocacy organisations				
Mason et al. (2013)	England	N=11	Semi-structured interviews	Interpretative phenomenological analysis	The significance of friendship; The effects of friendship on well-being'; Power dynamics; Autonomy	19
		Sampling: purposive				
		Gender: 4 male 7 female				
To explore friendship perceptions and friendship experiences		Age range: 24-62				
		Ethnicity: not reported				

		Learning Disabilities inferred through accessing a self-advocacy group				
Mattila et al. (2017)

To explore the experience of falling in love | Finland | N= 7

Sampling: not reported

Gender: 5 female, 2 male

Age range: 18-31

Ethnicity: not reported

Learning Disabilities: "Each participant was diagnosed with mild ID" (p. 73) | Interview | Theory-led Content analysis | With whom do you fall in love? Where does falling in love begin? How Does Falling in Love Manifest Itself? How Does Falling in Love Affect Your Life? | 13 |
| McCarthy et al. (2020)

To explore experiences of love and relationships | England | N= 40

Sampling: not reported

Gender: 20 male, 19 female reported

Age range: 22-71 | Semi-structured interview | Thematic Analysis | Importance of having a loving relationship; Constraining factors; Facilitating factors | 18 |

		Ethnicity: 30 White British, 4 Black British, 4 Asian and 2 of mixed heritage Learning Disabilities inferred through accessing adult social care agencies				
McRitchie et al. (2014) To explore experiences of bereavement and grief	Scotland	N=13 Sampling: purposive Age range: 20 – 72 Years 8 male 5 female Ethnicity: not reported Learning Disabilities was inferred through accessing day service providers	Semi-structured interviews	Interpretative phenomenological analysis	Intra- and inter-personal experiences; Core beliefs about life and death; Level of inclusion; Continuing relationship with the deceased	19
Merrells et al. (2019)	Australia	N= 10 Sampling: purposive	In-depth semi-structured	Phenomenological approach with thematic analysis	Segregated and treated like an outcast in my community; Challenges in experiencing,	20

To explore experiences of social inclusion		Gender: 5 female, 5 male Age range: 18-24 Ethnicity: not reported Learning Disabilities was inferred through accessing a government disability service	interviews		initiating and maintaining peer friendships.	
Neuman (2020) To explore perspectives of establishing and maintaining couple relationships	Israel	N= 40 Sampling: not reported Age range: 22–76 Gender: 20 male 20 female Ethnicity: Israeli Jewish Learning Disabilities: "both partners were identified as individuals with mild to moderate ID" (p. 113)	In-depth Interviews (couples)	Thematic Content Analysis	Conditions that enabled adults with ID to successfully enter couple relationships; challenges respondents encountered in couple relationships; the ways respondents dealt with the challenges	18

| Neuman & Reiter (2017)

To explore perceptions of couple relationships | Israel | N= 40 (in qual study)

Sampling: not reported

Gender: 20 heterosexual couples (20 male, 20 female)

Age range: 23-78

Ethnicity: Israeli

Learning Disabilities: "adults who had been diagnosed with mild to moderate ID" (p. 140) | Semi-structured interviews | Thematic Content Analysis | Characteristics of couple relationships; comparison with the accepted conceptualizations of couple relationships in the general population; effects and implications (gains and difficulties) of couple relationships | 16 |
|---|---|---|---|---|---|---|
| Pacheco & McConnell (2017)

To explore love & resistance in mothers | Canada | N=8

Sampling: not reported

Gender: 8 female

Age range: 21 to 50

Ethnicity: 1 Indian, 1 Portuguese, 1 Polish, 1 Trinidadian, 1 Chinese, 1 | In-depth interviews | Narrative research methods | My husband, sometimes he beats me, I just couldn't take it no more; In my culture, that's what women do; I try to see me like Victoria sees me; As her mother, I am nothing without my children | 17 |

		Aboriginal (metis), 1 Aborignal (cre) and 1 Trini-Indian. Learning Disabilities inferred through accessing services				
Pottie & Sumarah (2004) To explore experiences of friendship dyads	Canada	N= 4 Sampling: not reported Gender: 2 male 2 female Age range: 28-49 Ethnicity: not reported Learning Disabilities inferred through the residential community. "one of the eight friends had a severe developmental disability." (p. 6)	In-depth semi-structured	"The analysis of the narratives focused on identifying themes and categories…" (p. 7)	The Contours of Friendship; Facilitating Friendship; L'Arche: A Community Context.	12

Puyaltó et al. (2019)	Spain	N=9	Focus group	Thematic Content Analysis	Finding the right person; Having a partner relationship; going to live with your partner	18
		Sampling: not reported				
To explore perspectives of a loving partner		Gender: 6 male 3 female				
		Age range: 26-45				
		Ethnicity: not reported				
		Learning Disabilities inferred through accessing an Advisory Committee				
Runnion & Wolfer (2004)	USA	N=12	Interview	"Analysis of transcripts" (p. 208)	Things that friends do; Understanding of the disruption	16
		Sampling: not reported				
To explore experiences of relationship disruption		Gender: 7 female, 5 male				
		Age range: 20-50				
		Ethnicity: 5 African American, 7 Caucasian				
		Learning Disabilities inferred through accessing a not-for-profit agency				

Rushbrooke et al. (2014) To explore experiences of intimate relationships	England	N=9 Sampling: purposive Gender: 5 female, 4 male Age range: 21-58 Ethnicity: not reported Learning Disabilities inferred through community learning disability services	Semi-structured interviews	Interpretative phenomenological analysis	Desiring relationships; expressing sexuality; Having relationships; Who has control?	20
Southby (2018) To explore experiences of leisure befriending	England	N= 4 Sampling: purposive Gender: not reported Age range: 19-71 Ethnicity: not reported Learning Disabilities inferred through accessing charitable organisations	Mixed methods case study Semi-structured interviews	Thematic Analysis	Activities; A beneficial relationship?; A proposed taxonomy of leisure befriending	17

Strnadova et al. (2018)	Australia	N=24	Focus group	Inductive Content Analysis	Belonging in relation to place; As being part of a community; As having relationships; as identity.	17
To explore experiences of belonging and relationships		Sampling: purposive Gender: 15 male, 9 female, Age range: 20–61 Ethnicity: "mainly white" (1100) Learning Disability inferred through self-advocacy organisations				
Sullivan et al. (2013)	Scotland	N=10	Semi-structured interview	Interpretative phenomenological analysis	Relationships feeling safe and being useful; Who's in charge? Struggling for an ordinary life	19
To explore experiences and perceptions of close relationships		Sampling: purposive Gender: 6 male, 4 female Age range: 31-60 Ethnicity: White Scottish Learning Disabilities inferred through attending day services				

Thematic synthesis findings

The synthesis of the study findings led to the development of four themes and 11 subthemes, which are outlined in Table 2. These themes attempt to synthesis key aspects of attachment experiences across settings and types of relationships. The specific papers contributing to each subtheme can be found in Appendix C.

Table 2

Themes and subthemes developed by the thematic synthesis

Theme	Subtheme	Number of contributing papers
"I feel safe": Attachment safety and significance of relationships	Belonging and identity	13
	Give and take: Reciprocity and emotional support	24
	Proximity and connection to the other person: 'You get frightened here when you are by yourself'	16
Challenges and constraints to attachment	Exclusions from relationships	18
	Powerlessness and power imbalances for individuals within the system	24
	Responding to barriers by regaining control in relationships	18
Experiencing loss of attachment	The impact of losing someone close	19
	Navigating life after loss	13
Hopes and dreams of attachments within relationships	What does the perfect relationship look like? Valued characteristics of a partner, friend, or family member	19
	Desire for 'an ordinary life'	18

Theme 1: "I feel safe": Attachment safety and significance of relationships

All included papers highlighted the importance of relationships and recognised the value of connection within a close relationship. Connections came in the form of romantic partners, friendships, and families. Many participants reported the significance of relationships for a sense of belonging and feeling safe and supported. Attachment within relationships was also demonstrated by seeking proximity to others.

Subtheme 1: Belonging and identity

Thirteen studies referred to peoples' experience of belonging and identity. These papers referred to a sense of belonging from having romantic partners, where the person felt safe and that they cherished their identity as a partner. Belonging also related to a wider social context in terms of being part of a community to feel "*valued and, and you want to contribute*" (Strnadova et al., 2018, p. 1095). Those who felt valued and respected within their relationships described the positive impact of this attachment on their wellbeing and sense of self, increasing their confidence and happiness (McCarthy et al., 2020).

> "*I like being with them. That I feel, like, safe around them. Very safe around them.*
> *They're…they're nice to me.*" (Merrells et al., 2019, p. 17)

The concept of trust was discussed by many participants and was explicitly described as knowing "*that person would never hurt your feelings*" (Sullivan et al., 2013, p. 176). Seven studies highlighted that a trusting relationship could facilitate belief in themselves to overcome fears and barriers.

> "*We are all going to have something we are afraid of, and then we all have something that*
> *helps us regain our strength, and say, this is how it is. When we know that we have someone*
> *that trusts us, then it helps us say yes we can do it, and we … believe we can do it. I think*

César and Bill have that in me, they believe I can do it, so I took their trust … knowing that I

could [do it], and that's what really helped." (Pottie & Sumarah, 2004, p. 10)

All studies commented on the positive experiences of relating to others. Across six studies, participants expressed how meeting similar individuals made them feel connected and these characteristics included "*age, we have a common background, and our thoughts are the same*" (Neuman, 2020, p. 135). Other interpersonal relationships made people feel connected due to understanding the experiences faced by people with additional needs.

"*I've, friends, other friends with autism so I know exactly how to relate to them (…) Because*

autism and Down's Syndrome, like I have (…) Have different, they are different disabilities

but roughly, some aspects are about the same" (Mason et al., 2013, p. 113)

Subtheme 2: Give and take: reciprocity and emotional support

The importance of reciprocity and equality for safe relationships was documented across all but one of the papers. Reciprocal acts made participants feel like an active and valued member of their relationship. The frequency of reciprocity mentioned across the diverse range of participants and relationship contexts speaks to its importance for trusting relationships, shared activities, and mutual enjoyment.

"*I do stuff for her, and she does stuff for me. That's trusting*" (Brown et al., 2016, p. 11)

Quotes across papers also represented the emotional reciprocity within relationship dynamics. Reciprocity was important to "*enjoy moments…and be with someone I really like and who feels the same about me.*" (McCarthy et al., 2020, p. 4)

There was a sense of duty and requirement for emotional give and take between people for the relationship to function across friendships, romantic relationships, and family members. Many studies focused on the importance of emotional support within good relationships, alongside empathy, commitment and understanding.

"*Yes, it's important to have friends and family. But it's what you give as well, because you can't be not expected to give something in return*." (Strnadova et al., 2018, p. 1096)

Subtheme 3: Proximity and connection to the other person: "You get frightened here when you are by yourself"

Participants across 16 studies talked explicitly about the importance of being physically close to someone to maintain attachment relationships. This was especially relevant for studies looking at romantic relationships, where their partner was their closest relationship. Participants spoke about physical intimacy of being connected to their partner:

"*It's good to have a boyfriend because they care about you and cuddle and snuggle and mind you and help you and stuff like that.*" (Bane et al., 2012, p. 117).

Participants described the positive impact on their wellbeing from having someone close to them, demonstrating a sense of reliance on them.

"*You have a sort of calm feeling […] and you miss him, even if he is there, nearby.*" (Mattila et al., 2017, p. 76).

Across 16 papers, participants spoke about desiring more time with their partner, friend, or family member in order to feel bonded. The frequency and emotional need for proximity varied across participants and papers. Some described feeling secure and confident in their relationship and that they valued having space from time to time.

"*It's impossible [to be together] 24 hours a day; you need space. For example, I water the plants in the garden, and he watches television or takes care of his papers.*" (Neuman, 2020, p. 137)

Conversely, most felt very alone and emotionally distressed when their family members or partners were away. This revealed a sense of loneliness, reliance on others, and a small social network.

"I became very attached to her [partner], as she to me. I cannot stand it when she's not

around." (Neuman & Reiter, 2017, p. 142)

Theme 2: Challenges and constraints to attachment

All but one paper described findings relating to the challenges of accessing relationships and

developing connections. Participants reflected on personal barriers to building relationships, feeling

socially excluded as well as the reality of having smaller social worlds compared to non-learning-

disabled peers. Participants spoke about how other people were often a barrier to developing

relationships further.

Subtheme 1: Exclusion from relationships

Eighteen papers reported that many participants only saw friends within structured settings,

such as specific groups for people with learning disabilities. This limited the availability and

frequency of socialising. For some participants, meeting with friends *"depends if they're doing the*

same activity as me." (Merrells 2019, p. 18). Seven papers spoke about financial barriers to

relationships. For example, people wanted to see friends but there was no funding for staff to

support outings (Bane et al., 2012), or dating agencies were too expensive to use (McCarthy et al,

2020). For others, couples were limited to seeing each other once a week because the bus was too

expensive (Lafferty et al., 2013). Across the studies, people needed varying support to be able to

spend time with friends or partners. For example, staff members were required to help them.

"If I want to see my boyfriend, it depends on the staffing really." (McCarthy 2020, p. 6)

Limited social access went beyond physical accessibility and participants revealed they felt a

sense of exclusion within social settings.

"So it's not really—you are not included. You're in that corner… That's not necessarily

including. Just because a place has access doesn't mean it includes everybody." (Strnadova et

al., 2018, p. 1097)

This sense of exclusion had a profound impact on people's mental health.

> "*She doesn't understand how, where we're coming from because she hasn't got a disability, it's hard to say what we feel like…And we always feel left out and… it was really, really hard to handle and I just completely shut down and felt like killing myself and I said 'Nuh, can't handle any more*." (Merrells et al., 2019, p. 16)

Participants across papers often blamed themselves for having limited close relationships to them, internalising the sense of exclusion, and believing they are "*not the type of person that makes friends very easy,*" (Runnion & Wolfer 2004, p. 209). Some participants found communication was a barrier to making connections and feeling excluded.

> "*The younger [primary school age] kids find it easier to talk to me and they don't actually judge me… I find it easier to talk to them than someone my own age*." (Merrells et al., 2019, p. 17)

Subtheme 2: Powerlessness and power imbalances for individuals within the system

A significantly dominant theme that arose across 24 papers refers to power dynamics between individuals within a relationship (e.g. friendship) and from people in their system. Some participants spoke about how staff or family members facilitated attachment, and all but one paper documented people lacking autonomy to develop and engage in relationships. This was sometimes related to the staff trying to keep the person safe (Rushbrooke et al., 2014). Participants across the 10 papers that focused on romantic relationships, often felt that staff or family restricted their relationship choices and activities, resulting in a feeling of powerlessness and being punished.

> "*The parents didn't want us to either, neither his nor mine. And they told me if they found out we'd been sleeping together I would be excluded from everything [referring to trips with the group].*" (Puyalto et al., 2019, p. 5)

Some people in romantic relationships feared that staff would prohibit the relationships, showing a strong sense of uncertainty and fear towards them.

"*I am afraid of you. I fear that you would not let us live together. Do not take him from me.*" (Neuman, 2020, p. 137).

Participants alluded to being aware of power dynamics between themselves and others without disabilities. Participants spoke about feeling unsupported by family members, staff, and significant others in their lives. Sometimes people would speak for them (Pottie & Sumarah, 2004). This lack of agency related to those who were parents too, and mothers expressed fear that their children would be taken away, leaving them feeling trapped (Pacheco & McConnell, 2017). These unequal power dynamics were experienced across other parents who found themselves being "*[talked] down to… and their adult status disregarded*" (Llewellyn, 1995, p. 357).

Subtheme 3: Responding to barriers by regaining control in relationships

Participants across 18 papers shared how they attempted to regain agency in relationships, especially through navigating independence. Some participants spoke about unsafe relationships and the impact on their wellbeing. A few mothers discussed how they gained control by leaving their partners to protect their children.

"*I also thought at that point about taking my own life. I just couldn't take it no more. But then I thought about the kids and they are all that I had and I knew that they would not have a mother and that is no life for them. For what, a stupid alcoholic of a husband and father? He already ruined our lives. I wasn't going to hurt myself I was going to leave that stupid alcoholic.*" (Pacheco & McConnell 2017, p. 505).

Participants gained independence by moving out from the family home, which made them learn skills of independence and feel closer to their family in a different way.

"Because they're always in your face when you live at home (…) Sometimes your family try to pull you back and try to hold you down when you should be independent (…) Because they were doing everything for you." (Strnadova et al., 2018, p. 1097).

Some described how their family had "*always done things for me*" (Curryer et al., 2018, p.195) but they were keen to gain independence and prove themselves by showing "*how good I am, that I can do it all myself.*'' (Curryer et al., 2018, p. 195). One way of navigating control was for individuals to hide their relationships from family or not tell the truth when asked about their activities with their partner.

"We tell the educators that even if they forbid it we will do it anyway; hidden, but we will do it" (Puyalto et al., 2019, p. 6)

Theme 3: Experiencing loss of attachment

Nineteen papers referenced the loss of attachment for people. Experiences were diverse across papers, with some documenting a romantic relationship breakdown, the death of someone close, a friend moving away or the removal of a child. Participants were able to name copings mechanisms of dealing with loss.

Subtheme 1: The impact of losing someone close

Individuals across 19 studies discussed their emotional reactions to losing someone close to them. Narratives conveyed a sense of rejection and abandonment, which had profound influence on their sense of self.

"Not many of the friends I make are often kept because they don't understand me. They don't understand my problem, my health, [my] disability, so they end up leaving." (Hurd et al., 2017, p. 1191).

Three papers specifically explored participants' experiences of grieving after losing people close to them. Some participants shared how they felt emotionally numb and unable to replace the relationship with the person who died.

"*Well, you kind of get an empty feeling inside. You say, I don't know if I can get used to someone else.*" (Runnion & Wolfer 2004, p. 209)

Several participants were included in funeral arrangements which overall was a positive event, despite being emotionally difficult. Others were denied the opportunity and did not have the autonomy to go without staff. The potential loss of relationships, especially parents, elicited anxiety about coping (Sullivan et al., 2015). Some participants described a sense of disbelief after a loss, struggling to accepting that the person has gone.

"*I even think now he's still alive… I just think I still even now don't think it's real.*"

(McRitchie et al., 2014, p. 10)

Subtheme 2: Navigating life after loss

Thirteen papers referred to how participants experienced coping with losing someone and how they showed resilience. Sometimes it was helpful to have external support to help them cope, such as a family member moving in with them (Haigh et al., 2013).

Participants in other papers described abuse or rejection from people close to them and how building new relationships was helping them to heal. For example, focusing on nurturing romantic or family relationships helped people find strength and resilience.

"*I don't feel as part of their family because they are always too busy and they don't have hardly any time to pick up the phone to say hello or have a little chat…That's the thing we [partner] both have lots of time for each other as we do a lot of talking and everything.*" (Bates et al., 2016, p. 69).

Participants reflected on regaining strength after losing someone they love, and how relationships were vital for their quality of life.

"*I think of people I lost, and I think about the strength as power to myself. And make myself better. And family is the most important to me now, and I want to keep the family strong.*" (Brown et al., 2016, p. 12)

Participants spoke directly about ways that they could feel close to their loved ones once separated. There was a general narrative that holding onto something special relating to that person made them feel close. Others used photographs as "*a way to cope*" (Runnion & Wolfer, 2004, p. 209) or listened to someone's voicemail because they "*just wanted to hear his voice one more time*" (McRitchie et al., 2014, p. 16). This enabled them to cherish the relationships.

"*People ask me why I have this tattoo. It's for my girls. My girls that were taken away. The heart is how much I love them with their names. The feather is a part of our native tradition. It is there because even though I will not see them maybe even ever again, I can look at it and it reminds me of them and how much I love them.*" (Pacheco & McConnell 2017, p. 507).

Theme 4: Hopes and desires of attachment within relationships

Participants across most papers discussed their expectations and hopes for relationships with reference to romantic partners, friendships, or family relationships. Some were able to specify traits for a perfect partner. Others conveyed a desire to have 'normal' relationships that would make their life feel fulfilled.

Subtheme 1: What does the perfect relationship look like? Valued characteristics of a partner, friend, or family member

Nineteen studies documented participants' valued characteristics for significant others. Participants across eight studies spoke directly about friendship traits they valued, including someone who is emotionally supportive, someone to do activities with (Bane et al., 2012), someone

you can joke with (Callus, 2017), and socialise with (Hurd et al., 2017). Participants in 10 studies which focused specifically on romantic relationships appreciated a range of traits such as physical attractiveness (Mattila et al., 2017) and appearance (Neuman 2020). They enjoyed a physical relationship, such as kissing, cuddling or being sexually intimate (Bates et al., 2017).

> "*I would like to have a dream partner…he would be…well, good at massaging. Mmm… just hoping that he would do a lot of meals for me and would cuddle me.*" (Mattila et al., 2017, p. 75)

Participants also valued emotional support from partners, and in some cases having a partner fulfilled a caring role so "*they would no longer need support staff*" (Rushbrooke et al., 2014, p.535). Seven papers explicitly mentioned long term commitment and how the participants desired to have that one person all to themselves, which related to friends and partners.

> "*I don't want to share her with nobody else. I just want that person to be my own friend. I need one friend and that's it*." (Runnion & Wolfer, 2004, p. 209)

Some participants spoke about family being supportive and encouraging whilst others spoke about family being overbearing and taking control. Others felt isolated from their family and wished for practical support.

> "*I'd like to have family. Other people have said to me, sister, aunty or mum came and got the kids for a while and do housework or have a rest or something. I'd like that*." (Llewelleyn, 1995, p. 357).

Subtheme 2: Desire for 'an ordinary life'

Eighteen studies described how people wished for more relationships and deeper connections to feel 'normal'. They often felt like they had to prove themselves, so they weren't "*left out*" (Bates et al., 2016, p.45). Findings illustrated how names they had been called, such as "*stupid*" (Pacheco & McConnell, 2017, p.504) or a "*public liability*" (Strnadova et al 2018, p.1098) made them

feel on the outside of communities. Four papers described how people felt they were treated as children (Callus, 2017; Curryer et al., 2018; Hurd et al; 2017; Llewellyn, 1995). These societal attitudes and barriers also related to people believing they couldn't cope with having their own children (Bates et al., 2017; Pacheco & McConnell 2017; Lafferty et al 2013). Others were stopped from making decisions by their family.

> "*I said to me mum 'Why can I not have a child? Now don't let me have me tubes tied.' I didn't want to have them done, but she forced me…I couldn't do nothing about it."* (Rushbrooke et al., 2014, p. 537).

It was clear across 18 papers that there was a gap between peoples' wishes and their realities. People wished for day-to-day companionship (Bates et al, 2017), to go shopping (Lafferty et al., 2013) or to simply "*make each other a coffee or tea*" (Sullivan et al., 2013, p. 180) and "*do things with like go on holiday."* (Haigh et al., 2013, p.30). Participants referenced shame around disability, and it was clear that stigma had been internalised. Participants blamed themselves for people leaving them in relationships due to their learning disability (Brown et al., 2016). Despite these clear indicators that stigma had been internalised in many papers, three studies spoke about how participants resisted the stigma of disability.

> "*Just because you've got a disability, doesn't mean you've got to live and breathe disability."* (Strnadova et al., 2018, p. 1097)

Discussion

This systematic review addressed the research question: *What are the lived experiences of attachment in relationships for adults with learning disabilities?* Thematic synthesis was used to analyse findings from 25 papers and found four analytical themes: (1) "I feel safe": Attachment safety and significance of relationships (2) Challenges and constraints to attachment, (3) Experiencing loss of attachment and, (4) Hopes and desires of attachments within relationships.

Although studies explored different types of relationships, lived experience of forming relationships in the context of stigma and marginalisation was apparent across all studies.

The themes generated demonstrate how people with learning disabilities perceive attachment relationships, what attachment meant to them, and the challenges and losses they face. Relationships with friends, partners, and family members were very important to individuals and were valued similarly to adults without learning disabilities (Mason et al., 2013). Although common findings related to developing attachments in the wider literature, some experiences may be specific for learning-disabled populations. For example, participants tended to be friends with other people using disability services. Romantic partners were also found in structured settings. This reliance on service structures led to challenges in maintaining relationships and opportunities to make new ones. In line with previous research, people with learning disabilities wanted to spend more time with friends and partners and longed for more relationships (Healy et al., 2009). In contrast, research shows the general population is more satisfied with the time spent with significant others (Collins & Laursen, 2004). Although attachments were built between people with and without learning disabilities (Pottie & Sumarah, 2004; Southby, 2018), adults tended to describe stronger connections with friends or partners who shared experiences or characteristics relating to learning disabilities or neurodevelopmental differences (Hurd et al, 2017; Neuman, 2020; Mason et al., 2013; Merrells et al., 2019).

People across different types of relationships discussed the importance of feeling connected; that they felt a sense of inclusion and belonging within safe relationships. This aligns with the notion that adults can have various attachment figures as friends, mentors, or partners. Adults continue to manifest attachment-related behaviours such as seeking out comfort figures for advice, protection, and strength, especially under times of stress (Edelstein & Gillath, 2008). There are bound to be conceptual differences between parent-child attachment and attachments of friends and partners, mainly due to adults choosing, to some degree, to whom become attached.

However, people with learning disabilities have much smaller networkers, therefore limiting their options. Additionally, they may depend on others in day-to-day life more than people without learning disabilities, which threatens the equality and power dynamics within reciprocal relationships. Crittenden's (2006) Dynamic Maturational Model (DMM) of attachment proposes that attachment strategies are adaptive, self-protective, and developed in the context of available resources from their primary caregivers. The DMM's biopsychosocial framework offers a helpful understanding of the wide range of adaptive strategies used across the review. For example, people who felt threatened by others demonstrate self-protecting behaviours to feel safe. These strategies are underpinned by privileging cognitive (learned behaviours through reinforcement and punishment) and affective (a somatic form of reducing fear and seeking comfort) information processing in response to the caregiver offering an appropriate level of support.

Attachment theory proposes that the root of attunement is having the capacity to read signals that the other person needs engagement or disengagement (Siegel, 2020). In other words, an attuned person in a relationship knows when to 'back off'. These signals are often non-verbal and could be even more relevant for people who have communication difficulties. Participants described distress at daily separation as well as significant separation, which echoed previous research that people with learning disabilities experience loneliness more than people without (Fulton et al., 2021). This may represent the adult's own attachment style as insecure (Ainsworth, 1978) or disorganised (Main & Solomon, 1986). However, labelling attachment in a symptom-based way can be pathologizing, especially for a population who is already categorised by impairment (Baim, 2020). Proximity seeking could also be formulated through the DMM (Crittenden, 2006) as a functional strategy that is exhibited when perceived with isolation, and adaptations are a strength of people adjusting to adverse or limited environments.

Another key experience that participants described was the attachment rupture and severed connection due to serious events such as the death of a loved one or being separated from their

children. Participants across studies had experienced abusive and traumatic incidents. Individuals

with learning disabilities are often reliant on others to provide care, which makes them vulnerable to

losing multiple caregivers, but also to victimization and exploitation (Ballan & Sormani, 2006).

Participants were able to describe emotional and cognitive reactions to grief and bereavement.

Similarly to the general population, grief can precipitate mental health problems including

depression (McLoughlin & Bhate, 1987), mania (Singh et al., 1988), and psychosis (Yapa & Clarke,

1989). Another commonality between experiences was peoples' perceived lack of autonomy in their

grief process (e.g. not being allowed to attend a funeral). It was historically suggested that people

with learning disabilities were considered incapable of grief and making sense of loss and mourning

(McDanial, 1989). However, the findings from the review support other research that shows people

with learning disabilities do understand the finality of death, experience pain of loss, and sometimes

require support to help to build new narratives and facilitate adaptation to loss (Brickell & Munir,

2008). Whilst cognitive processing plays an integral role in grief, attachment loss can be understood

through various biopsychosocial factors relating to danger and adaptation to seek security

(Crittenden, 2006). Bowlby (1969) proposed that young children without language acquisition grieve

after losing an attachment figure. Further research could explore the processes of grief and support

needed for people who are nonverbal, to expand research available which describes the experiences

of grief in people with learning disabilities who are verbal.

An important finding across studies related to how people wanted more independence from

family members or staff where they lived. People faced challenges in seeing friends or partners

because people in their networks restricted them, or because there was no funding for

transportation or activities. Participants across the studies also spoke about hiding intimate

relationships due to fears about caregivers' reactions and restrictions on them. This fear could

represent an attachment strategy based on repeated punishment or somatic affect (Crittenden,

2006). Fear within attachment theory has been considered a significant but underappreciated tenet

(Slade, 2008). Other studies have found that caregivers control intimate relationships and sexual

activity (Lafferty et al., 2006) because they think people don't know what to do (Hollomotz, 2009) or because they are perceived to be at risk of physical and sexual abuse (Bryen et al., 2003). Participants in this study tended to speak about how their parents viewed them as children and wanted to stop them from having intimate relationships. It is vital for caregivers to protect people but also promote their autonomy and knowledge. The attachment systems between parent and children may be interlinked with notions of belief about disability (Oliver, 2013) and their perceived need to protect (Crittenden, 2006). Caregivers may struggle to understand their needs and offer too much or too little protection (Fletcher & Gallichan, 2016) which hinders the ability to flexibly use cognitive and affective strategies (Crittenden, 2006). Families need to be supported to promote people's skills, independence, and autonomy so they can experience self-determination (Taylor et al., 2019). Adults across studies were also discouraged or stopped from having children, which sadly echoes previous experiences of parents (Theodore et al., 2018). Although some adults had children, their children had been removed, and they felt powerless (Pacheco & McConnell, 2017). It is estimated that between 40 – 60% of parents with learning disabilities have had children removed (Emerson et al., 2005) and other parents have shared experiences of loss of attachment, feeling bullied, and victimised (Baum & Burns, 2007).

Methodological considerations

The studies were judged to be of moderate and high quality. Methodological strengths of the studies included a clear statement of aims and objectives and clear rational for employing qualitative methods. Whilst many of the studies used purposive sampling, 12 did not report their sampling methods, potentially limiting the validity of the findings (Barker et al., 2016). Commonalities between studies referred to the data collection methods of interview techniques, including individual and dyadic. Partner and friend dyadic interviews may have allowed for more stimulation of ideas to be remembered or recognised (Morgan et al., 2013) and allowed people to feel a sense of safety together. Equally, they may have felt pressured to report the positives about

their relationship, or the interview could have been dominated by one person (Caldwell, 2013). Similarly, the five focus group studies may have been influenced by conformity in group settings (Barker et al., 2016).

Most studies did not report author reflexivity, with less than a quarter adequately discussing the researcher-participant relationships. It is good practice within qualitative research to demonstrate how the researchers' assumptions and experiences impact the research (Elliot et al., 1999). However, the authors may have removed this content due to restrictive word counts, rather than because this reflexive process was missing from the research (Walsh & Downe, 2006).

Strengths and limitations

A strength of the review is the diversity of experiences across people from different backgrounds, locations and the representation across males and females. Thematic synthesis guidelines advocate for heterogeneity to explore a wide range of experiences (Thomas & Harden, 2008). However, given the high number of studies in the review and varying relationship focus, synthesising experiences and drawing firm conclusions was difficult. Studies were contextualised by presenting the sample, research focus, methods, and key qualitative findings in form of themes. A limitation regarding the generalisation of results relates to variation in the level of learning disability and functioning. Participants across all studies, bar one, were able to verbally communicate. This is an important factor in understanding the factors that impact the development and maintenance of attachment in relationships. As aforementioned, studies should further explore attachment experiences in those who are non-verbal, to understand the differences in support needs.

Other issues related to generalisability across the studies. Most studies included people under the age of 70 and therefore may not be relevant to older adults with learning disabilities. Similarly, participants under the age of 18 were not included as the research focus was on adults. Adolescence represents a crucial stage related to identity and social relationships and late adolescence is associated with diminishing levels of social support. However, research on

adolescents with learning disabilities has found similar networks consisting of family members and caregivers (Pham & Murray, 2015) and conceptions of relationships that are underpinned by physical and emotional aspects of safety, accessibility of transport, lack of agency over decisions, and feeling unwelcome in social settings (Robinson et al., 2018). Many studies omitted information regarding ethnicity. Where identifiable, most studies were from Western, English-speaking cultures. Although attachment classification has international support (Fletcher et al., 2016), attachment perspectives, manifestations, and barriers to relationships may differ across cultures (Quinn & Mageo, 2013). Individuals are shaped by social interactions and by what a particular culture expects and gives to people across the lifespan. Expression of love and care can differ across and within cultures, which is necessary given the adaptation needed within ecosocial diversity (Keller, 2018). Terminology across languages will also shape the membership of a group and can campaign for a culture of rights and inclusion (Soldatic & Johnson, 2020). The aetiology of learning disabilities can be attributed to religious, spiritual, and environmental causes in collectivist cultures, and more biomedical in individualistic cultures (Fatimilehin & Nadirshaw, 1994). Additionally, within a culture there is a multitude of levels of understanding of the purpose of humanity, raising a family, and how people can contribute within a community. These values and beliefs can manifest as sources of stigma and social distance and can have adverse effects on help-seeking behaviours and engagement with services (Chang & Hsu, 2007). Claiming the universality of attachment has ethical and moral implications when evaluating parenting quality in clinical settings and family court settings, and attachment must formulated within a cultural narrative of learning disabilities. Additionally, studies only included people in heterosexual relationships, and it cannot be assumed that people who don't identify as heterosexual have the same attachment experiences, especially regarding the barriers of expression of sexuality that exist for people with learning disabilities (McCann et al., 2016).

A limitation of the review is the broad and multi-faceted nature of attachment as the research focus. This is reflected in the high volume of search strategy results that were irrelevant and the fact eight studies were identified through hand-searching reference lists. The search

strategy did not yield papers with 'attachment' in the title and the attachment focus across relationships was very broad. For example, most papers identified by the search strategy focused on intimate relationships and friendships, potentially biasing the synthesis.

A final limitation refers to the academic rigour of the review. A second reviewer reviewed the articles that went through full-text eligibility and quality appraisal, and discrepancies were discussed with the research supervisor. It has been recommended that a second reviewer perform initial screenings of papers (Harris et al., 2013). This stage of the screening did not materialise, and the review may be limited by this, particularly as papers may have been excluded at an earlier stage that may have been deemed eligible if they underwent full-text review. The credibility of the thematic synthesis was facilitated through discussion with the research supervisor but could have been improved by blind analyses to mitigate bias. It could have further benefitted through the feedback of a self-advocate on interpreting and presenting the themes to check the researcher's interpretation, as well as feedback for the easy read summary. Involving co-researchers is imperative to help break the stigma that people with learning disabilities cannot meaningfully participate in research (Franklin et al., 2021).

Research, theoretical, and practice implications

Given the breadth and diversity of attachment explored across papers and the scarcity of evidence-base for using attachment measures (Mullen, 2018; Fletcher et al., 2016), future research needs to incorporate a variety of measures to capture the complexity of how attachment interacts across contexts for people with learning disabilities (e.g. friends, partners, family, caregivers). This should include both gaining the person's perspective and using objective observational methods. This would further the understanding of the multi-dimensional aspects of attachment, such as memory and motivation (Crittenden, 2005) for this population. The DMM model of attachment has been referenced in research on children (Crittenden, 2006), the criminal justice system (Baim, 2020),

and family care proceedings (Wilcox & Baim, 2015), and future research should evaluate this strength-based approach to assessment for people with learning disabilities.

The thematic synthesis findings support the motivation to embed the social model of disability (Oliver, 2013) within mental health, to ensure support is trauma-informed and relationally focussed. Notably, the DMM is one of the core approaches of the Power Threat Meaning Framework ([PTMF], Johnstone & Boyle, 2018). The PTMF offers an alternate classification of psychiatric distress by making sense of 'what happened to you' rather than 'what is wrong with you'. This is an important shift in conceptualisation to a trauma-informed social model rather than a medical model, as people with learning disabilities are still disproportionally prescribed psychotropic drugs compared with other people (Heslop et al., 2021). The PTMF centres on exploring how power presents threats to individuals' core human needs, such as a sense of belonging and proximity to attachment figures. Threat to Relationships aligns with themes of this review; especially regarding rejection from others, being undermined, experiencing abuse from others, and having others' views imposed on individuals. Application of the PTMF has been recently discussed for people with learning disabilities, including consideration of how threat responses may serve the function of sensory needs and how narratives should be developed alongside the person themselves (Collins et al., 2022). Research should gather perspectives of the clinical use of the PTMF from clinicians and people with learning disabilities.

It would also be helpful for caregivers to understand attachment behaviours, and the role of trauma and interpersonal patterns. People with communication difficulties might be more likely to seek out physical proximity and show behavioural and emotional dysregulation when separated from attachment figures (Schipper & Schuengel, 2010). Moreover, a negative association has been found between attachment behaviour and challenging behaviour to staff (e.g. irritability, withdrawn behaviour) to staff; these behaviours can be seen as 'over-investment behaviours' and are challenging to caregivers (Mullen, 2018). Training for staff teams with a focus on how attachment

behaviours could manifest as behaviour that challenges, could help people to get their needs met and reduce burnout for staff (Skelly, 2016). These findings suggest attention should be paid to providing caregivers with a protective space to reflect and debrief about the impact of relationship maintenance and rupture (Antonsson et al., 2008). Application of the DMM within family systemic therapy could also be useful, to help families and systems understand how strategies are played out in reinforcing ways (Crittenden & Dallos, 2009).

Another avenue to explore is this review's wider findings regarding mental health, loneliness, belonging, and identity. The NICE (2016) guidance recommends that specific psychological interventions should be adapted for people, such as cognitive behavioural therapy (CBT) for various mental health conditions. CBT is not always accessible to everyone and there are limited evidence-based adaptations available (British Association of Cognitive Psychotherapy, 2021). Stakeholders should also consider the wider systemic and interpersonal aspects mentioned in this review, as well as symptomatic change. One approach that is gaining evidence for effectiveness for people with learning disabilities is narrative therapy, based on the principle that people can make meaning and understanding of their lives through stories (McParland, 2015). The narrative therapy approach called 'The Tree of Life' (Ncube, 2006) has been adapted for people with learning disabilities. For example, Randle-Philips et al. (2016) tailored and evaluated the Tree of Life for women with learning disabilities and found that although quantitative measures of well-being did not improve, women reported a positive impact of support and social connectedness, especially in themes relating to loss and change, relevant to this review's findings. Recent literature reviews of community interventions (Bourne et al., 2022) and narrative therapies (McKenzie-Smith, 2020) support the implementation of narrative therapy groups for people with learning disabilities and advocate for further research to understand the broader impact on positive change and amelioration of distress.

It is vital that people with learning disabilities are supported to have opportunities to gain new attachment relationships and maintain those already established. This relates to increasing opportunities for friendship and partner development. Caregivers need to be encouraged and guided to support people with friendships and intimate relationships. Such strategies could include giving people information about their rights to engage in interpersonal relationships (Rushbrooke et al., 2014). Aspects of safety within interpersonal relationships must be addressed, such as emotional and physical abuse. Sex education is another area that warrants focus and has previously been successful in helping adults to make their own choices (Dukes & McGuire, 2009). For example, the organisation Choice Support has developed a Supported Loving toolkit as a 'one-stop-shop' for information about relationships and sex (Choice Support, 2019). Researchers within academic groups such as The Tizard Centre are also committed to research, teaching, and consultancy around relationships for people with learning disabilities with the aims to help carers, professionals and wider policymakers provide better services (McCarthy, & Frawley, 2022).

However, there is still a gap between research and practice across education, health, and social care settings (Fletcher et al., 2019). Implementation could be impacted by carer and staff anxieties and tensions between vulnerability versus empowerment (Bates et al., 2020). Finding ways to close the gap between knowledge and resources and practice in this area is essential to empower people to develop attachment relationships across networks. Having a safety plan and signposting people who can support, other than caregivers, might make staff and family members feel more confident about independence within relationships.

Conclusion

This systematic review explored how people with learning disabilities experience attachment within a variety of relationships. The synthesis highlighted the importance of belonging, reciprocity, and feeling safe with partners, friends, and families. Across settings and relationships, people faced barriers such as the emotional pain of losing someone, separation, and a lack of

autonomy in their relationships. People wished for more relationship opportunities and to live a

fulfilling life. Findings align with patterns of attachment that could helpfully be understood within a

social model of disability. The findings could be used to inform training and support for caregivers,

and policies that guide services. Clinical services should embed trauma-informed and attachment-

focused approaches for children and adults with learning disabilities. More research is needed on

adult attachment representations to build the evidence base.

Paper 2 - "So the child feels loved": Mothers with learning disabilities experience of attachment and emotional relationships with their children

Abstract

Mothers with learning disabilities are at higher risk of child removal and mental health difficulties and may face more barriers developing attachment relationships with their children. Mothers with learning disabilities' voices are underrepresented in research and little is known about those who are actively parenting children. This study aimed to explore mothers' perceptions of developing emotional relationships with their children. Mothers who were actively parenting were recruited via advocacy groups across the UK. Semi-structured interviews with 10 mothers who self-identified as learning-disabled were analysed using thematic analysis. Three key themes were generated: (1) Understanding and Facilitating Attachment Relationships, (2) Barriers to the Attachment Relationship and (3) Bi-directional Nature of Relationships: Mother Needs Child, Child Needs Mother. Overarching experiences of powerlessness, autonomy and resilience were prominent across mothers' experiences. Mothers reported the importance of close emotional relationships with their children. Subthemes mirrored attachment theory behaviours, including reciprocity and proximity seeking. Mother-child relationships faced varying challenges including separation and conflict between the mother and child's-needs. Findings indicate the need to support mothers through a trauma-informed attachment perspective, especially in the context of maternal mental health and child additional needs.

Key words: learning disabilities, mothers, attachment, relationship, qualitative

"So the child feels loved": Mothers with learning disabilities experience of attachment and

emotional relationships with their children

Parents with Learning Disabilities

Learning disabilities[1] refers to a significant impairment of intellectual functioning (reasoning, learning, problem solving) and adaptive behavior (practical and social skills) with onset before adulthood (American Psychiatric Association, 2013). It is enshrined in UK policy and legislation that people with learning disabilities have the equal right as people without learning disabilities to become parents and have a family ('Valuing People', DoH, 2001). It is written in the United Nations Convention on the Rights of Persons with Disabilities that people with learning disabilities can "decide freely and responsibly on the number and spacing of their children" (Article 23, United Nations, 2006, p. 28). However, many people face significant barriers to these rights (Harflett & Turner, 2016). The ability and capacity of parents with learning disabilities have been long contended with regard to child welfare concerns (Fernando et al., 2022). Importantly, research has shown that a learning disability itself does not predict parenting capacity (Powell & Parish, 2017; Tymchuck, 1992). Rather, the complex entanglement of other factors experienced by people with learning disabilities can relate to child maltreatment, such as poverty, stigma, and social isolation (Collings & Llewellyn, 2012).

Women with learning disabilities encounter negative responses to pregnancy such as proposals of pregnancy termination, adoption of the baby, or for the baby to be raised by a family member (Mayes et al., 2006). They are also more likely to experience postpartum mental, physical, and neurological problems compared to mothers in the general population (Brown et al, 2016;

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[1] Also known as 'intellectual disabilities' in the wider literature, the term 'learning disability' was used throughout the paper to reflect the preferences of self-advocates involved in this study and in previous literature (Cluley, 2017; Franklin et al., 2021).

Brown et al., 2017; Mitra, 2017). Mothers have shared experiences of negative maternity provisions such as not feeling heard or having a trusted or respectful relationship with professionals (Malouf et al., 2017).

The English National Survey suggested that between 40-60% of parents with learning disabilities have their children removed from their care (Emerson et al., 2005) and are over-represented in care proceedings (Cox et al., 2015). Researchers have suggested this is due to a perception of lack of parenting skills and knowledge, rather than neglect or abuse (Feldman et al., 2004). Studies have shown that parents are able to adapt parenting skills flexibly to meet their children's needs through supported intervention (Tarleton et al., 2006; Wilson et al., 2014).

Research has predominantly focused on clinical samples whereby the family is in child protection proceedings or no longer has custody of the child. Mothers have shared their experiences of not understanding the process of child removal and feeling bullied and victimised (Baum & Burns, 2007). Studies exploring mothers' experiences of losing a child all included narratives characterised by a sense of powerlessness about decisions related to parenting (Auno et al., 2003; Gould & Dodd, 2014; Mayes & Llewellyn, 2009; McCarthy, 2019; Pacheco & McConnell, 2017; Slayter & Jensen, 2019). Mothers have also shared their difficulties in cognitively understanding the physical and psychological transitions that happen during pregnancy, birth, and losing custody of children (Höglund & Larsson, 2013).

Attachment Theory

Attachment theory provides a way of understanding how humans make strong connections with each other. Bowlby (1969) proposed that infants are predisposed to form relationships with their primary caregivers (traditionally mothers) and seek physical and emotional safety. Infants display behaviours to ensure proximity to the caregiver (e.g. crying and smiling) to stimulate a response from the caregiver (Bowlby, 1988). Attachment relationships are a complex interactive process between the caregiver and the infant, and parental sensitivity has been proposed to strongly

influence the quality of the attachment (Ainsworth et al., 1978). Through these early experiences, infants develop an internal working model that acts as a prototype for future social relationships (Bowlby, 1969). Research illustrates that a predictable, supportive, and emotionally available caregiver will enable a child to develop positive and healthy views of themselves, others, and the world (Fearon et al., 2010).

Standardised methods such as the Strange Situation Procedure (SSP) have been developed to classify child attachment as secure, insecure-avoidant, insecure-ambivalent (Ainsworth et al., 1978) and disorganised (Main & Solomon, 1990). Patterns of attachment (secure, avoidant, ambivalent) have been found cross-culturally (van Ijzendoorn & Sagi-Schwartz, 2008). Organisation of attachment is crucial for organising growth of the brain in relation to the memory, emotional resilience and states of mind and these processes are complex (Siegel, 2020). Children who are securely attached have been found to display better outcomes with regard to mental health (Fearon et al 2010) and quality of life compared to insecure attachment styles (Darban et al., 2020). Increasing attachment security can successfully reduce the intensity of psychiatric symptoms (Mikulincer & Shaver, 2012).

Adult attachment is typically measured through the Adult Attachment Interview ([AAI], George et al., 1985) and yields three main attachment classifications: autonomous, dismissing, preoccupied and unresolved/disorganised. Research suggests that adults with an autonomous attachment style are better able to respond to infant attachment signals (Fletcher et al., 2016). The AAI has been criticised for not providing evidence that attachment is stable over time and that it is highly impacted by speech ability, psychological state, and contextual factors (Fox, 1995). Attachment classifications of the SSP and AAI can be seen as overly deterministic (Dunn, 1993) and measure different constructs within attachment (Mullen, 2018). Nonetheless, such measures have provided rich data foregoing dichotomous classification and can be used practically in clinical settings (Walker et al., 2016).

Crittenden (2006) offered a lifespan approach to attachment categorisation in the Dynamic Maturation Model which draws on developmental and family systems theories, with an emphasis on self-protection. The model proposed that attachment strategies are adaptations to past experiences of threat and available responses from caregivers, and account for differences in interpersonal behaviour as well as psychopathology. Crittenden stressed that it is an individual's ability to adapt strategies, rather than security, which maintains safety in different contexts by using appropriate self-protecting strategies. The organization of these strategies is explained by a predisposition to process cognitive information of stimuli and relations, as well as affective information regarding somatic feelings associated with experiences needing self-protective action in the environment. These two forms of information lead to different attachment strategies. Type A strategy privileges cognitive information by responding to reinforcement and punishment of actions and minimizing feelings. Type C strategy gives greater privilege to affective information, such as fear and comfort, to guide behaviour. Type B strategy is the integration of cognition and affect, and this balance enables people to feel safe in the widest range of circumstances. Balance is facilitated by children being protected and exposed to danger with appropriate support from caregivers (i.e. parents offering too little or too much help).

Attachment and Learning Disabilities

Attachment theory has been widely researched and incorporated into clinical practice guidelines to emphasize the importance of effective early emotional care on wellbeing (BPS, 2017). Research has documented that people with learning disabilities are at higher risk of attachment difficulties than the general population (van Ijzendoorn et al., 1999), including a higher prevalence of insecure and disorganized attachments (Hamadi & Fletcher, 2019). Mullen's (2018) systematic review revealed that there is evidence of an association between insecure attachment, early adversity, and later mental health difficulties for people with learning disabilities, yet there is a scarcity of empirical research and standardised measures (Fletcher et al., 2016).

There are many reasons why people with learning disabilities may struggle to develop safe and secure attachment relationships. These include multiple disadvantages of isolation (Franklin et al., 2021), increased risk of adverse childhood experiences (Morris et al., 2020) and caregivers being unable to meet their needs (Hamadi & Fletcher, 2019). Parents with learning disabilities are more likely to develop mental health problems, and therefore might struggle to interact and provide shared enjoyment with children (Singer, 2006). Cognitive flexibility and the ability to understand mental states and how they are connected through behaviour can impact intergenerational patterns of attachment (Slade, 2008).

In research looking at the transmission of maternal sensitivity and child attachment, mothers with learning disabilities have shown less sensitivity compared to the general population and lower sensitivity was related to mother maltreatment and predicted disorganised child attachment (Lindberg et al., 2016). Given recent emphasis on supporting parents with learning disabilities in government policy and practice and the premise that interpersonal relationships are an indicator of quality of life (Power et al., 2020), the focus has turned to adapting parenting interventions for mothers (Feldman & Aunos, 2020). Video-feedback interventions based on attachment principles of increasing parental sensitivity and engagement have potential to support parents with learning disabilities (Alghali, 2019; Hamby et 2019). The evidence-base for such intervention is small and findings are varied. In a single case study, Pethica and Bigham (2017) reported increased maternal sensitivity via attuned interactions after a video-feedback intervention with a learning-disabled mother. In a randomised control trial, video-feedback intervention did not improve parental sensitivity for mothers with mild to borderline learning disabilities (Hodes et al., 2018). However, intervention effects were not dependent on parental IQ, in line with other studies (Willems et al., 2007). It is possible that the lack of effectiveness was due to a ceiling effect within their sample (Hodes et al., 2018).

Limitations of Existing Research

Quantitative research has shown that people with learning disabilities experience a disproportionality high frequency of insecure and disorganised attachments, and mothers with learning disabilities are more likely to experience child removal. However, there is a lack of research considering parents with learning disabilities and their attachment relationships with their children. Historically, research has focused on capacity for parenting, tested in population-based samples (Schuengel et al., 2017). Epidemiological studies then indicated that contextual variables partly account for negative parent-child outcomes. More recently, as challenges are further understood, adaptations for existing parenting interventions are being evaluated. There has also been an emphasis on the practical aspects of parenting, such as feeding, rather than emotional aspects (Stenfert Kroese et al., 2002; Tarleton & Ward, 2007).

Studies which have directly gained mothers' perspectives directly are limited. Most research has included mothers who are known to social care services or partake in clinical intervention programmes. However, it is thought that there is a 'hidden majority' of people with less severe disabilities who are parenting but do not formally meet eligibility for services (Emerson, 2011) and whose voices are less heard (Theodore et al., 2018). Self-advocates in community projects have shared their experiences of stigma and social isolation (Franklin et al., 2021; Theodore et al, 2018) and it would be beneficial to understand how attachment manifests itself within parenting structures.

Current Study

The current research aimed to address gaps in the literature by exploring the perspectives of mothers with learning disabilities who are actively parenting their children and who are not open to child protection proceedings. Given that mothers with learning disabilities are more likely to have children removed, it is vital to hear the voices of mothers themselves about their perceptions of attachment with their children. Research with people with learning disabilities themselves can be empowering as their views tend to be represented by others in research (Atkinson, 2004; Munford

et al., 2008). To the author's knowledge, no other research has explored mothers with learning disabilities' perceptions of building emotional relationships with children they are actively parenting. The research aimed to extend previous knowledge of mothers' experiences of parenting with learning disabilities, perceptions of stigma, and social support, to focus specifically on perceptions of their emotional relationships with their children.

Method

Design

The current exploratory research used a cross-sectional qualitative design, seeking to deepen understanding of the perspectives of mothers with learning disabilities. A qualitative approach was considered appropriate as it allows greater capacity to gain depth and meaning of experience (Hogan et al., 2009). Semi-structured interviews were chosen to ascertain rich, descriptive data (Howitt, 2010). Thematic analysis was employed due to a lack of previous research and no strong theoretical perspectives to drive the data (Braun & Clarke, 2006).

Participants

Participants were ten adult mothers with learning disabilities who lived in the community. Participants were identified through various self-advocacy groups across the UK and were recruited through opportunistic sampling. Participants were recruited through non-statutory organisations and therefore on the basis of self-identifying as having learning disabilities. This aimed to capture the 'hidden majority' who may not be known to statutory services (Emerson, 2005). All participants lived independently, which may be a marker of mild learning disabilities across the sample.

Participation for eligibility included:

- Learning disabilities (either diagnosed or inferred)

- Able to speak sufficient English

- Over the age of 18

- Mother to at least one child they were actively parenting

- Capacity to understand and consent to participation

Exclusion criteria included:

- Mothers whose children are currently on a child protection plan

- Mothers who were not currently caregiving

Table 3 summarises some the demographic details of the mothers and children, whilst other details are summarised in the text to protect anonymity. Pseudonyms were assigned for anonymity. All participants were female and between 30 and 49 years of age (mean = 40.75). Participants identified as White British (5), White Other (1), Black British (1), Bangladeshi (1), Pakistani British (1) Other / Mixed (1). Participants identified as Christian (3), Muslim (3) and having no religion (4). Participants disclosed having additional mental health needs (9), physical health difficulties (4), and neurodiversity (1). The ten mothers had 30 children in total, with children's ages spanning from three to 20 years old. Every mother reported at least one of their children having additional needs. Four children had diagnosed learning disabilities and one had learning difficulties. Six children were reported to have a diagnosis of Autism. One mother and daughter had a severe degenerative health condition. Three mothers had experienced temporary or permanent enforced separation from one or more children at one time. Three mothers had experience in local authority care when they grew up and others reported growing up living with family (6).

Table 3

Participant demographic data

Pseudonym	No. of children in total	Children living at home (age)	Child additional needs	Current living arrangements
Amira	2	1 (9)	Autism	Lives with extended family
Rosie	9	1 (13)	Autism	Lives with child
Sarah	2	2 (20, 16)	Autism and learning disabilities	Lives with children
Nicole	3	3 (20, 18, 16)	Learning disabilities	Lives with children
Emma	1	1 (19)	Long term health, learning disabilities and mental health needs	Lives with child and partner (separated)
Zoya	5	5 (17 to 5)	Learning disabilities	Lives with children
Esther	2	2 (13, 10)	Autism and Epilepsy	Lives with children and their father
Leah	3	2 (4, 3)	Autism	Lives with children and father
Madeline	2	2 (16, 10)	Mental health difficulties and learning difficulties	Lives with children
Charlotte	1	1 (7)	Autism and speech and language difficulties	Lives with father and child

Ethical Approval

Ethical approval was obtained via Royal Holloway University Ethics Committee (Appendix D). All participants were deemed to demonstrate the mental capacity to give informed consent to participate. Prior to giving informed consent, information relating to confidentiality and interview procedures was discussed with the support of an easy-read information sheet (Appendix E) and written consent form (Appendix F), and participants' understanding was checked verbally. Given the sensitive nature of the interview topics, potential support for participants was discussed during interviews, and where necessary, followed up with the advocacy group facilitators.

Interviews

Semi-structured interviews were chosen to explore the phenomena of interest within the bounds of research (Miles & Gilbert, 2005). A preliminary interview guide was created by the researcher with support from the supervisor and based on attachment literature. The researcher presented the interview guide and information sheet at an advocacy group meeting for learning-disabled parents. The group collaborated to finalise the interview guide and information sheet. They provided feedback such as using accessible language and the importance of building rapport.

The interview guide (Appendix G) covered areas relating to the mothers' experiences of an attachment bond, pregnancy, parenting through children's ages, strengths, and challenges of parenting. The guide attempted to elicit the mothers' thoughts and feelings about mother-child relationships. The guide was designed to capture broad areas relating to the connection between a mother and children but was used flexibly to draw on a variety of individual and diverse experiences.

Procedure

The researcher approached 37 self-advocacy groups for parents with learning disabilities across the UK via email and telephone. A copy of the information sheet was circulated to these groups via email. The information sheet was also circulated via the national Working Together with

Parents Network (2021); a network coordinated by the University of Bristol to support professionals working with parents with learning disabilities. The researcher attended three advocacy group sessions to introduce the research. Additionally, if any mothers expressed an interest in participating and fulfilled eligibility criteria, the advocacy facilitator provided the researcher with the mother's contact details, with their consent. The researcher then telephoned the mother for an initial introduction and to explain what the study would entail. Interviews took place at a later date, using the information sheet to facilitate this conversation and understanding of confidentiality and the limits to this. Understanding was checked verbally at the start of each interview and if mothers were deemed to have capacity (Mental Capacity Act, 2005), they gave verbal and written consent to participate. Participants were interviewed individually due to the sensitive nature of the topic and the heterogeneity of the sample. One participant had an advocacy worker present in the room during the interview as per her request. Seven of the ten interviews took place using an online video platform. One interview was conducted over the telephone. Two interviews took place face-to-face, privately, and individually at an advocacy centre. Interviews were audio-recorded with consent. It was emphasised that participants could take a break or withdraw from the research at any time, yet no one chose to do so. A demographics questionnaire (Appendix H) was completed, which included questions related to mothers' age, ethnicity, religion, number of children and ages, living arrangements, and physical and mental health of them and their children.

After each interview, the researcher contacted the advocacy facilitator to inform them that the interview had finished, and to discuss, with the mothers' consent, if any concerns had arisen. For example, support from mental health services was discussed with two participants and with their consent, and this information was shared with the advocacy facilitator who agreed to make an appropriate referral to local services. These concerns were also discussed with the research supervisor.

After the first interview, the researcher and supervisor met to discuss the content and process of the interview. Subsequently, additional demographic questions were added and the wording on the interview guide was adapted to incorporate further prompts, which were added to elicit attachment experiences.

Data Analysis

Thematic analysis, as described by Braun and Clarke (2006), was employed in this study as it seeks to describe patterns across the data when there are no strong theoretical perspectives to drive the analysis, compared to deductive theory-generating approaches, such as grounded theory. An inductive approach was taken as themes were derived from the data and did not have to fit with a preconceived theory or hypothesis, making for flexible analysis. Furthermore, no qualitative studies have previously explored mothers' perspectives of the attachment relationship with their children. Thematic analysis was considered more appropriate than interpretative phenomenological analysis given the focus on pattern of meaning across participants and aim to capture diversity, rather than an idiographic, homogenous approach (Braun & Clarke, 2021). Another advantage of thematic analysis is that it allows for unanticipated insights to be obtained, as well as social and psychological interpretations of the data (Braun & Clarke, 2006).

All ten interviews were converted into anonymous, verbatim transcripts by the researcher, which ensured familiarity with the data. Interviews varied in length ranging from 37 to 75 minutes with an average length of 55 minutes. The active involvement of the researcher facilitates themes emerging from the data (Howitt, 2010). Braun and Clarke's (2006) six-phase analysis was followed, whereby: (1) the researcher re-read the transcripts and listened repeatedly to the recordings to establish familiarity and be immersed in the data; (2) each transcript was inductively coded line-by-line using NVivo (Appendix I); (3) codes were collated across transcripts to generate preliminary themes and subthemes; (4) themes and sub-themes were reviewed and refined. Patton's (1990) criterion for judging categories was considered; data between themes should be easily

distinguishable but data within themes should be coherent; (5) themes and subthemes were finalised; and (6) an analytic narrative was written to represent the 'essence' of each theme and what it captures from the data.

Methodological integrity

Several practices were followed based on Elliot et al. (1999) guidance: (1) owning one's own perspective by disclosing the researcher's role, values, and assumptions, reflecting during supervision, and using a reflective log (Appendix J); (2) situating the sample by providing descriptive demographic data about the participants; (3) grounding in examples by offering multiple specific examples of each theme; (4) credibility checks were applied; and (5) coherence was achieved by presenting a thematic map of interpretations.

Research Processes and Credibility Checks

A detailed description of the context and design of the research has been given to enhance transferability and dependability. Common credibility checks were implemented to ensure internal validity by adhering to recommended data analysis procedures (Braun & Clarke, 2006). Encouraging honesty from the participants can enhance credibility (Shenton, 2004). The researcher recognised that participants may find it difficult to disclose personal information, particularly given known power differentials between mothers with learning disabilities and professional researchers. To aid shared understanding, the interviewer used active listening techniques including paraphrasing, validating experiences, providing feedback, and building rapport. Regular discussions with the supervisor ensured that protocol was followed and allowed for assumptions made by the researcher to be challenged.

A credibility check was implemented at the beginning of the data analysis. A transcript was randomly selected, and a section was independently coded by the researcher. This section was shared with the researcher supervisor who coded it independently. The researcher and supervisor

then met to discuss codes and interpretations. Similarities and differences within interpretation were explored and informed the lead researcher's coding of further transcripts (Appendix K).

A second credibility check in Phase 4 involved the researcher and supervisor reviewing the preliminary themes (Appendix L). Focus was directed to the thoughts and interpretations that mothers held about how their relationship with their children was facilitated. Themes were developed and collapsed to represent underlying contextual and systemic factors across the themes. For example, rather than having a separate 'powerlessness' theme, this was integrated as a concept underlying all themes. The researchers reviewed the validity of the themes in relation to the dataset to evaluate whether the themes chosen were an accurate representation of the research interest.

Further credibility checks included presenting the themes using accessible language to a self-advocacy group of parents with learning disabilities and incorporating their feedback into the final analysis (Appendix M).

Reflexivity

The lead author considered how her values and experiences would influence the study, in an attempt to own her perspective and reflect on her position. The researcher approached the interviews as a white British, middle-class female of working-class background. She does not have children but has varied experiences of friends and family with children, including some with learning disabilities. This position, including differences between the researcher and the sample, was reflected on during the data collection privately and with the supervisor.

Throughout the project, the researcher worked in an adult learning disabilities service, a child development service, and a looked-after children and refugee team. During the interviews, she reflected on the challenges reported by participants that aligned with the types of interventions she had been involved in previously. Her clinical work facilitated her ability to build rapport and provide a compassionate space for participants. She was mindful of balancing the role of a researcher with a therapeutic role and the privilege and power imbalance within these positions.

Results

Thematic analysis generated three themes and seven subthemes. Table 4 shows the participants that contributed to each theme, and additional illustrative quotes are presented in Appendix N. The finalised thematic map can be seen in Figure 2.

Table 4

Participants contributing to themes and subthemes

Theme	Subtheme	Amira	Rosie	Sarah	Nicole	Emma	Zoya	Esther	Leah	Madeline	Charlotte
Understanding & Facilitating Attachment Relationships	Emotional and Physical Closeness Leads to Connection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	"So the child feels loved": The Importance of a Bond	✓	✓	✓	✓	✓	✓	✓		✓	
Barriers to the Attachment Relationship	Fluctuating Bond: The Complexity of Challenges Faced by Mothers and Children	✓	✓	✓	✓	✓	✓		✓	✓	✓
	Repair and Reparation of the Bond	✓	✓	✓	✓	✓	✓		✓	✓	✓
Bi-directional Nature of Relationships: Mother Needs Child, Child Needs Mother	Reciprocal Roles	✓	✓	✓	✓	✓			✓	✓	✓
	Conflict between Mother and Child's Needs	✓	✓	✓		✓	✓		✓	✓	✓
	Emotional Dependency on the Child					✓	✓		✓	✓	

Theme 1: Understanding and Facilitating Attachment Relationships

All mothers shared their experiences of developing and maintaining an attachment with their children. Mothers spoke about how a close bond was established during pregnancy and throughout their child's development. This included taking care of children and protecting them from harm. For all mothers, a physical and emotional connection was key to feeling close to their child. Mothers described an understanding of the importance of the attachment bond, of being attuned to their children's needs and taking care, especially when children displayed attachment behaviours such as proximity seeking or smiling.

Subtheme 1: Emotional and Physical Closeness Leads to Connection.

All mothers described feeling emotionally close to their child and were keen to describe this feeling throughout interviews. A bond had originated in pregnancy and developed through having proximity with their children, often when the father was absent or separated.

"The bond between me and Sophie, it has been really, really, really, close because she is with me 24/7. Basically, she is more of a mummy's girl than a daddy's girl because he is always working. So if she gets upset or something she will come to me. Anyways, she is more of a mummy's girl than a daddy's girl. We have a nice bond yeah." (Charlotte)

Women across interviews were able to share how the bond felt.

"I have a bond with them. It is a unique feeling when I am around my children…I felt happy and joyful. I have this feeling in my stomach. A good, I don't know what it called, like a goosebump." (Esther)

Mothers described how their relationship was fused together from a physical connection.

"Because she is me. And I think it's from that moment when you connect there… [gestures to chest] …. The minute that she was out I think we had that connection straight away."

(Charlotte)

Mothers often described the importance of physical connection, such as affectionate hugging to facilitate their bond. This made mothers feel closer to some children compared to others.

"My connection I guess with Tom is, I would say out of the 3 of them, he is the more loveable one. The one that'll come up to you and hug you. Whereas the rest I'll have to go up to them. But with him, they are full of love, but he is more in that way, loveable if that makes sense."

(Sarah)

"The younger child is very special to me. Because the way she looks at me like, the way she hugs me, kisses me, always wants to hug me, and kiss me a lot but she is totally different."

(Zoya)

Subtheme 2: "So the child feels loved": The Importance of a Bond.

All mothers spoke about how important it was to have a bond; to be attuned to their children's needs, to understand their child, to enjoy spending time with them and teach them. It felt important for women across interviews to reiterate the benefits of maintaining a strong connection.

"And then we can see we can be able to tell that how they feel. Like, make them feel like when they are upset, or mum's upset...We understand each other and I'm guessing it's very important to be attached with a child and to understand what your child wants too." (Amira)

Mothers described wanting to protect their children and support them, especially in the context of significant health issues.

"I love having that bond with my daughter because you know, she had a terrible life when she was little. She was stuck in hospital for 3 months. You know, I like to be a mum who will

always support her, and you know, just make sure that she is not feeling sad about herself

you know." (Emma)

Mothers recognised the significance of innate love for and taking care of their children. There was a strong sense across interviews that mothers wanted to share how important this relationship was. Possibly, this need to explain themselves was influenced by mothers often having to prove themselves to professionals.

"*Because I've got learning difficulties, I didn't know what it was, but the bond just came from*

love. It just comes from your heart. See when you give birth to your baby, like magic the love

just comes. The pain you have, there is this small thing coming out of your body and it is your

own child, so you should understand that…It's about mother and child, is like about

understanding more, if there is no love, if there is no understanding, if there is no love, there

is no point having kids then. But there should be love and understanding, you should comfort

them." (Zoya)

It felt important for mothers to demonstrate examples of being 'good' parents. Most mothers talked about being proud and described aspirations for their children (e.g. passing exams, having a family, getting a job). It is notable that for only one mother, her faith-based values had been passed down to her children through her parenting style, potentially describing how she was able to positively parent.

"*Yeah, we read the Quran and this and that. They know how to respect people, respect your*

neighbours, do this and that." (Zoya)

Theme 2: Barriers to the Attachment Relationship

An overarching factor that contextualised all the interviews related to positions of powerlessness and the systemic influences of professionals, partners, and families. One of the barriers to the attachment relationship related to women's lack of autonomy in taking care of

children. Mother's agency was often related to a complex interplay of mental health, children's additional needs, or adverse experiences. Trauma and loss were prominent across all interviews. Some mothers were able to discuss how they moved through powerless positions; how their relationships with their children gave them strength and how they protected their children and repaired their bond.

Subtheme 1: Fluctuating Bond: The Complexity of Challenges Faced by Mothers and Children.

All but one mother described a fluctuation of connection within the relationship with their child. This sub-theme distinguished between difficulties in the relationship when facing arguably more trivial day-to-day difficulties, versus those ruptures, that occurred due to a more significant separation. Mothers struggled to talk about times they didn't feel close to their child and even with significant ruptures it felt there was a resistance to talk about times that the attachment connection was not strong. The complexity of attachment disruption whilst wanting to present closeness was highlighted by two mothers:

> "*I don't think I have ever not felt close to her. No, I never ever, ever did anything like that. The only thing I did once was stupid. I committed, I tried to commit suicide. And I never thought about her at that time... Yeah so, that is the only thing. I did feel close to her, but I wasn't thinking about her at that time.*" (Emma)

> "*Very, like, strong bond. Like, I really loved it I was happy. Obviously, when you are tired, that's different. But it was it was really like feeling like oh my god, it's so great to have it. But now I don't have that feeling anymore. I feel like okay, let me survive myself. And then and I always wonder, why do I feel like that?*" (Amira)

Other mothers experienced a significant rupture to the bond when a child had been removed from their care and they did not have agency in decision making or contact with children.

"*The firstborn, there was domestic violence and obviously it wasn't a healthy relationship, so he got custody because of my learning disability.*" (Leah).

Women had experienced others assuming they were inadequate mothers and had repeatedly been in positions without agency, which became internalised. Nicole described knowing the strength of her bond with her children, but that past experiences were a barrier to her self-confidence as a mother:

"*Although I know I got a close bond with all 3 of them, I sometimes feel an embarrassment to them…that my personal, my own, I guess paranoid, I have always felt an embarrassment.*" (Nicole)

It is hypothesised that when individuals feel powerless, they are hesitant or unable to express their feelings or difficult experiences. For example, when asked about any difficulties, Esther replied "*I don't think difficult.*" There was a sense across interviews that mothers were avoidant of revealing challenges in their attachment with children but more willing to speak about day-to-day incidents. For example, all mothers had at least one child with additional needs, and this contributed to a fluctuating connection.

"*It is up and down. Our relationship, it is up and down because of the way he is with his dyslexia and his emotions, it is up and down. Erm, it is fantastic when it is up. But it is stressful when it is down…The whole atmosphere is different. We seem to come closer more when it is up.*" (Madeline)

"*Because I have a child with additional needs, that is where it is hard. But like for me, if I had a child that didn't have no needs, I can fully understand, then I am okay, I can do the whole process. But because one had additional needs and then one doesn't, that is where it is quite hard.*" (Leah)

Subtheme 2: Repair and Reparation of the Bond.

Mothers described rebuilding attachments after a significant disruption such as long-term separation from children. Repairing the bond with children often gave mothers strength and resilience after adverse experiences. Women described protecting their children, prioritising their safety, and having to prove themselves to others. For mothers that had other children removed, the dynamic had changed between them and there was a sense of desperation to rebuild the relationship. There was a sense of fragility after separation.

"I am getting a bond with her, but it's like she is the parent. You know? I just feel like I can't, even me boyfriend has noticed, I can't really, what is the word, have a life properly you know…This is what happens when they get taken off you, you know. You lose that bond and everything." (Rosie)

"Because one time I wasn't ever sure I would get it back, the connection with them." (Nicole)

When asked what helped them get through difficult times, mothers described a process of learning and reconnecting:

"I don't know. Learning by my mistakes and stuff. Getting more involved with my kids and grandkids. You have to tell them face to face you have to go down to their levels and stuff you know." (Rosie)

Mothers spoke about healing from adverse experiences and lack of autonomy to focus on their children.

"I don't give up. I am not a quitter. Yeah, I have to be (strong)…and just looking at the kids' faces kept me going." (Madeline)

This subtheme also referred to the day-to-day disconnections and reconnections. This mainly related to child behaviour, mothers managing their own stress and support from others.

"I think just giving him time out a bit on his own, so he can cool down and so he can process the way he went on, if he has and then a bit later on, we will just forget all about it and apologise to each other and that is it." (Sarah)

"[after an argument] And her dad will talk to her. I will go upstairs where it is calmer and a few minutes she will come and say sorry, and I will say sorry, and we will give each other cuddles." (Charlotte)

Theme 3: Bi-directional Nature of Relationships: Mother Needs Child, Child Needs Mother

The dynamics between the mother-child dyad varied across interviews according to emotional availability and interactions. There were examples of reciprocal relationships. For others, there was a sense of emotional dependence on their children whereby their relationship with their children was paramount. It is important to contextualise these women's lives; how having learning disabilities was often associated with isolation and not having other close or safe connections.

Subtheme 1: Reciprocal Roles.

Mothers spoke about being attuned to their children, as their children were attuned to them. Eight mothers described the nature of their relationships as reciprocal and supportive. Mothers described emotional and practical support for one another. Reciprocal relationships often were described by mothers with adolescent children, and two were primary school age.

"I make her better and she makes me better. She is caring, she always says to me are you alright and I say yes, I am okay, but what about you, are you okay I say to her. To make sure she has nothing on her mind." (Emma)

"I call her my rock. And I am her rock. So when we find things difficult, we just talk to each other and hug each other and encourage each other to keep going. We work well as a team.

And we support one another. Because we have been through a lot. The pair of us have been through a lot together but we get through, we get each other through really bad stuff."
(Madeline)

Subtheme 2: Conflict between Mother and Child's Needs.

Mothers portrayed trying to protect their children from their own feelings. However, some children were attuned to their mothers' emotional distress and there would be a role reversal of caregiving.

"If I am not having a good day and I am feeling a bit low, me youngest son will come, just sit with him in the living room and watch TV with him. He will talk to us, check up on us, and I think just, if he has got any worries or big worries, he would phone his grandma. But yeah, I try not to let them see anything like that though. I try not to let my feelings show." (Sarah)

Mothers described how their own mental health conflicted with children's needs and desires. This conflict prevented them from building closeness in their relationship.

"It is nothing to do with the kids. It is just, it is just, it the way my function of my brain. Because I…yesterday she was, sorry, she text me and said could oh mum can we meet up today? Could I, can I see you? I said I'm so sorry. I am not going to be able to because for that reason. I would, I said to her like I'm so sorry that I can't do that day." (Amira)

"No because he just comes into my room and starts in my room. It is hard because sometimes I just feel like running out and not coming back." (Madeline)

There was a sense of complexity within interactions and communication that related to the mothers and child's additional needs.

"For me, with my traits, I find it more difficult with her because of her Autism. I have got it, and she picks it up off me. She will pick up my emotions and then she will pick it up and probably use that." (Charlotte).

When asked how she juggled her own and her child's emotional needs, it was difficult for Charlotte to answer, which was similar to other mothers' experiences: "*That is a hard one really. I wouldn't know.*"

Subtheme 3: Emotional Dependency on the Child.

This subtheme arose due to four mothers describing a sense of needing their children. Some mothers spoke about their mental health struggles, and there was a sense of dependency on their children for emotional stability. Moreover, the child fulfilled the mother's emotional needs. Three mothers spoke about feeling so connected with their children that "*they are a part of me*" (Esther) and it was difficult to set boundaries and separate themselves from the child. Mothers expressed extreme distress of being separated from their children for a day.

"*I want my kids to stay with me because if I go away, I start crying, I can't live without my kids. When my daughter stayed one night to this thing, I had to phone the teachers all the time, they didn't give me the number I had to type it into the computer where she was. I was crying and everything. I can't live without my kids.*" (Zoya)

Relationships sometimes had the nature of being fused together, which could be for various reasons (e.g. mental health, child illness). For some mothers, their children were a protective factor to their mental health.

"*Every morning I get up, and it is, she is the reason I get up, something to look forward to, when I get up from bed.*" (Emma)

The sense of social isolation appeared to be a moderator for emotional dependency on children.

"*Like you know when you don't have no connections, you are alone. If you have that relationship and bond with your children, then I say you don't need nobody else in your life. That is what I think.*" (Leah)

Notably, the four mothers in this subtheme had all experienced significant experiences of loss, trauma, and attachment experiences including domestic abuse, oppression, childhood bullying, loss of a baby, or removal of a child. Other mothers also experienced trauma and loss but did not show the same level of dependency on their children.

Thematic Map

The thematic map demonstrates the final three themes and subthemes across the analyses. Physical placement within the map represents relatedness between subthemes. The arrows indicate potential influences between each theme, rather than causality.

Figure 2

Thematic map
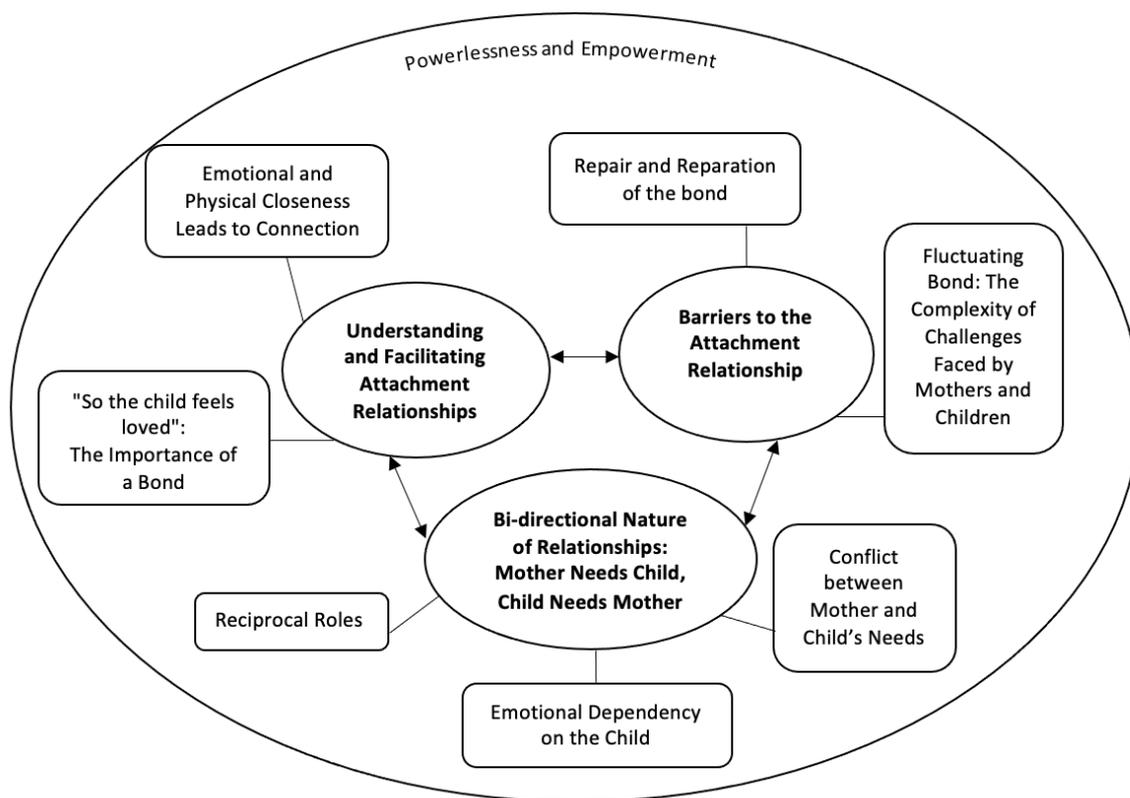
Mothers' experiences of developing connections, repairing severed bonds, and the nature of the relationship all appeared underpinned by contextual and systemic factors. Powerlessness was a pervasive force across all the themes and is represented within the map to capture experiences of

power and empowerment across all themes. Experiences of feeling judged and lacking agency and autonomy seemingly impacted how mothers viewed their children, parenting styles, emotional dependency on their children and how they felt about themselves as mothers.

The bi-directional relationship between 'Understanding and Facilitating Attachment Relationships' and 'Barriers to the Attachment Relationship' refers to how connections can be repaired after ruptures, such as increasing physical proximity and attachment behaviours e.g. hugging.

The two-way relationship between 'Barriers to the Attachment Relationship' and 'Bi-directional Nature of Relationships: Mother Needs Child, Child Needs Mother' relates to how the mother and child rely on each other. For example, a child not listening is seen as a barrier that creates distance, leading to a conflict of needs within the dyad. Additionally, mothers' own needs not being met created an emotional dependency on the child, contributing to the complexity of a fluctuating bond. Conversely, repairing a bond could facilitate a reciprocal role.

The interactive relationship between 'Understanding and Facilitating Attachment Relationships' and 'Bi-directional Nature of Relationships: Mother Needs Child, Child Needs Mother' refers to how attunement and connection to the child may appear to prevent a conflict between needs. The level of emotional dependency could be influenced by how mothers understand the function of attachment relationships and their desire for physical and emotional closeness.

Discussion

To the author's knowledge, this is the first study to explore mothers with learning disabilities' perceptions of their attachment relationships with their children, whilst they are actively parenting. The women in the study were all able to give in-depth and open accounts that provided insight into their inner world and relationships with their children. Some mothers found it more difficult to expand or make sense of their experiences, whilst some gave very detailed accounts of their perspectives. However, the experiences shared by all the women contributed to the

development of themes. Although experiences were diverse (e.g. length of time parenting, number of children, separation from child), shared and common meanings and narratives arose from the process of thematic analysis.

Three themes, each with a variety of subthemes, were identified, relating to the mother-child emotional relationship. There was a strong consensus across all women that the bond with a child is of upmost importance and that this requires developing and maintaining closeness through various emotional and physical connections. It was felt that the mother's role was to protect and take care of the child to provide a safe, nurturing environment. Mothers were able to describe how relationships should be reciprocal, especially during hard times (e.g. physical and mental illness, adverse or traumatic experiences). Mothers were also able to describe when the quality of reciprocity changed, and children embodied the role of the caregiver. For example, children that were attuned to their mother being emotionally distressed sometimes meant that there was a conflict between the mother and child's needs. The capacity to be attuned to each other's needs appeared to be influenced by interpersonal and communication difficulties described by mothers.

Women described how important it was to maintain a bond, yet this was not always possible. All mothers experienced barriers to positive emotional relationships and these experiences could be classified as either serious ruptures or day-to-day difficulties. It appeared that mothers found it difficult to express their opinions and emotions about the impact of this. Nonetheless, women shared experiences that had threatened the relationship, including abuse and mental health problems. All mothers were keen to nurture the bond and be close with their children. Some mothers described significant distress of real and imagined separation from their children (if only temporarily), which highlighted their dependency and isolation from other social relationships. These themes will be further explored in more detail below in relation to existing literature and potential clinical implications for services.

There are clear commonalities with research into attachment between mothers and children in the general population, such as reciprocity, safety-seeking, attunement, being playful and protective (Bowlby, 1969; Crittenden, 2006). Some areas could be specific to experiences of developing attachment when mothering with learning disabilities. Factors that intersect with having learning disabilities included isolation, socioeconomic disadvantages, and reduced social networks. The study also reports on mothers experiencing multiple disadvantages, such as single parenting, being from an ethnic minority, living with physical or mental illness, and experiencing domestic abuse and traumatic experiences. These factors could indicate that experiencing attachment is different for women in this study. For example, having less opportunity to build bonds with others, having reduced confidence to seek support, and ruptures related to the complexity of interaction, behaviour and mental health. High prevalence of trauma and abuse within the sample might have impacted perceptions of attachment relationships. Other research has found that parental history of abuse, trauma, and maltreatment can lead to difficulties in maintaining parent-child boundaries and predict disorganization and insecurity (Hesse & Main, 2006). Although dyad interactions were not observed, it could be formulated that these are some of the reasons mothers in this study demonstrated emotional dependence, enmeshment, role reversal, and difficulty with juggling their children's needs with their own.

It is possible that mothers potentially felt a need to prove themselves above and beyond a mother without disabilities. Most mothers spoke explicitly about the stigma and perceptions of incompetence they had experienced which left them feeling isolated and in a position of powerlessness. Mothers spoke about not having initial knowledge of how to look after their baby or fear of having a child removed because of learning disability-related factors. It is possible that this stigma was internalised and impacted the women's sense of self and wellbeing, which is echoed in previous literature where parents have spoken about their parenting identity and dominant label of disability (Baum & Burns, 2007; Franklin et al., 2021). Other barriers in the relationships included the impact of mental health and self-esteem, which may affect how mothers perceived the function and

quality of their relationship with their child. Several mothers described experiencing depression and emotional distress following adverse experiences but only one mother received therapeutic support. This was in keeping with research that found risk factors for mothers without learning disabilities who frequently experience mental health problems including parenting stress, feelings of powerlessness within the child welfare system, and being judged (Heifetz et al., 2019). Mothers in this study resembled others who were afraid to ask for help in case professionals perceived them as incompetent parents or were in fear of child removal (Baum & Burns, 2007; Jamieson et al., 2015). This has been especially prominent when parents have faced separation from children (Gould & Dodd, 2014) and relates to the women in this study who feared losing their child, with a sense of having to prove themselves worthy as mothers. This finding was further corroborated by expert-by-experience feedback whereby parents explicitly spoke of being judged as incapable; parents wished to be empowered by professionals so that they could empower their children (Appendix M).

There were many examples of the mothers describing child attachment behaviours central to attachment theory (Bowlby, 1969). For example, mothers described their children smiling and seeking physical affection and proximity. Most of the mothers were able to describe times when their child was upset or needed comfort, exhibiting maternal sensitivity (Ainsworth et al., 1978). Holding knowledge of the importance of providing love, boundaries, and care echoed previous research on women with learning disabilities without children (Kaspar & Sternfert Kroese, 2017). The reciprocal nature of relationships described in this study aligned with Bowlby's (1982) theory that reciprocal connections allow children curiosity to explore the world and effectively engage with social experiences. These findings are similar to quantitative research that demonstrated children forming secure attachments to mothers with learning disabilities, with one study showing that the warmth of caregiving style mediated the child's perception of their attachment and maternal stigma (Perkins et al., 2002).

Mothers described many nonverbal attributes of bonding, such as placing the infant on their chest after birth. Similar experiences of desiring skin-to-skin contact and wanting to breastfeed for as long as possible were shared in previous research (Höglund & Larsson, 2013). Mothers often described other nonverbal reciprocal behaviours such as smiling and hugging. These interactions are conducive to developing positive attachments, especially when the infant is nonverbal (Bowlby, 1969). This may be particularly relevant for mothers in this study, given the prevalence of their own or their children's communication difficulties, including some who had children who were nonverbal. The non-verbal interactions of caregivers' attunement have been coined parental embodied mentalizing ([PEM]; Shai & Belsky, 2011). PEM refers to the caregiver's understanding and making sense of the infants' feelings, wants and needs through non-verbal interactions. Studies have found that PEM positively correlated with maternal sensitivity and independently predicted attachment (Meins et al., 2012; Shai & Belsky, 2017). Future research measuring PEM could further understand the nonverbal dance between parents with learning disabilities and their children.

Although women demonstrated knowledge and explicit examples of how to foster a safe and secure attachment with children, it could be inferred that sometimes it was hard to provide consistent positive caregiving. This is coherent with theories that propose knowledge and intention do not always result in action (Ajzen, 1991). Further, mothers often described times when they attempted to hide their own emotional struggles from their children, but their children were attuned and roles of caregiving reversed. In line with the theory of planned behaviour, perceived behavioural control can account for variance in behaviour (Ajzen, 1991). Mothers in this study often perceived having little autonomy over decisions related to their children due to contextual factors such as internalised stigma, the confidence to manage child behaviour, and their own mental health and additional needs. During these times, it was important for mothers to draw on support from partners, families, or professionals. There were mixed experiences of effective support, in line with other qualitative studies of perceived parental support (Malouf et al., 2017).

Whilst mothers did not speak specifically about their own experiences of being parented, it could be hypothesised that this could have accounted for different parenting perspectives and strategies. Mothers provided insight into their own attachment styles and although not explicitly explored, themes around emotional dependency on the child could indicate mother's own attachment difficulties. There was little recognition of the impact of this on the child and how it might impact the child's attachment or wellbeing. People with learning disabilities have spoken about how as a child, they were not given agency and families were over-protective (Curryer et al., 2018). This could be formulated with the DMM (Crittenden, 2006) which proposes that parents who offer too much help and protection or who struggle to understand their child's needs can hinder the balanced maturation of cognitive and affective adaptive strategies. It is possible that these family scripts then replay with their children (Byng-Hall, 2008) and may have been apparent in this study when mothers were significantly distressed at separation and the child functioned as a form of emotional regulation. Parents in the expert-by-experience feedback all resonated with the quote "*she is the reason I get up*" but were fearful of how these words were interpreted by professionals who saw dependency as negative for the dyad (Appendix M).

It is also important to acknowledge that most of the children had additional difficulties, including mental health, neurodevelopmental, or learning disabilities. These factors were presumed to influence the nature of how relationships develop, in terms of communication and interpersonal factors, and how the mothers described being attuned to their children's needs (British Psychological Society [BPS], 2017). This indicates the need for supporting mothers with their emotional wellbeing, but also emotional and behavioural awareness and support for their children's needs. Specifically, the impact on the intergenerational attachment of both mother and child having additional needs (Lindberg et al., 2016). Mothers in the study touched on the differences in attachment between their children with and without learning disabilities. Indeed, research has found mothers can experience the loss of a 'healthy' child and this impacts their caregiving and attachment interactions (Fletcher et al., 2016). Furthermore, parents' caregiving systems can be

disrupted by past losses and proximal traumas (e.g. child with a chronic health condition or disability) whereby the parent is unable to protect the child from threats to their development and health. Consequently, conflict and anxiety are provoked within the parent, and they may exhibit over or under-helping strategies. This can in turn impact the child's ability to navigate and balance adaptive strategies in new contexts as they develop (Crittenden, 2006).

Strengths and Limitations

To the author's knowledge, this is the first study to explore women with learning disabilities' perspectives of their attachment relationships with their children, in a sample of mothers who are actively parenting. The women interviewed represented a heterogenous sample regarding age of participants, age and number of children, geographical areas, and ethnicities. Although learning disabilities were not formally assessed within this study and relied on self-identification and facilitator identification, it was apparent through interviews that mothers had varying complexity of needs (e.g. ability, communication, mental and physical health).

The sampling method of recruitment via self-advocacy groups potentially enabled the 'hidden majority' of voices of those with milder learning disabilities, less likely to be known to statutory services, to be heard (Emerson, 2011). In light of this strength, it is also important to acknowledge the limited representativeness of the sample given the exclusion of mothers with children open to child protection registers or who were not actively parenting. To this point, understanding of mothers' perceptions of attachments whose parenting is arguably deemed by professionals to be 'good enough' are represented in this study. The findings do not represent the perspectives of mothers who do not have custody of their children, whose views may be best understood in separate research. Nonetheless, the experiences of internalised stigma and feeling powerless are similar to previous research (Gould & Dodd, 2014; Mayes & Llewellyn, 2009; McCarthy, 2018; Pacheco & McConnell, 2017; Slayter & Jensen, 2019). Fathers' views were necessarily absent given the in-depth focus on mothers' perspectives.

It is also important to consider bias arising from advocacy recruitment; whereby participants may be more familiar with working with professionals, advocating for themselves and feel more confident sharing their experiences. In addition, recruiting from self-advocacy groups may have limited inclusion of mothers with infants as none were accessing the self-advocacy groups at this time. Gaining perspectives of negotiating new motherhood could have elicited different perspectives, such as achieving the construction of a 'good mother' (Jackson & Mannix, 2004).

A strength of the study refers to the inclusion of expert-by-experience feedback to address the 'fit' between the respondents' views and the researcher's interpretation (Tobin & Begley, 2004). The project could have benefitted from the greater involvement of learning-disabled co-researchers in the data collection and analyses. Previous researchers have called for greater involvement of learning-disabled co-researchers to reduce power disparities inherent in the researcher-participant dynamic and help break the stigma that people cannot meaningfully participate in research (Franklin et al., 2021).

The researcher interpreted mothers' experiences based on retrospective descriptions. The study was not seeking to objectively measure or assess attachment, but rather to develop an in-depth understanding of how the mothers perceived their relationships with their children. Qualitative analysis allowed breadth and depth of information to emerge that would not have been uncovered with quantitative methodology.

Qualitative research poses the possibility of social desirability bias, especially when the topic is of sensitive nature (Bergen & Labonte, 2020) and there is a perceived risk of disclosure (Krumpal, 2013). It is possible that participants presented their answers in a way to be socially acceptable, due to women's experiences of services and having to prove themselves as good parents to professionals (e.g. clinical assessments and court proceedings). Attempts were made to minimise social desirability, such as building rapport, validating experience, transparency about the role of a researcher, assurance concerning confidentiality and anonymity protocols, and reminders that there

were no right or wrong answers. This facilitated disclosure of information regarding challenges of parenting, mental health, and personal experiences.

Implications for clinical practice and future research

There has been some recent research documenting fathers' broad experiences of services and parenting with learning disabilities (Symonds et al., 2021) but none about their perspectives of attachment with their children. Conducting future research with fathers would ensure their voices are also heard and build a better understanding of gendered experiences because fathers might relate to their identity as parents differently, (Shewan et al., 2012), and have different experiences of services (Theodore et al., 2018) and different perceptions of attachment within relationships (Fletcher et al., 2016). Such knowledge could enable policy providers and practitioners to identify parental support needs and provide a tailored approach for both mothers and fathers.

The study included women from black and ethnic minority backgrounds. Research has highlighted negative experiences for black women in maternity care services, such as being misunderstood and their cultural needs not being respected (Jomeen & Redshaw, 2013). People with learning disabilities from minority ethnic groups are under-represented in research and have lower use of mental health and social care services than white comparison groups (Robertson et al., 2019). There was a noticeable absence of discussion around culture, with only one mother referencing the impact of her faith on her parenting. This could be partly due to the questions in the interview schedule based on attachment literature being predominantly Western (Quinn & Mageo, 2013), and potentially reflects the powerlessness people face, and the feeling their values are not considered or respected (Algood et al., 2013). Qualitative research is needed to yield meaningful data on minority ethnic communitys' experiences of attachment relationships and socially valued roles that may contrast white European assumptions, to better inform culturally competent practice.

One avenue for future research and clinical practice is to focus on identifying attachment styles of mothers with learning disabilities and application across health and social care settings to

support dyad relationships. Standardised adult attachment measures have been criticised for their lack of application, the presumption of ability to place oneself in the past, future, or hypothetical situations (Hare et al., 2007) and impaired by memory or narrative recall assessments (Beail, 2002). The Self-report Assessment of Attachment Security (Smith & McCarthy, 1996) and observational measures (The Manchester Attachment Scale; Penketh et al., 2014) have been developed for people with learning disabilities but neither captures the person's perceptions of their attachment relationships (Fletcher et al., 2016). The author is also not aware of the application of these measures specifically for parents with learning disabilities. This study supports the need for a toolkit of measures using a variety of sources to assess mothers' attachments, to account for heterogeneity in learning disabled populations (e.g. communication needs).

It is important for parental attachment measures to be used in the context of formulation (Johnstone & Dallos, 2006) and psychological interventions, especially with regard to how trauma responses and power dynamics are experienced by parents in this population. Future research could focus on parent-child behaviour and interactions as functional strategies, rather than using a symptom-based checklist (Crittenden, 2006). The study findings support the increased use of development and implementation of attachment-based interventions for parents with learning disabilities, including Video Interactive Guidance aimed to increase parental sensitivity (Aghali, 2019; Hamby et al., 2019; Pethica et al., 2019). Parents with the added challenges of caring for children with neurodevelopmental difficulties, learning disabilities, or long-term physical health issues may benefit from these strength-based approaches (Emerson & Brigham, 2014; Wickström et al., 2017). For example, parents' nonverbal mentalizing ability could be further explored for this population and integrated into psychological services to promote attuned parenting.

People with learning disabilities are exposed to higher rates of adverse experiences in childhood and psychological trauma in adulthood (McNally et al., 2021). However, trauma-related experiences and responses such as post-traumatic stress disorder (PTSD) are underreported

(Longfellow & Hicks, 2022). This could be due to diagnostic overshadowing of attributing trauma and attachment experiences as 'challenging behaviour or anger' or because of communication deficits in those who experience trauma (Daveney et al., 2019). Research is warranted to compare and assess tools for identifying traumatic events and PTSD in people with learning disabilities (Daveney et al., 2019). Screening should then be implemented at annual GP health checks, at regular intervals following major disasters (NICE, 2005) and within health and social care services that work with women with learning disabilities.

Training for health and social care professionals around the difficulties that parents with learning disabilities face would be beneficial for early prevention, including psychoeducation around attachment and trauma. Trauma-informed care should be embraced as a whole systems approach, given the far-reaching relational nature of traumatic experiences for people with learning disabilities. For example, developing an empowering environment for multidisciplinary teams through sharing non-pathologizing language, sharing strengths as a staff team, and reflecting on re-traumatizing in health care (Goad, 2021). Using trauma-informed approaches that identify missed attachment opportunities (Schuengal et al., 2013) and understanding dynamics and experiences that happen between people, could foster service engagement (Merksky et al., 2019). Improving engagement might alleviate some of the judgement and fear of child removal mothers with learning disabilities face and help them feel relationally safe within clinical teams (Goad, 2021).

Conclusion

The current study aimed to produce insight into mothers with learning disabilities' perspectives of developing attachment relationships with their children. All mothers stressed the importance of the bond with their children, and many gave detailed accounts alluding to sensitive parenting and determination to be "*the best mum*". Mothers demonstrated knowledge of building the connection through various forms of play, protection, emotional support, and reciprocity. Women's identity as mothers was powerful and they often had to prove themselves as parents.

Women faced stigma and isolation, and their relationship with their children was a protective factor that enabled them to demonstrate resilience to adversity. Some mothers gave insight reflecting on their own attachment strategies and unmet needs. Women faced significant barriers in their development and maintenance of their relationships, namely related to mental health, lack of autonomy, and additional neurodevelopmental needs. There were times women struggled with the emotional and behavioural demands of children and relied on external support. Future research is needed to establish gold standard measures of parental attachment. It is hoped that attachment-based and trauma-informed interventions will be developed and provided for parents with learning disabilities across health care settings.

Paper 3 - Integration, Impact and Dissemination

The following section is an evaluation and critical review of the research process. This paper outlines reflections on my experience and the integration of the systematic review and empirical paper, the potential impact of the research, and plans to disseminate the findings.

Integration

Interest in the topic area

My interest in this area began during pretraining experiences, working with children with learning disabilities and their families. I was struck by the power of positive relationships across families and schools and understanding how behaviour could be communicated as unmet needs. I remember learning that one of the adolescents wished to have a baby following admission to a psychiatric ward. This facilitated discussion around mental health capacity and safeguarding, and I felt shocked by how many barriers the term 'learning disability' itself was associated with.

I have always felt motivated to work with people who are marginalised. During my clinical training, attachment and relationship disruption were at the heart of many 'presenting problems'. Having worked with parents across learning disability and looked-after children services, I have valued the work of psychologists who can incorporate attachment-related concepts, such as mentalization and responses to trauma. It made me wonder how many children would have been able to stay in their families, had their parents' needs been earlier identified and supported.

I sought a thesis project that aligned with my clinical interests, and I was motivated to hear the voices of mothers that could hopefully give us the insight to shape service provision. With regards to choosing a systematic review focus, I wanted to situate the empirical paper and understand more broadly how people with learning disabilities experience attachment across a range of relationships. This area feels especially personal to me because I have a family member with learning disabilities. I hope this work encourages others to further this research to improve outcomes for this population.

Reflective journal

A reflective journal was kept throughout the process to facilitate reflexivity; to examine personal assumptions and goals, and to make my decisions, values, and experiences visible to myself and the reader. Keeping a reflective journal can aid validity in qualitative research by understanding your ontological and epistemological positioning in the research (Ortlipp, 2008). Unknown to me at the time, I began the research from a 'problem saturated' approach to attachment and learning disabilities. This medical model of disability is inherent in the media and academic research about impairment can create low expectations of the person's ability. The attribution of impairment and vulnerability reinforces stereotypes (Ballinger & Wiles, 2006). However, through writing a reflective log after each interview, I noticed how this perspective changed. It felt important to consider the various factors that made people vulnerable, rather than locating the problem inside disability. I made a conscious effort to reduce the influence of preconceived ideas so that there was less influence on the data collection and analysis. I became more aligned with the social model of disability (Oliver, 2013) as a valuable perspective to achieve equality, participation, and inclusion for people with learning disabilities. I was drawn to the resistance and strength-focused approach, which did not always feel coherent with traditional attachment literature.

Due to the emotive nature of the interviews, I noticed myself drawing on clinical skills needed to engage and validate participants. I found myself motivated to formulate people's experiences and hope for them to relieve their emotional distress. I reflected on the difference between exploration and engagement, versus change-based therapy approaches. It was important to draw myself back to the interview schedule during data collection and keep a neutral stance during analyses, to endorse the inductive approach of writing up accurate representations of data (Braun & Clarke, 2006).

I reflected on the voiced and unvoiced, invisible, and visible differences between us from the 'social graces' tool (Burnham, 2018). I was aware of the invisible and voiced difference that I was not

a mother, and the unvoiced but visible difference around ability and disability (e.g. I was accessing postgraduate education). I noticed feeling very aware of my privilege and this increased my empathy with the women. In turn, I paid particular attention to the emotive data. Referring to the analysis guidelines ensured that I used quotations from all participants to maintain transparency (Braun & Clarke, 2006). It was clear to me that we had different experiences of accessing health services and frustration around autonomy when dealing with professionals. I believe this experience had a personal impact on my clinical work, especially when delivering consultations to social workers about engaging families in the care system. On reflection, the empirical research lacked discussion around cultural experiences. This was potentially influenced by western ideas of attachment theory and further by myself and my supervisor in identifying as white British women.

Challenges of the systematic review and empirical paper

The first notable challenge in conducting the systematic review was my inexperience in the approach and initially, I felt apprehensive about using a qualitative approach. However, the decision was informed by the research question, and it would not have been possible to capture perceptions of attachment experiences through a quantitative review regarding attachment classification. The decision to use thematic synthesis was primarily informed by the heterogeneity of the papers and the nature of the research question seeking to understand experiences and perspectives (Thomas & Harden, 2008). Perhaps due to my inexperience, synthesising data across so many papers felt challenging and guidance reiterates there is no one objective way to synthesis (Thomas & Harden, 2008). There was such a large breadth of data that constituted many aspects of attachment theories. Assessing the quality of qualitative papers has been contended regarding utility and appropriateness (Carroll & Booth, 2015; Toye et al., 2017). In hindsight, it might have been useful to adapt the checklist to make it more applicable for my research question, such as rating whether the research was inclusive.

A challenge in the empirical paper was choosing the final themes and analysing data across such in-depth and detailed interviews. Participants were able to share many experiences and not all related to the research question. In line with inductive approaches, I tried to zoom in and out of the data so that I could describe patterns across the data and not focus individually on interviews. Other qualitative approaches such as interpretative phenomenological analysis (IPA) have been used in the literature on parents with learning disabilities (Baum & Burns, 2007; Mayes et al., 2006). However, the study's heterogenous sample of mothers and aims to identify broad themes was not compatible with IPA's aim to provide detailed accounts of individual homogenous cases (Smith & Osborn, 2015). Nonetheless, there are interpretive and phenomenological aspects of the research, and there is no ideal method for a research project (Braun & Clarke, 2021). Understanding more of the literature on thematic analysis increased my confidence, especially reading about its strengths of capturing diversity (Braun & Clarke, 2022), producing 'actionable outcomes' (Sandelowski & Leeman, 2012), and how personal experiences are located within socio-cultural contexts (Braun & Clarke, 2021). The use of credibility checks and member checking of findings with raw data also instilled reassurance that the themes were driven by the data, enabling the inductive approach (Lincoln & Guba, 1985).

Areas of concordance and discordance

The systematic review focused on the perspective of adults across relationships to understand wider experiences of attachment and the empirical research detailed perspectives of mothers to understand their attachment experiences with their children. A common theme across both papers was the centrality of attachment in peoples' lives. People's experiences mirrored those seen in people without learning disabilities, such as the importance of reciprocity and adaptive strategies to feel safe and connected. However, there were specific challenges people faced that were associated with learning disabilities: accessing relationships, lack of autonomy within relationships, and stigma about their abilities within relationships. It is possible that the non-verbal, physical connections were especially prevalent for people. For mothers in the empirical research,

their relationship with their child was their most important one. They often described not having friends and mixed support from family. Most mothers described difficult or absent relationships with the children's father and abuse were frequently mentioned.

Conversely, the systematic review included studies with data from people that described strong and supportive relationships with partners or friends, but challenges from the system around them. In some ways, there are parallels of emotional dependence for the favoured attachment figure. It is not known how many adults in the systematic review were parents, but those who were parents spoke about being judged by professionals, unsupported by family, and experiencing child removal. Three of the women in the empirical research had experienced separation from children but were deemed 'good enough' parents for other children. This commonality between papers highlighted the important issue around the overrepresentation of parents with learning disabilities in care proceedings (Cox et al., 2015) and wider experiences of feeling stigmatised as incompetent parents (Franklin et al., 2021).

Another similarity between papers was the sense of powerlessness corroborated in many of the accounts across participants. Findings in the empirical research related to professionals overpowering how mothers bought up their children. The systematic review has wider connotations across relationships but ultimately depicts a more complex picture, for example, the lack of autonomy from people living in supported housing, dependent on staff to see their partner, or people who were not allowed to be physically intimate. Despite the clear barriers of lacking autonomy in their relationships, both papers included experiences of positive support from their network. People demonstrated resistance to stigma by searching for independence and challenging people's assumptions of disability. This highlighted the need wherever possible for professionals and caregivers to balance their role of safeguarding with promoting autonomy. This could also be understood through the caregiver-person attachment that Crittenden (2008) related to the zone of

proximal development (Vygotsky, 1978); that if the caregiver does too much or too little to protect a child from danger, adaptive strategies are hard to draw upon across contexts.

The systematic review had a broader focus which included data on physical intimacy with partners and related barriers that were not elicited in the empirical research. Whilst this may be in part due to the nature of the different research questions, it also points to the specificity of the empirical research; whereby participants were all living independently, as oppose to many in supported living in the systematic review. This offered insight into the heterogeneity of experiences and the need for findings to be understood in the research context.

Although covering different contexts, both papers highlighted the intensity of emotion that people face when faced with barriers in attachments, such as loss or conflicting needs between people. Participants were able to reflect on their mental health and how their sense of exclusion and isolation from others negatively impacted them. There was a sense of emotional dependency within attachment relationships for mothers and their children that was also reflected across partner relationships in the systematic review. Qualitative approaches across studies bought people's narratives to life and although quantitative research has different benefits, the rawness of emotional experience and importance of attachment relationships could not have been portrayed in a quantitative approach. I was saddened to learn that the emotional needs of people with learning disabilities are often neglected by professionals (Arthur, 2003). I hope the findings and implications discussed in this research emphasise the importance of assessing people's emotional inner world to provide adequate support. The thesis findings stress that services should routinely screen for exposure to early adverse experiences and attachment needs, especially in children with learning disabilities who are likely to be removed from their family home and experience significant disruptions in care (Morris et al., 2020). The thesis supports the clinical application of approaches focused on attachment, trauma, and identity (e.g. Power Threat Meaning Framework, Johnstone &

Boyle, 2018) and specific parent-child attachment-focused interventions (e.g. Video Interactive Guidance).

Impact

The Research Excellence framework defines impact as "An effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia" (Penfield et al., 2014, p. 21). The thesis has several potential benefits and beneficiaries for individuals and the broader society, including academic and 'real-world' impact.

The systematic review offered insight into a broad range of perspectives on attachment from people with learning disabilities. The findings contribute to the knowledge base around theories of attachment and applicability to people with learning disabilities, a variety of system constraints to accessing and maintaining relationships, and implications for interventions for adults and their networks. The paper highlighted that the concept of attachment is diverse and dynamic across research, and methodological limitations included a lack of author reflexivity and adults' attachment not being directly measured or explicitly conceptualised.

The empirical research offered a unique contribution to the literature, being the first known study to explore mothers with learning disabilities' perspectives on their attachment with their children, who are actively parenting. The thesis included findings that support academic theories around attachment concepts such as sensitive and attuned parenting (Ainsworth et al., 1978), mentalizing, attachment security (Bowlby, 1969), and adaptive strategies serving to self-protect in danger (Crittenden, 2006).

Seeking publication in high impact journals could maximise the academic impact of the thesis, whilst disseminating findings to a wider network of multidisciplinary professionals who work with families across wellbeing services (e.g. social work, psychology, midwifery, nursing) as well as self-advocacy organisations for parents with learning disabilities themselves, will increase 'real world' impact. In recent years, there has been movement from 'giving' the participants a voice, to

engaging in a more power-balanced collaboration (Roberts et al., 2011) and facilitating individual

and societal change through a shared understanding (Nind, 2008). Inclusive research is defined as

the involvement of people with learning disabilities as more than participants (Walmsle, 2001). This

enables fundamental aspects of control, access, and ownership across data collection, analysis, and

dissemination of results (Walsley et al., 2018). For the empirical research, experts-by-experience

gave feedback on the easy read information sheet, interview schedule, and final themes which

informed the easy read summary. The self-advocates were instrumental in developing the content

for the thesis and influenced how I was able to move from descriptive to interpretive analyses. Their

feedback influenced how results were presented and what messages were prioritised (Appendix M).

There were also challenges within the inclusive aspects of the research. Given that parents

shared their feelings of judgement and stigma from professionals, it is possible that some did not

feel comfortable opening up and censored their views. Also, inherent power balances existed within

the feedback sessions, predominately due to the jargon and complexity of the academic research.

The fathers in the group shared how they felt excluded from my research and were keen for future

research to focus on their experiences. The research would have further benefited from experts-by-

experience in the data collection and preliminary analyses.

The potential of 'real-world' applications with beneficiaries includes people with learning

disabilities, their families and caregivers, professionals, services, policy makers and the wider

society. Bronfenbrenner's (1992) ecological systems perspective offers a helpful framework to

consider the far-reaching impact (Figure 3). The four-level framework was originally a child

developmental framework but has more recently been used across clinical psychology (Algood et al.,

2013). The micro-level consists of the individual, family, caregivers, and peer group. The meso-level

consists of the services within an individual's community. The exo-level refers to the larger network

indirectly influencing the individual, such as professional training within organisations. The macro-

level consists of the cultural context and legal policies. The model fits with a social and contextual

model of disability (Oliver, 2013) rather than a medical model because it acknowledges the importance of impact across all levels of systems.

Figure 3

Bronfenbrenner's (1992) ecological systems theory
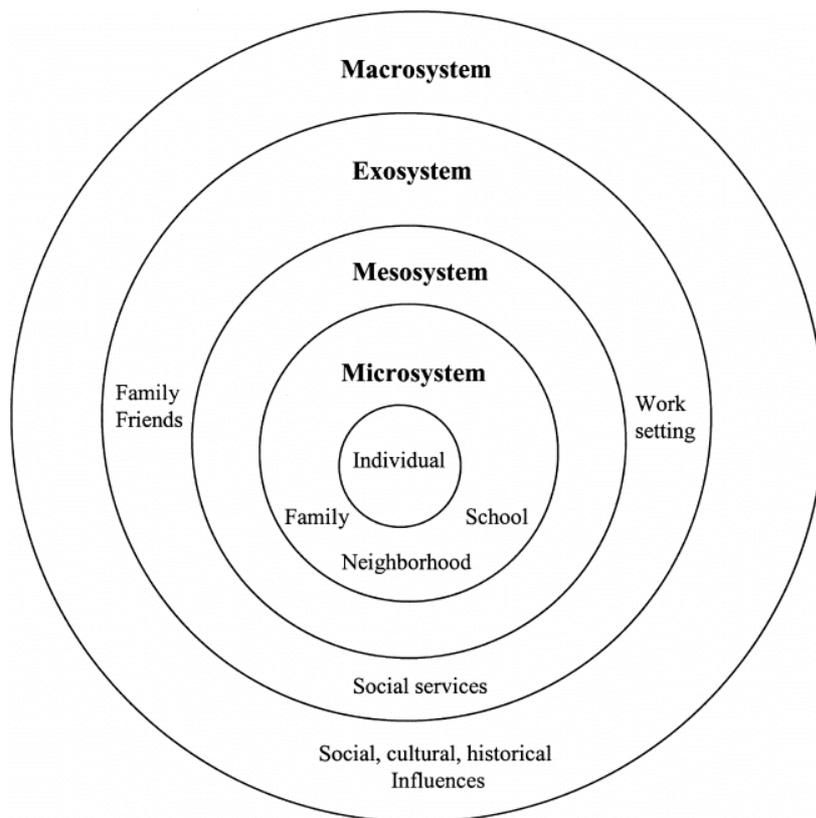
Micro-system: individuals and families

The thesis findings highlighted the potential of attachment theory at the micro-level, with individuals and their families. The findings suggest that using interventions that are attachment and trauma-informed would benefit people with learning disabilities. The diversity of experiences highlighted in the thesis indicated a range of support might be needed across the lifespan to support

wellbeing. For example, parent-infant support using Video Interactive Guidance (Hamby et al., 2019) and systemic therapy incorporated with attachment (Crittenden & Dallos, 2009). Both papers included people's experiences of others' presumptions of incompetence around parenting, and the ability to have autonomy of decision-making within relationships. This appeared to impact their self-esteem and confidence to access services. Using therapeutic interventions such as the narrative approach of 'The Tree of Life' (Ncube, 2006), and the Power Threat Meaning Framework (Johnstone & Boyle, 2018) could help alter such disabling narratives for people. Although there are attachment guidelines for supporting people with learning disabilities (British Psychological Society [BPS], 2017) and research indicating the application of interventions for people with learning disabilities, there is a well-recognised policy and research implementation gap (Rosli & Rossi, 2014). The thesis highlighted the importance of tailoring evidence-based interventions for improving attachment experiences for people with learning disabilities.

Meso-level: increasing inclusion in communities

At the meso-level, the thesis highlighted that offering support to people with learning disabilities could reduce social isolation. Offering parenting support could improve the quality of life of parents and their children (Collings et al., 2020), as parents with learning disabilities are amongst the most marginalised in society (Llewellyn et al., 2008). Peer support groups can offer a trustworthy space for sharing and solving problems (Gustavsson & Starke, 2017). Structured programmes for parents may help build skills of peers to advocate for people who have experienced significant trauma (Collings et al., 2020). The thesis highlighted the need to promote inclusion across friendships and romantic relationships. This could be achieved by offering support in a group format, across clinical services and self-advocacy groups. This could also include signposting to organisations that support people to date and make friends (e.g. Choice Support, the Tizard Centre).

Exo-level: economic and systems

Adults with learning disabilities are disproportionally likely to have their children removed (Booth et al., 2004). There is an enormous financial impact of social care processes, especially given the impact of reduced budgets (National Audit Office, 2019) and an increasing number of child protection plans and looked-after children (Thomas, 2018). Local authorities have also reported increased demand for direct payments for children with disabilities and complex needs (Suh & Holmes, 2022). Research has indicated the pivotal role of prioritising needs of vulnerable children and their families to achieve positive outcomes (La Valle et al., 2019). The empirical research highlighted how mothers with learning disabilities can build positive attachments with their children and can reflect on their challenges. The thesis highlighted the wider notion that people's attachment experiences (or lack of) impact their quality of life. Thus, focusing on supporting parents with learning disabilities' relationships with their children through an attachment lens could potentially have a positive economic impact. For example, using a trauma-informed approach with attachment theories in social care parenting assessments, rather than focusing solely on practicalities of parenting capacity could be beneficial for keeping families together (Harlow, 2021). It is also important to use a trauma-informed approach for staff training in residential or supported living, whereby caregivers and staff can experience attachment behaviours as problematic (Mullen, 2018). To reduce staff burnout and placement breakdowns, training should focus on people with learning disabilities' attachment needs and behaviours (Skelly, 2016), and on caregivers' attachment representations (Schuengel et al., 2010).

Macro-level: policy makers

Clinical psychology has an important role in macro-level policy work, especially with regards to community psychology that views psychological distress within a social, cultural, and political context (Orford, 2008). Policy-level intervention includes two areas: ameliorative and transformative (Nelson & Prillethensky, 2005). Ameliorative interventions aim to alter policies relating to the treatment of individuals, such as improving access to services for people with learning disabilities. In

line with the recommendations to incorporate attachment theory with people with learning

disabilities (BPS, 2017), policy for parents with learning disabilities (Working Together with Parents

Network, 2021) has recently included a brief acknowledgement of increasing attachment knowledge

for adults with learning disabilities and their children (Pearsone et al., 2019). Policy should be

updated to include attachment across multiple relationships. It is also important that researchers

and clinicians pay particular attention to the culture and lifestyle of people with learning disabilities.

Ethnic minority families who are often overburdened and feel powerless because interventions are

not culturally fitting need particular focus (Algood et al., 2013).

Transformative interventions work to improve policies relating to social issues. For example,

focusing on changing oppressive structures for people with learning disabilities that are contributing

to psychological distress (Nelson, 2013). Implementation of supporting effective relationships across

community and inpatient services has been outlined in the transforming care programme (NHS

England, 2015). Altering these narratives is complex and difficult to achieve, but inclusive research

and co-production within services can be of benefit. For example, Mind the Gap, an inclusive theatre

company for people with learning disabilities, have innovatively bought the experiences of parents

with learning disabilities to 'mainstream' audiences (Franklin et al., 2021). Self-advocacy groups offer

people the opportunity to challenge oppressive phenomena and speak for themselves (Fenn & Scior,

2019). It is vital that funding continues for self-advocacy groups to make sure voices are heard at a

governmental policy level, given the benefits for social opportunity and wellbeing for people with

learning disabilities (Tilley et al., 2020).

Dissemination

Dissemination of research is an important process to increase the reach and impact of

research (Penfield et al., 2014). 'Easy read' summaries were produced for accessibility of people with

learning disabilities and will be disseminated to self-advocacy groups that took part in the research,

alongside other services that support people with learning disabilities. The empirical research

received expert-by-experience feedback from members of the Elfrida Society Parent Advocacy group and the summary will be published on their website. The summaries will be distributed via the Working Together with Parents Network (2021).

To disseminate the findings to a wider academic audience and contribute to the evidence base, the empirical research will be prepared and submitted for publication. The Journal of Applied Research in Intellectual Disabilities will be approached based on impact ratings (Scimago, 2020), relevance to subject matter, and acceptance of qualitive research. Alternatively, the Journal of Intellectual Disabilities or the British Journal of Learning Disabilities will be considered. The systematic review will be considered for the Journal of Intellectual Disability Research. The thesis abstracts will be sent to The Special Interest Research Group on Parents and Parenting with Intellectual Disabilities newsletter bulletin. A poster of the thesis will be submitted to the annual British Association of Social Workers conference.

The findings from the empirical research have been disseminated via remote presentations to staff and students at Royal Holloway University of London. The presentation gave particular focus to the emphasis of incorporating attachment theory in clinical services for people with learning disabilities, and the meaningful experience of conducting research with parents. It is hoped that the presentation motivated others to work clinically or conduct research in this area. The findings will be included in the Royal Holloway DClinPsy teaching for working with people with learning disabilities.

Because many parents with learning disabilities will not be known to specialist services (Emerson, 2011) but could benefit from psychological input regarding attachment and trauma-informed care, the findings should be disseminated to wider psychological services, including CAMHS, perinatal and whole family services. The thesis findings will be presented in my current placement team meeting with psychologists and social workers. To maximise reach, I am also hoping to disseminate findings to other related professionals, such as social care, midwifery, and perinatal services. A summary of the thesis findings will be emailed to training bodies (e.g. social work courses

at Royal Holloway) to highlight the importance of early intervention to support attachment. The

dissemination plan should raise awareness of mothers' experiences across people accessing services,

professionals, and stakeholders to maximise the impact of theoretical and clinical implications for

people with learning disabilities.

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Appendices

Appendix A: Search terms for systematic review

Table A1

Search terms

Search category	Search terms
Learning disability	"learning disabilit*" OR "learning difficult*" OR "intellectual disabilit*" OR "intellectual difficult*" OR "developmental delay*" OR "mental retard*"
Experience	"experience*" OR "qualitative" OR "perception*" OR "attitude* OR "view*" OR "feeling" OR "impact" OR "opinion" OR "perspective*" OR "belie*" OR thematic" OR "grounded theory" OR "IPA" OR "interpretative*" OR "interpretative phenomeno*"
Attachment	"attachment" OR "attunement" OR "maternal sensitivit*" OR "reflective functioning" OR "emotional relationship*" OR "relationship"

Table B1

Quality ratings using the CASP (2018) checklist

Author(s) and year	CASP Criterion										
	Clear statement of research aims?	Qualitative method appropriate?	Research design appropriate?	Recruitment strategy appropriate?	Data collection appropriate?	Relationship between researcher and participant discussed?	Consideration of ethical issues?	Rigorous data analysis?	Clear statement of findings?	How valuable is the research?	Total
Bane et al. (2012)	2	2	0	1	2	0	2	1	1	2	13
Bates et al. (2016)	2	2	2	2	2	1	2	2	2	2	19
Bates et al. (2017)	2	2	2	2	2	0	2	2	1	1	16
Brown et al. (2016)	2	2	2	1	2	2	2	2	2	2	19
Callus (2017)	2	2	2	2	2	2	1	1	2	1	17
Curryer et al. (2018)	2	2	2	2	2	1	2	2	2	2	19

Haigh et al. (2013)	2	2	2	2	2	2	2	2	2	2	20
Hurd et al. (2017)	2	2	2	2	2	1	2	2	2	2	19
Lafferty et al. (2013)	2	2	2	2	2	1	2	2	2	2	19
Llewellyn (1995)	2	2	2	2	2	0	2	1	1	2	16
Mason et al. (2013)	2	2	2	2	2	1	2	2	2	2	19
Mattila et al. (2017)	2	2	2	1	1	1	0	1	1	2	13
McCarthy et al. (2020)	2	2	2	2	2	0	2	2	2	2	18
McRitchie et al. (2014)	2	2	2	2	2	2	2	2	2	2	19
Merrells et al. (2019)	2	2	2	2	2	2	2	2	2	2	20
Neuman (2020)	2	2	2	1	2	1	2	2	2	2	18
Neuman & Reiter (2017)	2	2	2	2	2	0	2	1	1	2	16
Pacheco & McConnel (2017)	2	2	2	2	2	0	2	2	2	2	18

Pottie & Sumarah (2004)	2	2	2	2	1	0	0	1	1	1	12
Puyaltó et al. (2019)	2	2	2	2	2	0	2	2	2	2	18
Runnion & Wolfer (2004)	2	2	2	2	2	0	2	1	1	2	16
Rushbrooke et al. (2014)	2	2	2	2	2	2	2	2	2	2	20
Southby (2018)	2	2	2	2	2	0	2	2	1	2	17
Strnadova et al. (2018)	2	2	2	1	2	0	2	2	2	2	17
Sullivan et al. (2013)	2	2	2	2	2	1	2	2	2	2	19

Table C1

Papers contributing to themes and subthemes

Theme	"I feel safe": Attachment safety and significance of relationships			Challenges and constraints to attachment			Experiencing loss within attachment relationships		Dreams and desires of attachment relationships	
Subtheme	Belonging and identity	Give and take: Reciprocity and emotional support	Proximity and connection to the other person: 'You get frightened here when you are by yourself'	Limited opportunities to access relationships	Power imbalances: Difficulties arising from other people in the system	Responding to barriers by regaining control in relationships	The impact of losing someone	Navigating life after loss	What does the perfect relationship look like? Valued characteristics of a partner, friend, or family member	Desire for an 'ordinary' life
Bane et al. (2012)		✓			✓	✓			✓	✓
Bates et al. (2016)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bates et al. (2017)		✓	✓	✓	✓		✓	✓	✓	✓
Brown et al. (2016)	✓	✓	✓		✓	✓	✓	✓	✓	✓

Callus (2017)		✓	✓	✓	✓	✓			✓	
Curryer et al. (2018)	✓	✓	✓		✓	✓	✓			
Haigh et al. (2013)	✓	✓	✓	✓	✓		✓	✓	✓	✓
Hurd et al. (2017)	✓	✓		✓	✓	✓	✓	✓	✓	✓
Lafferty et al. (2013)		✓	✓	✓	✓		✓	✓	✓	✓
Llewellyn (1995)		✓		✓	✓	✓	✓		✓	✓
Mason et al. (2013)	✓	✓	✓	✓	✓	✓	✓		✓	✓
Mattila et al. (2017)		✓	✓						✓	
McCarthy et al. (2020)	✓	✓		✓	✓	✓	✓	✓		✓
McRitchie et al. (2014)		✓	✓		✓	✓	✓	✓		
Merrells et al. (2019)	✓	✓	✓	✓	✓		✓			✓
Neuman (2020)		✓		✓	✓	✓	✓		✓	
Neuman & Reiter (2017)	✓	✓	✓		✓	✓	✓		✓	✓

Pacheco & McConnell (2017)	✓	✓	✓		✓	✓	✓	✓		✓
Pottie & Sumarah (2004)	✓	✓	✓	✓	✓				✓	
Puyalto et al. (2019)				✓	✓	✓				✓
Runnion & Wolfer (2004)		✓	✓	✓	✓		✓	✓	✓	
Rushbrooke et al. (2014)		✓		✓	✓	✓	✓	✓	✓	✓
Southby (2018)		✓		✓	✓	✓				✓
Strnadova et al. (2018)	✓	✓		✓	✓	✓	✓	✓	✓	✓
Sullivan et al. (2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix D: Ethical approval from Royal Holloway

Screenshot of email from RHUL Ethics confirming approval

Result of your application to the Research Ethics Committee (application ID 2509)

Ethics Application System <ethics@rhul.ac.uk>

Wed 30/06/2021 16:31

To: Hevesi, Rowan (2019) <Rowan.Hevesi.2019@live.rhul.ac.uk>;Theodore, Kate <Kate.Theodore@rhul.ac.uk>;Ethics <Ethics@rhul.ac.uk>

PI: Kate Theodore

Project title: Exploring parents with intellectual disabilities' experiences of attachment and emotional attunement with their children

REC ProjectID: 2509

Your application has been approved by the Research Ethics Committee.

Please report any subsequent changes that affect the ethics of the project to the University Research Ethics Committee ethics@rhul.ac.uk

This email, its contents and any attachments are intended solely for the addressee and may contain confidential information. In certain circumstances, it may also be subject to legal privilege. Any unauthorised use, disclosure, or copying is not permitted. If you have received this email in error, please notify us and immediately and permanently delete it. Any views or opinions expressed in personal emails are solely those of the author and do not necessarily represent those of Royal Holloway, University of London. It is your responsibility to ensure that this email and any attachments are virus free.

Department of Psychology, Royal Holloway, University of London

Egham Hill, Egham TW20 0EX

Web: https://www.royalholloway.ac.uk/

'Being a Mum'
PROJECT INFORMATION SHEET

What is this information sheet for?

This sheet tells you about this project. It will help you choose if you want to take part or not.

Who is doing this project?

My name is Rowan Hevesi. I am a Trainee Clinical Psychologist. I am doing this project with Royal Holloway University.

What is this study about?

We know a little bit about what it is like to be a parent with learning disabilities.

We are interested in how mums feel about their relationship with their child.

We want to find out what it is like for mums to develop connections with their children.

We want to find out about experience of mums who are currently living with and caring for their children.

What will the interview questions be about?

We would like to ask you questions about:
- When you feel close to your child
- What makes you feel connected with your child
- When your child has different feelings (like happy or sad) and how you feel about this.

We are interested in **your** experiences.

This project will help us find out more about how mums with learning disabilities build relationships with their child. We hope it will help

	improve services for parents with learning disabilities too.
	Who can take part in the research? • Mums with learning disabilities • Mums who are looking after or have looked after their children • Women who can understand what it means to take part in the project Who cannot take part: • Mums who have children under a child protection plan at the moment

	What will happen if I take part in the project? You will meet with a researcher to talk about the project. You will sign a consent form to say that you are happy to take part.
	You will meet with the researcher for an interview. This will take about 1 hour.
	The interview can be on video. If possible, we can meet face to face**.**
	I will record our meeting.

	What you tell us will be kept • private • in a safe place • it will not have your name on Your interview answers will be kept for 10 years then destroyed. Only the researchers and people who inspect researchers will see your information. These people will not know your name or who you are. If you have questions about this, you can speak to the researchers. Their contact details are at the end of this information sheet.
	What will happen at the end of the project? We will write a report about the project, to let people know what we find out. The report will be about what everyone who took part said. We will write an easy read summary of the project. This might include some of the things that people said, but not people's names. We will write about the project
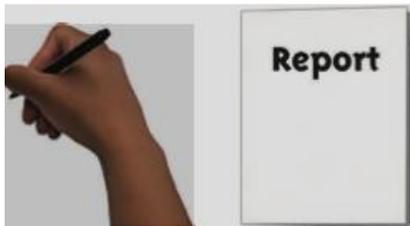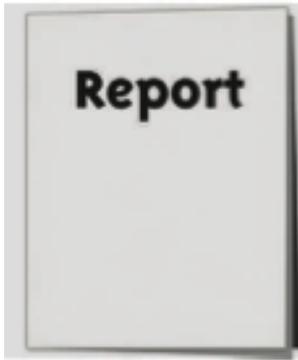
Report	in a way that no one will know that you took part.
⚠ 📱	**Is the research private?** Yes. We will only share information if we are very worried about you or someone else's safety. Only if we need to, we may share information with someone who can help to keep you safe, like your GP or the Learning Disability Team. We will let you know if we need to do this.
	Do I have to take part in the project? No, It's your choice… You do not have to take part in the interview. You choose what you want to say. You can stop the interview at any time. It is ok to change your mind.

	If you decide to take part in the interview or not, it will not change the way services work with you.
      	There might be good things and bad things about being interviewed. It might be good to talk to someone about things you don't normally talk about. We hope that this project will help other mothers with learning disabilities to get the support they need. We will offer you £10 payment for your time. But talking about how you feel about being a mum might be hard. You do not have to answer any questions you do not want to. We will ask you how you feel after the interview and give you some information that might help.

	The University have checked how this research is being done. They have agreed that the research is being done safely.
	How have service users helped us to develop this study? People with a learning disability helped us to make the study information sheets and interview questions easy to understand.
	Can I talk to someone about the project? Yes. You can talk to your psychologist, family, friends, carer, or GP if you have any questions or want advice.
	You can talk to Kate Theodore (research supervisor) if you are unhappy with anything about the research. If Rowan is worried about your wellbeing or safety she will talk to Kate. Rowan will be able to help you access local services / your GP if you need to.

	If you have questions about the project you can call and leave a message for Rowan Hevesi or Kate Theodore, the researchers. Rowan's telephone number is: 01784 414 012 Kate's telephone number is: 01784 414 303 You can leave a message on this number with your name and number. Rowan or Kate will call you back.
	You can email Rowan or Kate. Rowan's email address is: Rowan.Hevesi.2019@live.rhul.ac.uk Kate's email address is: Kate.theodore@rhul.ac.uk
	THANK YOU FOR YOUR TIME **Please tick here if you want to find out more about taking part in the research** ✓ ✗ ☐ ☐ I agree that Rowan (the researcher) can arrange a meeting with me to explain the project and answer my questions.

Department of Psychology, Royal Holloway, University of London
Egham Hill, Egham TW20 0EX

Web: https://www.royalholloway.ac.uk/

Consent form for 'Being a Mum'

I will read out each box and ask you to choose Yes or No.

	I have seen the information sheet.	✔ ✘ ☐ ☐
	I understand what it says	✔ ✘ ☐ ☐

Choice	I know that I can choose if I take part or not.	✓ ✗ ☐ ☐
	I agree to take part in the interview	✓ ✗ ☐ ☐
confidential files	I understand my information will be kept: • Confidential • In a safe place • It will not have my name on it	✓ ✗ ☐ ☐
record	I agree to be tape recorded.	✓ ✗ ☐ ☐
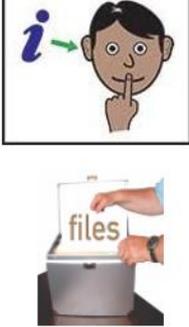
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	I know I can change my mind and ask to stop the interview	☐ ☐

 Name:

 Date:

As the researcher I confirm that I have explained the nature and purpose of the research to be undertaken.

Signed   Date:

Interview Schedule

Introductions

I am finding out what it is like to be a mother with learning disabilities / difficulties. I am interested in finding out what your relationship is like and what helps you feel close.

There are no right or wrong answers.

We can stop talking at any time and take a break.

Do you have any questions or worries about talking with me today? How will you let me know if you have any worries or questions or if you want to stop at any time today?

Go through demographic questionnaire.

Introduction to attachment

- **What is the bond between a parent and child?**
  o Why is it important? What does it do?
  o What do you think sensitive parenting is?
  o What do you think a good relationship with a child is?

- **How does the bond feel with your child(ren)?**
  o What are the good things about having a close bond / good relationship with your child?
  o Do you have a close bond / strong connection with anyone else in your life?
  o How does that feel?

Pregnancy

- **How did you feel when you were pregnant?**
- **What were your thoughts when you were pregnant?**
  o Tell me about the bond. Did you feel like you had a bond with your child(ren) before they were born?
  o What were your thoughts and feeling when X was born?
  o Tell me more. What was it like for you?
  o What was your relationship like when they were born?
  o Do you ever think about what they would be like?
  o What was X like?
  o What do you look forward to with your relationship with X?

Now

- If you had to choose 3 words to describe X, what would they be?
  - Tell me more about each word you used
- Can you use any words to describe your relationship?
- Describe a time in the last week / month when you are your child really clicked
  - Can you tell me a time you felt really close?
- **How do you and your child show you have the bond now?**
  - How is the bond expressed now?
- **How do you feel your bond helps your relationship?**
- **Does your bond make you feel close?**
- **What do you do to feel close?**
  - What enjoyable or fun things do you like to do?
  - What activities? (e.g. what do you play, what makes you laugh)
  - What do they do? What do you do?
  - How do they show you?
- **How does the bond get stronger?**
- **What is the best thing about your relationship with your child(ren)?**

How do you know when X has strong feelings?

- E.g. if they are feeling very sad, angry, worried or happy?
- Can you tell me a time when X was sad?
- Scared of something?
- Hurt or in pain?
- Really worried about something?
- Angry at someone or something
- Are there times when you aren't sure if they are angry? (*looking for what they do, and how the mother responds*)
- (Relating to each emotion) **How did you know at that time? What did you see? What was happening? What did you do?**
  - How do they show you?
  - What do you do?
  - How do you comfort them?
  - When was a time X was affectionate to you?
  - Can you tell me a time when X showed you they were proud?

- **What about when you are sad, what does X do?**
- **What about when X has made you angry? What do they do?**
- **What is different about each child and the bond?**

Future

- **Has your bond changed over time?** (e.g., thinking about those with older children / teenagers)

- **What do you look forward to in your relationship?**
- **What do you think your relationship will be like when X is a teenager / adult?**
- **What do you think they will be like as a teenager / adult?**

Strengths and difficulties

- **What are you good at as a parent?**
  - Tell me your strengths as a parent
- **What is more difficult?**
  - Does it affect your relationship with your child?
  - (What do you need, how do you balance your needs and your children's?)

Challenges

- **Can you tell me about some of the things in your relationship with X that are more difficult? Things that make you feel anxious, or angry or disappointed?**
- **What challenges do you have with having a close bond with your child?**
- Can you describe a time when you and your child really did not click
- **Can you think about a time you haven't felt close?** What was that like? What was happening? **How did you manage it? How did you repair / make up? How did you get back to feeling close again?**
- **What gets in the way of your bond? What gets in the way of feeling close?**

Closing

- **I have finished my questions now. Thank you for your time in helping me.**
- **How did it feel to talk about these things?**
- **Is there anything else you wanted to tell me or ask me?**
- **Do you have any worries or questions about what we talked about?**
  - (if required) You spoke about X, I would like to follow up with Y about this. Just to make sure you are getting the right support. Would you like extra support?
  - (if required I might need to consider following up with self-advocacy parenting group or make a referral)
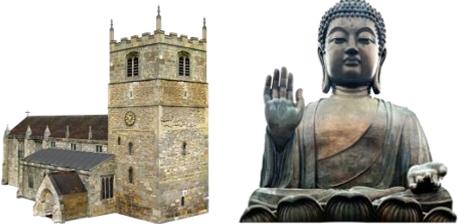
'Being a mum' project

Participant code:

About Me:

You can choose how much information you give to these questions. You can choose not to answer any questions you don't want to.

	Gender: (man / woman / transgender / don't want to say)

	What is your ethnic group?
	
	White: British Irish Other
	
	Black: Caribbean African Other
	
	Asian: Indian Pakistani Bangladeshi
	       Other Asian Background
	
	Mixed: White/Black Caribbean
	       White/Black African
	       White/Asian

	Other Mixed Background Chinese Other ethnic group
	How old are you?
	What is your religion?
	What sort of place do you live in? Do you live by yourself / with other people / in supported living? Anything else about where you live that is important?
	How many children do you have? **How many live with you?**
	When you grew up, who looked after you?
	Do you feel that you have any additional health needs? Any

| | **mental health needs? Any physical or mental health? Autism?**

Are you getting support from any services? |
| | **Do your children have additional needs?** |

Appendix I: Initial coding

And how has your bond with her changed as she has got older? Between you and her?

Between me and her?

The bond yeah

(inaudible). But we always make up and we have some good days and then it might be another bad day and then it might be another couple more good days but she picks it up from me. If I am having a bad day she will say mum, don't worry, you know erm and then I try to turn it around and then I have to do a fake smile and say I am fine, it is okay I am fine. Erm.

Hevesi, Rowan (2019)
Repairing / threat to bond

Hevesi, Rowan (2019)
Child attunement

Hevesi, Rowan (2019)
Parental wellbeing

Yeah I was going to ask you, how do you juggle your needs, if you are having a really low day and feeling down, and she needs you to be talking to her and caring for her, how do you juggle your needs and her needs?

That is a hard one really. I wouldn't know.

Hevesi, Rowan (2019)
Hard to juggle

mmm.

My needs really is, basically I always put Sophie before me. So before all of this, my typical morning would be get Sophie dressed, get her breakfast, me just dossing in my pyjamas, didn't want to do anything, have a bath, shower, nothing. That's one of my bad days where I just didn't want to do anything I just didn't care in the world really to be honest. But Sophie, I would always put her first no matter what. Erm even if I am ill I would put her first. Erm, and I have always done that, always.

Hevesi, Rowan (2019)
Put child first

Hevesi, Rowan (2019)
Parental wellbeing

Hevesi, Rowan (2019)
Put child first,
Attunement

Yeah

I have to, you know. If I am really ill and it stresses me out then, she will look after me [laughs].

Hevesi, Rowan (2019)
Role change

Hevesi, Rowan (2019)
Closeness

Yeah, yeah, and do you –

Even if she has been ill, it will be mummy all the time. Not daddy. Because she is me. And I think it's from that moment when you connect there (gestures to chest). The minute that she was out I think we had that connection straight away. Erm and then I think from then on, we do have a strong bond but it can go up and down, up and down, up and down. But I think we are getting better, I think she is going to be more independent now she has got her new bus pass. [laughs]

Hevesi, Rowan (2019)
Physical connection

Hevesi, Rowan (2019)
Close bond

Hevesi, Rowan (2019)
Threat to bond

Hevesi, Rowan (2019)
Child independence

What gets in the way, when you said it goes up and down? And that is so normal, all children and parents have up and downs. Wat do you think gets in the way of the bond or makes it harder?

She don't listen.

Hevesi, Rowan (2019)
Child not listening

178

Files\\P3
1 reference coded, 0.62% coverage

Reference 1: 0.62% coverage

Umm…just… for teaching the child about responsibilities and teach them right from wrong and learn them the different things in life.

Files\\P4
1 reference coded, 0.58% coverage

Reference 1: 0.58% coverage

Listening to them, understanding them, being able to, well, connect with them like you say especially when it is most important

Files\\P5
4 references coded, 4.70% coverage

Reference 1: 1.15% coverage

I love having that bond with my daughter because you know, she had a terrible life when she was little. She was stuck in hospital for 3 months. you know, I like to be a mum who will always support her and you know, just make sure that she is not feeling sad about herself you know.

Appendix J: Extract from reflective log

Reflective log

After the first interview

I did my first interview and was struck at the complexity of ideas arising about the mother and the child and the system around them. It was hard to cover everything, and it felt like I was rushing for time. It felt like the participant gave me so much of their inner world. Need to add in a demographic question about child additional needs.

After 6th interview

I was aware of how sad I felt during and after the interview because of experiences shared. The ideas about loneliness, oppression and discrimination came up. But also a big sense of resilience. I need to focus a little more on the contextual factors and who is around to support these mothers, who else do they have bonds with?

After face-to-face interviews

I was able to do two interviews face to face today. It felt really different to doing them online. I reflected on how I should have gone further with the direction the mother was going in and the interview felt more structured. After transcribing them I felt like I needed to ask more theoretically driven questions to capture how the mother feels about the relationship itself e.g. what adjectives she would use to describe them and their relationship.

Appendix K: Credibility check of coding with supervisor

- Looking at content of interviews: Importance of understanding the broader meaning of the section as well as coding each line.
- We looked at the idea of reliance on others for support. For example, I coded 'help from partner' and the second reviewer coded 'lack of autonomy'.
- We also looked at mother's fear about losing baby and coded this closer to the data. For example, distinguishing between 'fear of losing baby' and 'threat to losing baby'.
- Discussion of overall themes - Several of the codes cross over and it is not possible to ignore contextual and historical factors for these women. For example, the theme mental health and systemic influence of others seem to cover so many themes, they are not unanimous. We discussed the wide breadth of data and how it is not possible to include it all. We talked about staying close to the data whilst remaining focused on the research question – trying to take a step back from the data. This will involve going back through each transcript and understanding how each contribute to the themes and subthemes.
- Discussion of powerlessness – need to read more about internalising stigma and linking this to attachment experiences.

Appendix L: Preliminary themes
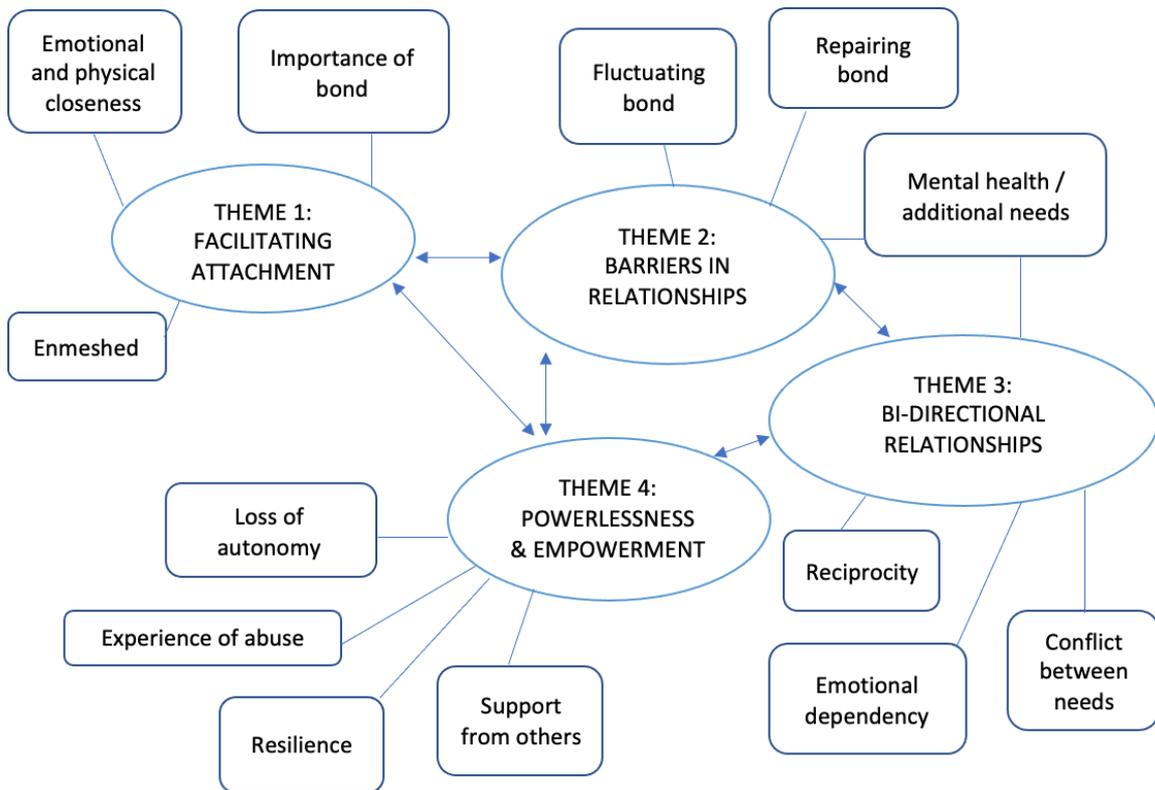
Appendix M: Expert-by experience feedback on themes

Notes from the presentation:

The self-advocates felt that the aim of the study was important, given the lack of research and presumptions that are made about mothers in the media, clinical settings, and day-to-day life. Self-advocates resonated with my interpretation of resilience and furthered my understanding of how it is perceived for these mothers. For example, mothers felt they had no option but to be resilient because they had to take care of their child every day. Self-advocates in the group also shared experiences of having children removed and how they felt judged and assumed incapable parents. There was a strong sense that parents wanted to be empowered by professionals so they can empower their own children. The self-advocates gave helpful recommendations of how control can be regained across settings; to have an advocate in meetings, resist professionals making all decisions, to receive reassurance about their ability and to be involved in decision making. All self-advocates were fearful of how their words would be interpreted by social workers, especially when they speak about how dependent they are on their children.

Feedback on presentation itself:

- The findings need to be in easy read format with photographs, not cartoons
- The diagram was hard to understand

Theme 1 Feedback

- Little feedback on this section, mainly in agreement and that the need for hugs and physical closeness continues into adulthood. For example, you might want a hug from your own mother at times. You need this physical closeness especially in times of stress.

Theme 2 Feedback

- Challenges made mothers feel resilient because even when it is hard, they have to keep caring for their child every day.
- This theme led to a lot of discussion about children being removed from their parents. One couple had recently had a child removed so they shared their story of how they felt judged and assumed to be incapable of parenting. Experiences of negative interactions with social workers.
- Parents said they want to be empowered by professionals so that they can "empower their own children and grow their strength".
- Ways that helped mothers regain control was attending meetings about their child, having an advocate support them, resisting professionals making all decisions, wanting to be involved in decision making, being reassured by others, having your voice heard.

Theme 3 Feedback

- All parents agreed with the quote 'She is the reason I get up'. This facilitated discussion about how professionals and social workers might see this dependency as negative. Parents were fearful of how their words are interpreted by social workers. They hoped social workers would not generalise negative assumptions to all people with learning disabilities.

Appendix N: Illustrative quotes

Additional illustrative quotes

Theme 1: Understanding Facilitating Attachment Relationships
Subtheme 1: Emotional and physical closeness leads to connection
"Very, like, strong bond. Like, I really loved it I was happy." (Amira)
"Yeah, he goes to me Mom, can you give me a cuddle but he wants to cuddle every minute." (Amira)
"Oh aye. I have been close to my son." (Rosie)
"That is because we have so much of a great bond, because I know my daughter." (Emma)
"So we have got more, we are more closer. Like I was really close with my daughter, then after I had my son…it is just different, the relationship if just different. as I say, as a mum" (Madeline)
"Then he is all over you then, he won't leave you alone, you can see the smile on his face." (Madeline)
"So erm, you see animals love, that's how I love my kids, keeping them together. That is the main thing, keeping them together as a family. I say my 5 kids, my kids are with me in my heart, I love them so much. My 5 kids are in my heart." (Zoya)
Yeah because every time, because they are my children, they are part of me. (Esther)
"It was love at first sight." (Esther)
"I had the connection when they were born. So what made it stronger is that they are with me but they are growing up, they may leave soon but I still got the connection." (Esther)
Subtheme 2: "So the child feels loved": The Importance of a Bond
"Umm…just… for teaching the child about responsibilities and teach them right from wrong and learn them the different things in life." (Sarah)
"I had my son and I loved the attachment of the child to motherhood. The best relationship in this world is a mother to a child. That's what I can say. Because I am a daughter, I used to be a wife not any more, for a few years not that it lasted long, er, I was a sister, I was a sister. But the best relationship bond is a mother to a child if it is a daughter or a son." (Zoya)
"Everything in this world. I give my soul. People say, do you know, you don't give your kids milk, you give them your own blood. And I say what do you mean by that? I am not Dracula." (Zoya)
"I never knew these things, but I was asking for help from people and give them all the help and support and love and comfort I can give them. So I was asking my mums advice, she was coming to my house and I would go to her house and all these things. I was getting advice from my family and things, what do you do? How do you be a best mum and how to do all the things. I wanted to be a best mum." (Zoya)
"It is a good feeling because, well with the other kids being taken off us…I just want to bond with my other kids like that." (Rosie)
"For teaching the child about responsibilities and teach them right from wrong and learn them the different things in life." (Sarah)

"Listening to them, understanding them, being able to, well, connect with them like you say especially when it is most important." (Nicole)

You know to be a muslim, you are not allowed to do these things…

So I am trying to say that if God gave you children, you should look after them or not to make kids. Because if you can't look after them, you give them to someone. So I love my kids so much, but I also have lots of help…(Zoya)

Theme 2: Barriers to the Attachment Relationship

Subtheme 1: Fluctuating Bond: The Complexity of Challenges Faced by Mothers and Children

"But like since she has been living with her nana, my ex mother in law, I needed to get another bond with the kids, they need to know the situation…I just want a rota where I can spend time with each and every one of them and that. I only see like my other daughter, so the other one, she has blocked us and that because I am spending time with jessie see they get a bit jealous as well." (Rosie)

"Yeah we have got quite a close bond. Sometimes we have a little, she has a little hiccup where she is a bit rude sometimes (laughs) but I think that is because she is growing up and can't do the things what she wants to do." (Emma)

"Sometimes I can't get through to her. And I have to get somebody else to speak to her. She just wont listen to me." (Madeline)

"I think because he has more additional needs than my daughter has. She has more health needs than educational needs." (Madeline)

"Like with the oldest one, we have to, he don't understand cus of obviously his Autism. So if you sit there and say to him no don't do this, he understands, the youngest one he understands whereas before we had to use like signs and symbols and things like that. Now he is starting to understand." (Leah)

"She don't listen. It is harder for me because she don't listen, and if she don't listen, I get frustrated." (Charlotte)

"Well my daughter doesn't listen much and one has the ADHD and she is pregnant, she is due in 3 month but she is moving closer so about august, she finds out in august some time so I am getting that bond with her back" (Rosie)

"Sometimes I can't get through to her. And I have to get somebody else to speak to her. She just wont listen to me." (Madeline)

"To look after a normal child or a disabled child is hard, it is not easy as it looks." (Zoya)

"But when I have him two days it gets quite very, very too much because he is so energetic, he talks too much and he doesn't listen much and then he does mimicking like he, he talks over me and that I think if I could change the time or if I could change him, calm would have been helped a lot. And if he listened to my instruction, be more calm, not be so noisy. That I wish I could make him how I how, my how, my imagination puts them. I think it would have been very peaceful for me." (Amira)

"Because disabled people need money to survive. Because I cannot cook, I am scared of fire. Everyone knows this. I have to eat three times from outside or I have to get a cook to cook for me." (Zoya)

"The midwives took her without even asking me." (Charlotte)

"I don't have any say in the matter because they live with the mother in law and her husband." (Rosie)

"I do get lots of support and help, no body keeps me alone with the kids." (Zoya)

Subtheme 2: Repair and Reparation of the bond

"Spending time with them and that. Yeah, And getting the bond back. It wasn't my fault." (Rosie)

"After I had this person come around from, I forgot what it is called now, something family came around and made sure I was okay. Then the social worker got involved and all that stuff. And I think everything is okay now, well fine at the moment because we are close. We are more close than ever." (Emma)

"And whereas before he was only going to his dad and giving hugs and kisses, now he is coming to both of us to hug and kiss both of us." (Leah)

"Well once he calms down, he comes in and says sorry and cuddles me and he says love you mum and we sort of just talk about it, or we will just sit and cuddle and then that is it, we start a fresh." (Madeline)

"Try to talk, try to listen. But I struggle with listening, just sitting there and just saying nothing. I really struggle with that. But I do try." (Nicole)

"Yeah, I mean, I think the thing I could say that I am good at is probably getting them away, out of such a bad place, like with their father. I would have said that was probably one of the good things that I had the strength to be able to actually walk away from it. So I think yeah, I would probably say that one."(Sarah)

Theme 3: Bi-directional Nature of Relationships: Mother Needs Child, Child Needs Mother

Subtheme 1: Reciprocal Roles

"We work well as a team. And we support one another." (Madeline)

"And just as he got older and started growing up he was clingy but I didn't mind that, it was nice to have that little person just be attached to me, it was nice to have somebody like somebody little to look after and somebody to, somebody else to depend on me."(Sarah)

"Yeah, she makes me feel better all the time... Yeah I do, I really do listen to her. You know just be there for her, and listen to everything what she is saying to make it important for her really. Make sure she is safe and make sure, you know, that I am always there to talk to her if ever she needs me." (Emma)

"We understand each other and I'm guessing it's very important to be attached with a child and to understand what your child wants too."(Amira)

"Just give her a cuddle and talk to her. A lot of times I just hug her and don't say nothing."
(Madeline)

"It changed because there was a lot of demand and I needed to look after them, provide for them, make sure they are well, safe, make sure they wouldn't get injured. So I always look out for every bit of that." (Esther)

"Yeah it took me a while to get to know them signs but I am getting there now and I know when things are up and she tries to deny it but you just know, they say mothers know best."(Madeline)

Subtheme 2: Conflict between Mother and Child's Needs

"And because the little one always feel like he is left out of something. And the little one comes in and I said do you know what, I need my space, I am so sorry I need my space, if I don't have my space, I am going to burst, or I am going to break down. And she understands that bit and we just text like how you doing and give me some pictures and she goes I love you mum and I go love you back. This kind of bond we have, I have never thought about how the bond was and it is not so much work to do with her but more to do with Jack. But it makes sense why. Because he feels like he doesn't see me much and when he see's me he wants to do things and when he wants to do thing my whole body is actually gone like mentally and that kind of thing. I am trying to breathe." (Amira)

"Hopefully my son will understand like my daughter, is able to understand... will understand that Mum has a different way of loving them. Maybe not looking after them in that way but I never feel that I have forgotten, but I just feel like my importance is coming in the way of that at the moment. (tearful) And is that okay to feel like that?" (Amira)

"Actually that demonstration is the perfect word for how I felt by talking about my past of my years ago and how I felt on Saturday. Yeah. You worded it so right, I think I always had that in my mind but I didn't have the word for it. We need oxygen first to see about someone else. And why is it like that? Because of our mentally? Or because of our wellbeing? Our mindset?" (Amira)

"My needs really is, basically I always put Sophie before me. So before all of this, my typical morning would be get Sophie dressed, get her breakfast, me just dossing in my pyjamas, didn't want to do anything, have a bath, shower, nothing. That's one of my bad days where I just didn't want to do anything I just didn't care in the world really to be honest. But Sophie, I would always put her first no matter what. Erm even if I am ill I would put her first. Erm, and I have always done that, always." (Charlotte)

"She goes mummy don't worry don't be angry, don't get cross, don't get sad. If I am really ill and it stresses me out then, she will look after me." (Charlotte)

"And I do the dishes and stuff like that. It is not like I can't make meals, erm, I don't know. I don't know what I did. It is not like I am lazy or nout like that you know what I mean. Because my boyfriend says you never make a meal but I can make a meal. I said I have done like a Christmas dinner and stuff. But it is like I am trying to focus on one thing you know." (Rosie)

"I wasn't able to provide as much food so I would give it all to the boys and my youngest son would say 'well I am not eating if you aren't eating' so he would see I wasn't eating and he would worry about that and he wouldn't eat. So I would have to show them that I am eating so he would eat." (Sarah)

"And my youngest son, it would just be, just how supportive he is for a 16 year old, he is just so supportive and it is like he is not 16 it is like he is more like 19, 20 because he is grown up and so mature. It is just like you know, he has grown so fast, and he will say to us 'well I am the man I am today because of you mam'."(Sarah)

"I make her better and she makes me better. She is caring, she always says to me are you alright and I say yes, I am okay, but what about you, are you okay I say to her. To make sure she has nothing on her mind."(Emma)

Subtheme 3: Emotional Dependency on the Child

"When they are in the house I am so happy, I get so peaceful and my 5 kids are so precious on me and I can't live without my children. Now I just go to sleep, and when they are coming home just one hour before I wake up and get the house, the house is always clean anyways but I go to the shop and buy their food, and whenever they come home I am all prepared for them. The house is so empty without them, that I don't feel like doing anything or going out without my children." (Zoya)

Makes me feel happy. Makes me feel like I am, you know, that I get up because of her reason. (Charlotte)

So I said next time I am not going without my kids. I couldn't enjoy myself, I couldn't even do anything. (Zoya)

My daughter was in a school trip for 2 nights and I was crying, oh my god I got 50 to 60 pound gifts, maybe 100 pound gifts and big balloons your welcome and a big bucket of flowers, my daughter is coming and neighbour looked at me in a weird way eh so I said my daughter is back and I gave her everything and put the balloon up there and she said are you okay and I said yeah, I started kissing and hugging, she went like that are you okay she only went for a night. (Zoya)