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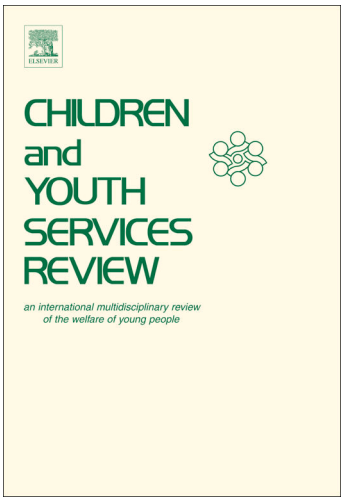

Integrating a child into an adoptive family in times of COVID-19: Lessons learned from adopters' and professionals' views

Stephanie Alves, Catarina Gomes Ribeiro, Isabel Pastor, Margarida Rangel Henriques

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Integrating a child into an adoptive family in times of COVID-19: Lessons learned from adopters' and professionals' views

Stephanie Alves[1,2*], Catarina Gomes Ribeiro[3], Isabel Pastor[4], & Margarida Rangel Henriques[5]

[1]ProChild CoLab Against Poverty and Social Exclusion – Association, Guimarães, Portugal

[2*]Digital Human-Environment Interaction Lab (HEI-Lab), Lusófona University, Lisbon, Portugal

[3]CrescerSer APDMF – Casa de Cedofeita, Porto, Portugal

[4]Santa Casa da Misericórdia de Lisboa, Lisboa, Portugal

[5]Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

*Present affiliation.

Correspondence concerning this article should be addressed to:

Stephanie Alves, at Digital Human-Environment Interaction Lab (HEI-Lab), Lusófona University, Campo Grande 376, 1749-024 Lisboa, Portugal.

Telephone: +351 21 751 5500

E-mail address: stephanie.alves@ulusofona.pt

Margarida Rangel Henriques, at Faculty of Psychology and Education Sciences, University of Porto, Rua Alfredo Allen, 4200-135 Porto, Portugal.

Telephone: +351 22 607 97 00

E-mail address: mrangelhenriques@gmail.com

E-mail address of each author

Stephanie Alves[1,2]

(stephanie.alves@ulusofona.pt)

Catarina Gomes Ribeiro[3]

(catarina.rcgomes@gmail.com)

Isabel Pastor[4]

(isabel.pastor@scml.pt)

Margarida Rangel Henriques[5]

(mrangelhenriques@gmail.com)

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Abstract

COVID-19 pandemic has brought multiple challenges for families and child welfare professionals, but also represent a unique psico-socio-ecological context to re-think fundamental working practices. The present work had two main aims: (1) to understand the impact of COVID-19 pandemic on the child's transition to an adoptive family, in terms of challenges and adjustments made to adoption practice, perceived difficulties as well as benefits, from the views of adopters and adoption professionals, and (2) to identify promising practices to be maintained in pandemic and free-pandemic

situations. Semi-structured interviews were conducted online with 13 Portuguese adopter families who received a child during the first wave of COVID-19 (March-June 2020) and 4 dyads of adoption professionals who followed and supported those families. Thematic analysis showed that adopters and professionals highlighted predominantly benefits for different phases of the transition as a result of the COVID-19 pandemic tough some difficulties were experienced. Delays and uncertainties of child's placements caused anxiety for most children and adopters. However, the strategies undertaken during this waiting time (e.g., recorded video, reflection activities) were viewed as beneficial for parent-child mutual knowledge and preparation for parenthood. The impossibility of adopters to visit the child's residential care setting and the inconsistency of practices between services were consensually perceived as major difficulties. Confinement and telework were consistently viewed as an opportunity for both adopters to be concurrently at home with the child, which facilitated establishing family bonds and routines. However, adopters reported mixed opinions towards social distancing. Among the several benefits perceived from the adjustments made to adoption practice, virtual (e.g., videoconferences) and informal (e.g., through WhatsApp groups) communication consistently emerged as the most relevant ones. Lessons relevant for adoption policy and practice over the transition to adoptive parenthood are discussed, including suggestions for future research.

Keywords: Child adoption, Adoption transition, Adopters, Adoption professionals, COVID-19, qualitative research.

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Introduction

The transition to adoptive parenthood leads to several readjustments in the current familial system, which parents may experience as stressful and challenging (Goldberg, 2009; Goldberg, Moyer, Kinkler, & Richardson, 2012). These readjustments entail similar issues to those experienced by biological parents such as the establishment of parent-child bonding, but adoptive parents also need to manage specific adoption-related tasks. Dealing with infertility, the uncertainty about the timing of the adoption process, the suitability assessment they have undergo, social stigma, lack of role models, challenges related to the characteristics of the adopted child, and issues related to communication about adoption are some of the unique features faced by adoptive families (Brodzinsky & Huffman, 1988; Goldberg, 2009; Tasker & Wood, 2016). Lack of coping resources to manage these demands may impair adoptive families' transition to parenthood (Goldberg, 2009) which, in most severe circumstances, may result in the child's re-entry to care (Barbosa-Ducharne & Marinho, 2019; Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019). Research suggests that factors related to adoption's transitions might play a crucial role for adoption breakdown (Selwyn, Wijedasa, & Meakings, 2014), which is estimated to reach up to 20% of children in some countries (Palacios et al., 2019). In Portugal, approximately 200 children are adopted each year.

Recent official data indicate that between 2016 and 2020, 76 child's placements were interrupted before court order (Conselho Nacional para a Adoção, 2020/2019/2018/2017b/2016) and 59 re-entered care after adoptive placement (Instituto Segurança Social, Instituto Público, 2021/2020/2019/2018/2017), which represents approximately between 6 and 7% of all children integrated into adoptive families.

Taken all together, this highlights the importance of well-planned and supported adoption´s transitions for the subsequent course of the adoption placement (Brodzinsky & Huffman, 1988; Browning, 2015; Burnell, Castell, & Cousins, 2009; Lewis, 2018). Advocated recommendations on how to conduct transitions to adoptive families are available, such as the presentation of the new family to the child (e.g., photo album) and of the child to the new family (e.g., through letters, drawings) before in-person contacts, professionals' meeting for transition planning, longer children's introduction to adopters especially for older children, first parent-child meetings to initially take place in the foster home and integrated into the child's routines, children staying at home after placement and postpone school for three-six months, postpone presentation of the child to the extended family during the initial period of placement (e.g., Browning, 2015; Burnell et al., 2009; Henriques, Domingues, Teixeira, & Silva, 2017; Lewis, 2018); however, available guidance is not consensual and there is considerable inconsistency in adoption transition' practices (Lewis, 2018), which are not always aligned with robust theoretical frameworks such as attachment theory, which turn difficult to understand the rationales underlying such procedures (Boswell & Cudmore, 2014). Besides, most of them relied on a "custom and practice belief system that is shared by most staff about what and how placement transfers should be undertaken" (Burnell et al., 2009, p. 2), and little attention has been paid to adopters' experience of the period of adoption's transition (e.g., Lewis, 2018; Tasker & Wood, 2016). In Lewis's (2018) study with adopters from UK, participants cited the rigidity of the timings and short length of introduction plans (and associated reduced opportunity for reflection time), lack of correspondence between transition plan and specific needs of each situation, lack of collaborative team working and consistency in professionals' practices and lack of support from social workers, as the most difficult aspects of the transition period.

The COVID-19 pandemic and associated contention strategies represented a unique ecological context to re-think working practices to support adoptive families during the initial transition period, because it is a time during which the process of getting to know each other and forming a relationship, as well as available recommendations for this period, are likely to be either challenged or facilitated by the pandemic COVID-19.

1.1 COVID-19 and Child's Adoption Process

The COVID-19 virus outbreak, declared as a pandemic by the World Health Organization (World Health Organization, 2020) on 11 March 2020, has produced unprecedented changes in daily life for all people around the world. In an effort to mitigate the spread of COVID-19, key global contention response strategies have included isolation, quarantine, social distancing, cancellation of public gatherings, school closures, working from home whenever possible, as well as use of face masks, to mention a few (Wilder-Smith & Freedman, 2020). On 18 March 2020, the Portuguese Government declared national emergency (Decreto do Presidente da República nº 14-

A/2020 de 18 de março), which included a stay-at-home recommendation, confinement and social distancing, mandatory telework whenever possible, closure of schools, services and non-essential businesses (Decreto n.º 2-A/2020 de 20 de março) and, later, mandatory use of face masks (Lei nº 62-A/2020 de 27 de outubro).

Globally, families have had to deal with multiple family, health and socio-economic challenges (Ares et al., 2021; Bakrania et al., 2020; Cluver et al., 2020), and rapidly, the potential negative impact of COVID-19 and its related contention measures on children's well-being, healthy growth and development and their families have started to be documented (e.g., Ares et al., 2021; Wang et al., 2020). Despite this negativity, difficult times may also be times of opportunity for strengthening familial relationships (Cluver et al., 2020; Wang et al., 2020). In the study of Ares et al. (2021) with 1725 families with children and adolescents in Uruguay, some of the participants reported positive effects of social distancing for the parent-child relationship, such as increased time spend together, improved familiar bond and more communication between family members.

For those already in disadvantaged socioeconomic contexts, the negative repercussions discussed above are likely to overlap some potential COVID-19-related positive effects, heightening risk factors for most vulnerable children and youth (Ares et al., 2021; Bakrania et al., 2020; Cluver et al., 2020; Levine, Morton, & O'Reilly, 2020; Verma & Verma, 2020; Wilke, Howard, & Pop, 2020). In this line, considerable attention has been paid to the implications of COVID-19 for the whole child welfare system, which was forced to several adaptations for children, caregivers, and professionals (Collins & Baldiga, 2020; Fronek & Rotabi, 2020; Levine et al., 2020; Singer & Brodzinsky, 2020; Wilke et al., 2020). In particular, the potential negative effects of COVID-19 pandemic and associated response measures on vulnerable children and families have been highlighted, including on children in out-of-home care (e.g., suspension of in-person family visits or return to family without due preparation; Collins & Baldiga, 2020), on families at risk for separation (e.g., inability to access vital services; Wilke et al., 2020), as well as on child's new placements with foster parents (e.g., placements delayed, post-placement follow-up characterized by lack of visits and record maintenance; Verma & Verma, 2020).

Likewise, COVID-19 has led to changes in several aspects of social work practice (Fronek & Rotabi, 2020; Levine et al., 2020; Singer & Brodzinsky, 2020). Child welfare professionals and service providers have been seeking guidance and alternative ways to ensure children' safety and protection, while struggling with inevitable dilemmas, sense of uncertainty and insecurity (Collins & Baldiga, 2020; Levine et al., 2020; Verma & Verma, 2020). At the same time, some authors highlighted that COVID-19 may also have offered opportunities to engage in new and promising practices to be maintained in the future (e.g., virtual communication), strengthen local and national partnerships, as well to rethink the child welfare system response (Collins & Baldiga, 2020; Johnson, 2020; Levine et al., 2020; Singer & Brodzinsky, 2020; Wilke et al., 2020).

Less research has investigated the specific impact of COVID-19 pandemic on the child's adoption process, which we will present next. Fronek and Rotabi (2020) discussed the consequences of COVID-19 for intercountry adoptions, such as delays of child's transitions into their new family due to travel restrictions, with children remaining in care longer than planned, and adoption practitioners having to manage

prospective adoptive parents' related anxiety and frustrations. Similarly, Verma and Verma (2020) reported that adoption processes in India were delayed and interrupted, due to lockdowns, restrictions of in-person parent-child meetings, high number of COVID-19 patients in the place of adoption, and unwillingness of adoption agencies to meet prospective parents in person. They also highlighted that due to the economic challenges, some parents choose to drop the idea of, or delay, child's adoption. In the UK, several resources for the child welfare professionals have been developed in the light of COVID-19 pandemics (Johnson, 2020), including specific guidelines and creative ways to manage introductions and placement of children with adopters in times of COVID-19 (Neil, Beek, Schofield, & Murphy, 2020; Simmonds & Dibben, 2020).

In light of the social-ecological framework (Bronfenbrenner, 1977), individuals influenced and are influenced by the multiple systems in which they are embedded and adopting a child is not an exception; it entails complex inter-connections between multiple systems (e.g., foster care system, legal system), which can be experienced as challenging by adoptive parents (Goldberg et al., 2012). In the presence of additional stressors such as the ones introduced by the COVID-19 pandemic, and if we consider past research on adoptive families' adaptation, we could argue that adoptive parents may be at increased risk of struggling during times of COVID-19 (Goldberg et al., 2022). Compared with their biological counterparts, adoptive parents are more likely to report children-related difficulties (e.g., emotional, behavioral, and physical problems) and to experience parent-child relationship difficulties, especially during the first year after placement (Alves, Chorão, Caetano, Henriques, Pastor, & Pires, 2022). Prime, Wade, and Browne (2020) provided a conceptual framework for understanding family risk and resilience in the context of COVID-19. In accordance with their model, when navigating a pandemic such COVID-19, these parental difficulties are likely to become exacerbated, particularly in the presence of concomitant vulnerabilities (e.g., if parents have reduced access to social support outside the home due to social distancing measures); taken together, this could impair the families' adaptation during the transition process to adoption.

On the other hand, there can be family processes that act as buffer factors in the face of adversity (Prime et al., 2020). In this line, the COVID-19 pandemic brought opportunities to test systemic perspectives of family functioning. For instance, in light of Combrinck-Graham's (1985) developmental model for family systems, confinement and social isolation could have act as protective factors against crisis moments for the centripetal family (e.g., birth of a child), as they promote the enmeshment and connectedness in the family system that are required at this time, while at the same time may have posed constraints for families moving toward the centrifugal period, characterized by dismantling of the family. This double side of the effects of the COVID-19 pandemic found support in studies conducted with community parents (e.g., Ares et al., 2021), child welfare professionals (e.g., Wilke et al., 2020), as well as with foster and adoptive parents. Goldberg, McCormick, and Virginia (2021) examined the concerns and adaptation of 89 adoptive parents with school-aged children in the context of the COVID-19 pandemic and found both areas of strain (e.g., work-family arrangements) and improvement (e.g., physical health); specifically regarding their children, parents reported on improvements in child's mental health due to the additional time spent at home, but also the extent to which their children were struggling with social isolation and loss of routines (Goldberg, McCormick, & Virginia, 2022). Similarly, a study with resource parents (i.e., parents with foster or foster-adoptive children in their home) identified both negative (e.g., anxiety about getting

infected, lack of control) and positive (e.g., increased family closeness, video visitation by social workers) aspects related to the impact of the COVID-19 pandemic (Langley, Ruderman, Waterman, & Franke, 2021).

Yet, despite these useful insights, there is limited empirical evidence regarding the specific impact of COVID-19 on the transition to adoption from the view of adopters, as well as adoption professionals. In Portugal, adoption agencies and services had differing opinions on the extent to which child's transitions into adoptive families should continue during the first wave of COVID-19. If some of them considered that transitions should be delayed to prevent the risk of growing COVID-19 infections, others were convicted that they must continue, as a response to children' priority and right to be integrated into a family. This second perspective was rapidly adopted by the Adoption National Board, which recommended carry on children' transitions while adapting inherent practices to special sanitary measures (Conselho Nacional para a Adoção, 2020). The present study contemplated the experience of one adoption agency [Blind for Review] that did not hesitate to follow this recommendation, considering both adopters' and adoption professionals' perspectives, which can hence inform adjustments to be made into current practices.

1.2 The adoption process in Portugal

The process of adopting a child in Portugal is legally framed (Lei nº 143/2015 de 8 de setembro) and contains time-limited phases, each with practical guidelines established by the Adoption National Board (Conselho Nacional para a Adoção, 2017a). From their initial application to be finally selected (which occurs within a maximum of six months), prospective adoptive parents undergo several psychosocial assessment sessions, including one or two adoption preparation sessions, which aims to reflect about several issues related to adoption (e.g., motivations to adopt, specific needs of adopted children and required skills from adopters). Once selected, prospective adoptive parents must wait until a child is proposed to them by the adoption agencies (i.e., child's proposal). During this waiting time, prospective adoptive parents have the possibility to participate in a group training of 5 sessions, targeting attachment, communication about adoption, search for origins, and strategies to deal with specific adoption-related behaviors and situations. Following the matching between the to-be adopted child and prospective adopters, which is certified by the National Adoption Board, the adoption team presents the child's proposal for adoption to the parents, and parents need to respond to the proposal within a few days. The transition period (i.e., the first physical contact between the child and prospective adoptive parents) generally occurs within 20 days after prospective adoptive parents respond affirmatively to the child's proposal.

During the time between parents' acceptance of the child's proposal and start of the transition, children are prepared for their transition to a new family, through strategies that aim to help them to receive information and adjust their expectations about their new family (e.g., the adopters prepare a photo album of the family that is shared with the child); children are also engaged in their presentation to the new family, through drawings, messages or photo albums (Henriques et al., 2017). A meeting between the professionals representing the interested parts – the child and adopters – and the parents will occur at the same time, during which additional information about the child (e.g., daily routines) is shared and the transition plan is discussed and established between all involved.

The transition period includes in-person contacts between the child and the adoptive family, within a maximum of 15 days, and aims to promote mutual knowing of each other and the establishment of initial parent-child bonds. These meetings occur in the residential care facilities of the children – a familial environment for them – and are prepared and supervised by the adoption and care teams, whose presence is gradually reduced over time. Finally, if there are signs of parent-child emotional bonds during the transition period, the child is placed within the family. During the following 6 months, the adoption team follow-up the quality of the relationship established between the child and parents, the children' integration and the parents' adjustment, relying mostly on in-person contacts with children and parents (i.e., observation and home visits). This period ends with the legalization of the adoption by the court; from this point, adoptive families may continue to receive support from adoption agencies, though they need to proactively ask for it (Conselho Nacional para a Adoção, 2017a). In the current Portuguese legislation (Decreto-Lei nº 91/2009 de 9 de abril; Lei nº 7/2009 de 12 de fevereiro), immediately after child's placement, adopters may take parental leave similarly to biological parents, including paid shared parental leave, but parents cannot be at home at the same time.

1.3 The present study

The present study was informed by pertinent conceptual frameworks to human development and family processes, such as the social-ecological model (Bronfenbrenner, 1977), Prime et al.'s (2020) family risk and resilience framework developed in the context of the COVID-19 pandemic, and Combrinck-Graham's (1985) developmental model for family systems. Considering the social-ecological model (Bronfenbrenner, 1977), the ways children and adoptive families would navigate the transition to adoption process will be influenced by proximal factors (e.g., support from extended family and professionals) and distal processes (e.g., social distancing measures). As discussed previously, the initial transition period offers a unique window for the early recognition of difficulties and promotion of quality placements (Goldberg et al., 2012), as it is timely defined and children and adopters are regularly followed during this time. Furthermore, the COVID-19 pandemic and associated contention strategies have had a unique impact on families and social work practices.

In light of Prime et al.'s (2020) model, we could argue that this impact would have been even more salient for families who went through specific and demanding stages, but also for the professionals who needed to support these families. It is the case of those children whose introductions to adopters were in process, which includes, as highlighted above, a set of specific tasks, which may have been facilitated or challenged by the implications arising from the COVID-19 times. On the one hand, these unprecedent times would allow to test existing theories of family functioning (Combrinck-Graham, 1985), as well as to validate already advocated practices in pandemic-free contexts, such as the importance of family time at the beginning of the placement, as they were naturally implemented because of the contention response strategies (e.g., confinement). On the other hand, these times would allow to learn from potential adjustments undertaken (e.g., increased use of virtual communication) and identify promising practices to be hence perpetuated.

Therefore, this study aimed to answer two research questions: (1) How did occur the placement and integration process of children into adoptive families during COVID-19 pandemic and (2) what can we learn from these unprecedented times to promote high quality adoptive placements? Accordingly, the specific aims of this study were: (1) to understand the challenges faced by adoption professionals and adjustments that have been made to adoption practice to handle the initial transition period (defined in this study as the time between adopters' acceptance of the child's proposal until six months after placement); (2) to explore both adopters' and professionals' views regarding the benefits and difficulties that emerged from COVID-19 pandemic and associated adaptations for the adoption transition process; and (3) to identify promising practices for service providers working with this population, both within pandemic and free-pandemic contexts.

Materials and methods

2.1 Participants

Adopters. The total sample consisted of 13 adopter families, representing 11 mothers and 12 fathers and 15 integrated children. Most adopter families have adopted as a couple (n = 12), most of them being heterosexual couples (n = 11). Adopters were of Portuguese nationality, had a mean age of 43.22 years (SD = 5.13), and most of them had a university education (n = 18). Most mothers were teleworking before child's integration (n = 8) and took maternity leave after child's integration for approximately 4 and 5 months (n = 10), and most fathers were also teleworking (n = 7), with some of them taking parental leave for approximately 30 days after maternal leave's termination (n = 9). Of the 13 adopter families interviewed, four reported having prior children before the current child's adoption, one of which was an adopted child. None of the adopters have tested positive for COVID-19.

All families adopted a single child, except two families, each adopting a pair of siblings. Children (7 male and 8 female) had a mean age of 4.54 years (SD = 2.04; range: 2 months – 8 years) at the beginning of the transition. All children were in residential care before their placement, and for an average of 2.97 years (SD = 1.63; range: 4 months – 6.33 years). The time between adopters' selection and child's proposal was approximately 4.44 years (SD = 1.43; range: 0 – 5.92), and, on average, parents accepted the child's proposal after 1 and 5 days. This was the first child's proposal for all adopters and all of them accept it with any hesitation due to COVID-19 related issues. The time between child's proposal and child's initial transition period was approximately 1.94 months (SD = 1.38; range: 0 – 4.83). Overall, adopters were interviewed 4.62 months (SD = 1.21; range: 3.23 – 7.27) after the child's arrival at their home.

Professionals. The sample of professionals consisted of 8 adoption professionals, grouped in 4 dyads, each constituted by a clinical psychologist and a social worker, and all were female. On average, professionals have a mean age of 48.00 years (SD = 9.46), and have 10.63 years (SD = 7.02; range: 1 – 19) of experience in integrating children into adoptive families. Specifically, each dyad of professionals worked together in this field, on average, for 2.75 years (SD = 1.79; range: 1 – 5).

2.2 Procedures

This study resulted from a collaborative work between [Blind for review], [Blind for review], and [Blind for review – adoption agency]. This study was approved by the Research Ethics Committees of the [Blind for review]. Adopters who received a child into their family during the 1st wave of COVID-19 (between 14th March and 30th June 2020) were invited to participate in the study by adoption' professionals, who first informed them about the general aim of the study. Those who agreed to be contacted by the researchers were presented detailed information about the study (specific aims and instructions, confidentiality considerations). Between 14th March and 30th June 2020, adoption professionals followed 15 adopter families who received a child into their home, of which 13 agreed to be contacted by the research team (one family refused to be contacted by the research team, while the other did not respond to the invitation). A total of 13 semi-structured interviews were conducted, of which 10 with both adopters and three were individual (i.e., with the child's mother or father).

All professionals (n=8) that followed those families were invited to participate in the study, and all consented to be interviewed. At [Blind for review – adoption agency], adoption professionals work in dyads. Then, we carried a total of 4 semi-structured interviews, with each dyad of professionals who followed the families together. In order to account for the interdependence of adopters within couples when navigating a shared experience such as the adoption of a child, as well as of adoption professionals within dyads, adopter families (N=13) and dyads of professionals (N=4) were considered as the unit of analysis in the present study.

All the semi-structured interviews were conducted online by the first author, between October and December 2020, were audio recorded, and lasted for approximately 90 minutes. The specific aims of the study, procedures and confidentiality issues were explained to the participants during recruitment and all signed a consent form, which was sent to the researchers via e-mail. Participants participated voluntarily and were not compensated for their participation.

2.3 Data collection

The data were collected through semi-structured interviews, based on two guides for in-depth interviews (one for adopters and another for professionals) that were developed for this study. The study objectives and procedures were briefly described at the beginning of all the interviews, following an initial social conversation.

Regarding data collection among adopters, sociodemographic information regarding adopters (e.g., sex, age, marital status, professional status, education) and the child (e.g., sex, age, length in care), as well as information concerning the adoption process (e.g., time elapsed between child's proposal and child's transition) were first collected. Adopters also answered some general COVID-19-related questions (e.g., professional's status change, positive test). Adopters were then asked to describe their experiences of the integration of the child into their family and to identify the most easier and difficult aspects of this period. Then, adopters were questioned whether

COVID-19 pandemic and associated response measures have facilitated or turned difficult their adaptation to the child, as well as the child's adaptation to them. More specific questions were used to explore adopters' perceptions about the impact of COVID-19 pandemic on different phases of the adoption process (i.e., during the time between child's proposal and child's transition; during the transition itself; and, after child's placement). The next section of the interview guide included questions to explore adopters' perceptions about positive and negative features of professionals' work during this time. Lastly, participants were given the opportunity to make additional comments.

Regarding data collection among professionals, sociodemographic and professional information was first collected (e.g., age, length of professional experience in integrating children into adoptive families). Then, the interview guide contained two main sections: one regarding the impact of COVID-19 on adoption practices and another regarding the impact of COVID-19 on adopters' experiences (from the views of professionals). For the first section, professionals were asked to describe what were the main COVID-19 related challenges to adoption practice and which adjustments were made to usual professional practice along different phases of the adoption process. The interview guide also includes questions to explore whether modifications to routine practices were likely to inspire promising practices, both to be implemented in similar pandemic situations, as well as beyond the pandemic context.

The second section of the interview guide explored professionals' views of how adopters experienced the integration of the children and whether COVID-19-related challenges and social restrictions facilitated or turned difficult adopters' adaptation to the child, as well as the child's adaptation to adopters. At the end of the interview, professionals were given the opportunity to share additional information that was not directly addressed. Only participants' responses to key questions (i.e., related to COVID-19) were examined in this study.

2.4 Data analysis

Descriptive statistics were computed using Excel 2016 in Microsoft Office 365 for sample characterization. The interviews were transcribed verbatim (removing any identifying information) and the data were analyzed using QSR NVivo. Given the exploratory nature of this study, guided by broad (rather specific) research questions, no a priori codes were established, and the identification of themes and sub-themes within data was guided by an essentially inductive, data-driven approach, following the principles of thematic analysis (Braun & Clarke, 2006; Maguire & Delahunt, 2017). This method aims to identify and report patterns and themes within qualitative data and has been widely used due to its flexibility (i.e., it is compatible with multiple theoretical perspectives), appropriateness for broad research questions, and when researchers intended to obtain an in-depth, comprehensive picture of participants' views regarding a particular topic (Maguire & Delahunt, 2017). In the present study, we followed the six-phase guide of Braun and Clarke (2006), the most widely used framework for conducting thematic analysis.

In the first phase, both the first author, who had interviewed all the participants, and the second author, who had transcripted the interviews, read and re-read the

transcripts to become familiar with the data, while registering notes and first impressions. In the second phase, which corresponds to the data coding process, the same authors independently coded all segments, line-by-line, and through open coding (i.e., codes were not predefined but developed and adjusted continuously), to capture all potential information that would be relevant to address the research questions. After that, each researcher's codes were compared and discussed between them, and some were modified or new ones were generated, to be as close as possible to the participants' meaning (e.g., uncertainty about adoption vs. uncertainty about transition's date). Adopters' and professionals' data were analyzed independently.

In the third phase, each researcher separately organized the codes into initial themes and sub-themes, according to their similarities and in line with the study objectives. While some codes fitted perfectly into a single theme (e.g., reduced pressure from external contexts was collated into an initial theme called Reduced socialization), others were associated with more than one (e.g., parent-child mutual knowledge). Any disagreement was solved through discussion between the two authors. Then, we analyzed whether the distinct themes work all together, and two preliminary thematic maps resulted from this initial encoding process, separately driven from adopters' and professionals' data. In the fourth phase, these maps were then reviewed and refined with the third and fourth authors, a service director and researcher with large experience on adoption and qualitative methodologies after having themselves read the transcripts to gain familiarity with the data. During this phase, we found that the organization of the two thematic maps by phase of the child's integration process and, within each phase, by positive and negative aspects was difficult to read and repetitive (i.e., we had initially three main themes – Time between child's proposal and transition, Transition and Post-adoption – and, within each, several sub-themes that were organized into Perceived benefits and Perceived difficulties), some themes were separated (e.g., Adopters' anxiety and distress and Uncertainty about the date of the child's transition), new sub-themes were identified (e.g., Mutual support within the couple), some themes did not have so much data to support it and were collapsed into others or eliminated (e.g., Less attention given to adopters during home visits) and an independent theme and corresponding subthemes to account for changes in professional practices were created.

Besides, as the analysis progressed, similarities (and differences) between adopters' and professional' data became salient, namely, regarding the benefits and negative consequences of the pandemic for adoptive families, as perceived by own families and professionals. Accordingly, the two first authors analyzed and compared similarities and differences intra- and inter-thematic analyses between the two set of data; this is one form of triangulation via data sources that has been widely used to provide a rich picture of a phenomenon based on multiple informants' perspectives (Shenton, 2004). This way of triangulating – which also encompass the fifth phase of themes definition of Braun and Clarke (2006) – combined themes from across adopters' and professionals', respectively, to form common and distinct themes between both groups of participants and to improve clarity of the findings. Specifically, three thematic maps emerged: one focused on adoption practice challenges and adjustments (from professionals' data), one focused on perceived difficulties (from adopters and professionals' data) and another focused on perceived benefits (from adopters and professionals' data) of the COVID-19 pandemic for the adoption process. Data that did not fit any of the generated themes were coded as residuals (e.g., neutral affirmations or related to general issues of the adoption process). The last round of analyses was completed by the first author, who reapplied these thematic maps to all the data, with

ongoing feedback from all the authors, thus ensuring the validity of the findings. Finally, in the sixth and last phase, the manuscript was written, which included the selection of some transcripts to illustrate the identified themes. Participants' characteristics (e.g., presence of previous children; time elapsed between child's proposal and child's transition; child's age; length of professional experience) were considered into the data analysis to explore patterns across groups of participants, which were reported when identified.

In line with the guidelines for conducting well-designed qualitative studies recommended by Elliott, Fisher, and Rennie (1999) and Shenton (2004), strategies were employed to ensure credibility and trustworthiness of the data, namely, using multiple coders and analyzing consensus among them, the original coder making a final "verification step" of reviewing the data, and triangulation (i.e., analysis of similarities across adopters' and professionals' data). In brief, 1) we considered the involvement of two researchers in the data coding process, with ongoing supervision of another two given their expertise on adoption and qualitative analysis, 2) we systematically analyzed the consensus among coders across each coding step described above to minimize subjectivity and integrated the subsequent changes to the set of themes, and 3) we compared data of adopters and professionals to check for convergent themes (and, when applicable, labeled them in a similar way to achieve coherence). The final thematic maps reflect a coherent and integrated data-based narrative, which provides confidence that the phenomenon under study has been depicted with accuracy and under scrutiny.

Results

During the encoding process of data, it became clear that participants' ideas about the effects of COVID-19 pandemic varied over three different phases of the adoption transition process: a) time between child's proposal and transition; b) transition; and c) post-adoption. The results below were therefore organized chronologically, tracing these different phases.

3.1 Challenges and adjustments to adoption practice in times of COVID-19

In order to understand the changes that the COVID-19 pandemic brought on the usual practices when planning and monitoring adoption transitions, professionals were first asked to describe the challenges experienced and corresponding adjustments made. Figure 1 summarizes the themes and sub-themes that emerged regarding the main challenges and adjustments experienced within adoption practice from adoption professionals' views. Below, we describe each of those themes and corresponding sub-themes.

[Insert_Figure_1_about_here]

Time between child's proposal and transition

After declared emergency state in Portugal, the different professionals of adoption and residential care *services needed to negotiate whether they will proceed with the transitions* of children who already had an identified adoptive family, as they shared divergent opinions on this issue. P. and S., respectively, explained:

> "We had the world on our backs, because it was a mix of "Okay this is important, we have to do it.", but at the same time "Am I being responsible? Am I not?" Then, the colleagues, who had divergent opinions. Some of them said "No, no. You have to stop everything and everything stays at home." This was a mix of many feelings."

> "One of the team from a residential care unit considered that there should be no integrations. On the other hand, there was a great insistence on the part of the adoption professionals to proceed, as they thought that integration was urgently needed for the well-being of that child. But the residential care unit didn't think so."

At the same time, the *mandatory social distancing* forced professionals to adopt *creative approaches* to help children and adopters handling this decision-making period the best way possible. D. explained:

> "The way we would be in person with the families, isn't it? The need for face-to-face contact. This, for me, was a fundamental issue and, therefore, this had to be readapted in the first place. (...) And then, until the transition, I think there was a creativity that was not seen before."

Accordingly, while occurring a decision-making process to move forward with the transition, there was, in general, an *increased time between child's proposal and transition*, which were filled out with: a) *parent-child presentation through recorded video* (i.e., adopters sent videos about their home, likes and dislikes, and pets to children, who therefore replied with videos or pictures of themselves, thereby creating a sense of continuous exchange of information); b) *reflection activities with adopters* (e.g., adopters were asked to reflect on how they will manage the child's integration into their family), *review of applicants' training contents* considering the idiosyncrasies of the to-be-adopted child (e.g., how the child's prior experiences of trauma might impact their behavioral and emotional reactions and how will adopters deal with those reactions), and *emotional support for adopters* (e.g., adopters' expectations and anxiety management). Besides, there were a c) *higher number of virtual meetings with adopters and professionals* (in most cases, bi-weekly) to discuss transition plans' updates.

Transition

The *need to adjust to each residential care guidelines* about the ways transitions will be conducted (e.g., inside vs. outside residential care, authorization or not to meet the child's room, number of professionals, transition's length) was a major topic of discussion among all professionals, who forced them to engage in constant adaptations and in *creative ways* to move forward with the transition. T. explained:

> "Each residential care unit has different rules about whether we can meet face-to-face, whether we can't, whether the transition has to occur in an open place or not, whether we can visit the child's room or not. Therefore, for each transition, we have to understand what is the current scenario. Depending on the situation we were going through, we have to adapt and be very creative."

Another overarching challenge reported by most professionals were their concerns regarding the *integration of protection measures* into their current practices, anticipating a negative impact of protection measures on the transition process, namely the use of face masks, as professionals could not imagine first parent-child contacts suitable in the context of *social distancing* (i.e., without physical touch). S. explained:

> "Parents were concerned with this question, asking "How it will be with face masks?" and we also commented with the residential care units, "There cannot be transitions without physical contact". That is, it would be counterproductive to be doing this without allowing the child to touch."

Accordingly, in order to integrate protection' measures and manage social distancing, some strategies were implemented: a) adopters were asked to take a *picture or film themselves with and without face masks* and the photos/videos were sent to children before parent-child face-to-face contacts, in order to allow children to meet them without face masks; b) *transitions have occurred with less professionals* than usual; and c) *child-parent contacts occurred mostly outside the residential care* (e.g., in public garden, adopters' home) or, in some exceptions, in a neutral room at residential care (e.g., meetings' room).

Post-adoption

The overarching challenge that arose after child's placement was the *reduced physical contact between adopters and professionals*. Accordingly, face-to-face visits needed to be largely reduced and, subsequently, supplemented by unprecedented and innovative strategies. T. explained:

"This [social distancing] completely forced us to see a plan B. And we had to be creative. I think these moments of crisis are always potential moments to come up with solutions we never thought before. (...) We thought "What other means do we have? In which other ways can we engage to move forward?""

Accordingly, to monitor the post-adoption process, professionals have undertaken a) *visits outside the families' home* but privileging a well-known space for the child (e.g., public garden that the child usually goes to) and b) *informal ways to communicate with families* (e.g., videoconferences, WhatsApp groups through which professionals received spontaneous child-related feedback from adopters on a daily basis such as photos and videos of emblematic moments). Besides, c) adopters have adopted *virtual strategies to facilitate the initial presentation of the child to the extended family* (e.g., videoconferences by Skype)– which was gradually followed by physical contacts with one family member at a time – as well as *to facilitate the child's contact with peers* (e.g., with children who remained at residential care). Another change to the working arrangement, not specific to adoption, but reported by nearly all participants of this study, was mandatory teleworking whether applicable.

Perceived difficulties

The themes and corresponding sub-themes related to perceived difficulties that were identified by adopters and professionals during the child's transition as a result of COVID-19 pandemic were very convergent between the two groups of participants, then they were systematized together (see Figure 2). Below, we describe each of those.

[Insert_Figure_2]

Increased time between child's proposal and transition

As shown in Table 1, most adopter families discussed difficulties related to the increased time between child's proposal and transition (on average 2 months but lasting to approximately 5 months for some families). In particular, the overarching idea of families' thoughts on this theme was the negative emotional impact of this time for adopters and, to a lesser extent, for children. Adopters discussed the anxiety and frustration felt in dealing with the fact of having children and the need to wait another time – in addition to the several years that elapsed between their application and child's proposal – to meet them face-to-face. Some families particularly discussed how difficult it was to manage the absence of certainties about anything and, in particular, *when* will the child's transition occur.

[Insert_Table_1]

Transition

Common to half of the families and professionals' perspectives on this theme was the difficulties faced by adopters to better know the child's previous context at residential care (e.g., child's room and friends), with both participants agreeing on the usefulness of children presenting part of their day-to-day life to their new parents. It is interesting to note that the adopter families who referred this theme had in common to not have prior children and the adopted child is under 6 years old.

Another subtheme that arose highlighted that all professionals considered that protection measures, namely face masks, have negatively influenced the transition, either on parent-child initial face-to-face contacts and for themselves, as it turned difficult to access to non-verbal signs of adopters. However, only two families have referred this difficulty. Instead, most families referred that protection measures had no significant impact on the transition in general and, in particular, on parent-child initial face-to-face contacts, mostly because many of them, at some point, have removed the face masks to facilitate interaction and communication with the child.

Post-adoption

Common to four subthemes on this theme was families' and professionals' agreement on the negative consequences of reduced socialization and contact with the outside for children and, to a lesser extent, for adopters. Families discussed the difficulties faced to meet children's social needs, to find activities that promote child's socialization and work peers' relationship, highlighting the negative impact of reduced socialization on children, especially given the fact that those children used to live together with other children at the residential care unit. Likewise, the lack of outside and varied opportunities to spend energy resulted on children' greater stress and agitation. Professionals especially highlighted the advantages for those children to have examples of other families to better understand how families are likely to function in general (e.g., limits' establishment, affective reactions) and this was an aspect that they perceived as limited due to the COVID-19 pandemic.

Another overarching idea in this theme was the reduced contact with extended family, which most families – especially those with prior children or adopting siblings – perceived as a negative effect of mandatory social distancing. They perceived such difficulty as especially relevant for children and extended family who did not have the opportunity to meet each other face-to-face (only through virtual meetings) and establish strong emotional bonds that they consider facilitated by physical touch. Besides, for most families, the COVID-19 pandemic forced a change of plans that adopters have idealized to made with their children (e.g., go to the zoo and cinema, hold birthday parties), to help them to know a different reality from what they knew until now.

Also captured by this theme was the difficulty of nearly all professionals to establish a close relationship with the child through virtual ways, a proximity that they highlighted can only be achieved by face-to-face contacts.

Other general COVID-19-related difficulties

This theme captured other difficulties related to COVID-19 pandemic that most families and professionals highlighted having experienced and that were not directly related to the topic of adoption (i.e., that were common to most people worldwide). Families discussed the negative impact of COVID-19 and related response measures on their own well-being and lifestyle, uncertainty about the future, fear of contagion, as well as concerns about professional stability, which were exacerbated by the responsibilities of having a child under care.

Perceived benefits

The themes and corresponding sub-themes related to perceived benefits that were identified by adopters and professionals during the child's transition because of the COVID-19 pandemic were very convergent between the two groups of participants, then they were systematized together (see Figure 3). Below, we describe each of those.

[Insert_Figure_3]

Increased time between child's proposal and transition

As shown in Table 2, the overarching benefits shared by four families and half of the professionals on this theme were that the video activities undertaken during this time were helpful to improve children's knowledge about, and confidence, on their future parents before the first face-to-face contacts, then better preparing them for the transition. Likewise, the reflection and training activities conducted with adopters allowed them to be better prepared for the child's arrival and parenthood. However, both families and professionals highlighted that video-related benefits are likely to be dependent on child's characteristics (e.g., recorded videos might be especially beneficial for older children) and transition-related factors (e.g., in the absence of date to meet adopters physically, recorded videos might increase children' expectations and anxiety).

Also captured by this theme was professionals' agreement regarding perceived benefits of virtual meetings conducted with multiple stakeholders (adoption professionals, residential care professionals and adopters) during this time, namely to better optimize the time dedicated to each task and facilitate the collection of information about the child (e.g., photos, hobbies, transition expectations) and its transmission to adopters, then increasing adopters' proximity to the to-be adopted child

before the transition. Besides, common among two other sub-themes were professionals' thoughts on the relevance of virtual meetings for improving confidence and team spirit among all the stakeholders involved.

[Insert_Table_2]

Post-adoption

All families and professionals discussed COVID-19-related benefits for the post-adoption period. The overarching idea of both families and professionals' thoughts on this theme was the advantages of private family time, reduced socialization, and telework for adopters and children.

Almost all families and professionals highlighted that having a private family time at the beginning of the post-adoption period allowed adopters and children to establish emotional bonds in a more private and intensive way. Specifically, they viewed confinement as a unique opportunity to focus on the child and strengthen the parent-child relationship and proximity. Half of the families and professionals considered that this private family time was also beneficial for promoting a quicker development (e.g., regularization of sleep patterns, improvements on self-esteem, confidence and agitation) and integration of the child to the new family and environment. Also, approximately half of the families argued that this time allowed adopters to better recognize the child's specific needs, routines and habits, as well as children to better know the family's habits.

Half of the families and professionals considered that mandatory social distancing allowed to minimize extended family's pressure to visit the child and subsequently to reduce the number of visits. Some adopters referred to use COVID-19 as an excuse to maintain physical distance, especially at the beginning of the post-adoption period. Most families also underscored its benefits for a more peaceful adaptation of the child (e.g., less child's agitation and confusion) and for parent-child bonds' formation. In particular, families highlighted benefits of a gradual approximation of the child to extended family and friends (i.e., firstly by videoconference and then face-to-face), after cohesion and union has been established in the nuclear family during the first month post-adoption. In similar ways, for half of the families and professionals, the mandatory telework has facilitated both adopters to be at home (instead of only the one enjoying parental leave), which participants experienced as useful for *both* adopters form strong bonds with the child and reciprocally better know each other.

A fourth subtheme that arose highlighted that families and professionals diverged on their perspectives about school-related experience. Although the professionals with more years of professional experience in total and as a dyad discussed the benefits of children being at home with their parents and not at school during the initial post-adoption period, in order to avoid their exposition to additional stimulus (e.g., learning, peers), any family mentioned related advantages on this topic. Instead, half of the families reported experiencing benefits when children went back to

school for both adopters (e.g., greater availability to own self-care) and children (e.g., greater socialization with peers).

Another overarching idea in this theme was both families' and professionals' agreement on the usefulness of WhatsApp groups to share information about children, namely their evolution and emblematic moments and achievements through the spontaneous sending of photos and videos to professionals. Adopters particularly highlighted that this way of communication allowed them to obtain a quicker feedback to their questions/doubts from professionals, and professionals valued the richness and diversity of the information shared by adopters on a daily basis, which supplemented the one captured by home visits. Almost all professionals also acknowledged that the pandemic and associated response measures were somewhat beneficial to ensure that already advocated recommendations for the initial post-adoption period, such as private family time, were implemented by families.

General benefits for adoption practices

The overarching idea of professionals' perspectives on this theme was the possibility to work remotely, which enhance professionals' availability to conduct more meetings with other professionals and families, at a time when they are more available, as well as to make families' and professionals' lives more flexible. Also captured in this theme was the increased union and communication between professionals from different services who were focused on the same goal – to promote a successful child's transition – and the opportunity to gain new skills and work experience.

Reflections on practices to maintain in the future

Common to three subthemes on this theme were professionals' reflections on the relevance of combining at home and face-to-face work in a pandemic-free context, either regarding general working habits (e.g., possibility to stay at home for writing reports) and, in particular, to optimize the follow-up of adoptive families during the initial post-adoption period. Nearly all professionals highlighted, contrary to their initial apprehension, the appropriateness of WhatsApp groups and videoconferences as complementary means of face-to-face follow-up, in order to access to other elements of the child and adopters' lives and dynamics, as discussed above.

Also captured by this theme was the recommendation of half of the professionals for the child staying at home after placement and postpone going to school (e.g., for two-four weeks). However, despite their constant efforts towards the implementation of such recommendation, professionals discussed the barriers they faced on this goal, given the general social pressure (from parents, other child welfare professionals and the society as a whole) to children going to school; they highlighted that, for those children who never had a solid familial system, school and related academic success should be secondary to the establishment of a relationship with adopters, at least at the very beginning of the placement, and recommended greater public awareness on this domain. Finally, another recommendation that arose among half of the professionals was to increase the time between children proposal and their transition, in order to allow

more reflection time for adopters and avoid time pressure associated with the child's arrival.

Discussion

This qualitative study added on prior research on child's adoption and COVID-19 by examining both adopters' and adoption professionals' views on the effects of COVID-19 pandemic and associated response measures on the child's transition to an adoptive family and identifying promising practices to maintain in the future. Overall, our results showed that both adopters and adoption professionals experienced general and adoption-related challenges and difficulties at some point during the initial transition period, but nearly all participants also highlighted gains of these unprecedented times. This is in line with previous research conducted with families from the general population (Ares et al., 2021), foster and adoptive families (Goldberg et al., 2021, 2022; Langley et al., 2021) and within the whole child welfare context (Collins & Baldiga, 2020; Johnson, 2020; Levine et al., 2020; Singer & Brodzinsky, 2020; Wilke et al., 2020) that stressed COVID-19 pandemic as a time of challenges but also of opportunities. Main findings will be discussed below.

First, a direct consequence that emerged from COVID-19 pandemic were children transitions' delays, as similarly observed in other countries in which adoption processes were suspended (e.g., Fronek & Rabi, 2020; Verma & Verma, 2020). Accordingly, instead of the 20 days that, on average, occur following prospective adoptive parents' acceptance of the child's proposal in Portugal (Conselho Nacional para a Adoção, 2017a), most adopters needed to wait months before meeting their child face-to face and deal with the uncertainty of the transition's date. Anxiety and frustration were common reactions among adopters, regardless of the length of this waiting time. These were not surprising considering the lengthy and uncertain timing of the adoption process commonly faced by prospective adoptive parents (Brodzinsky & Huffman, 1988; Burnell et al., 2009; Goldberg, 2009; Tasker & Wood, 2016), including those in this study, and that had to persist due to COVID-19 pandemic. Despite that, some of those families also viewed the original activities undertaken to handle this waiting time (i.e., recorded videos of adopters and children instead of the usual photo albums) as an opportunity to adopters and the child to gradually know each other and prepare for a life together before face-to-face contacts, a benefit also highlighted by professionals. The use of videos (live or recorded) to allow initial mutual knowledge between adopters and children over the transition period has also been adapted in other countries in response to social distancing and shown to be useful (e.g., in UK; Neil et al., 2020). Besides, our results added preliminary evidence of the relevance of such time being filled out by reflection and training activities with parents to enhance their preparation for adoptive parenthood. This echoes prior research demonstrating that, for adoptive parents, the lack of opportunity for reflection time during placement transitions is a critical aspect to be improved (Lewis, 2018).

Second, regarding the transition itself (i.e., the period characterized by intensive parent-child face-to-face contacts that end with the child's placement), more difficulties than benefits were discussed among both group of participants. There is high agreement between adopters and professionals that the impossibility of adopters to visit the child's residential care setting, by the child's hand, was a major disadvantage of the COVID-19

pandemic. This was especially so for families without prior children and whose to-be-adopted child is under 6 years old. These results might be explained in light of previous literature that stresses the importance of parent-child physical contacts taking place at the child's current living context (e.g., residential care unit, foster parent's home) and integrated within the child's routines (Browning, 2015; Burnell et al., 2009; Neil et al., 2020), including in Portugal (Conselho Nacional para a Adoção, 2017a). For adopters, it allowed them to familiarize themselves with the child's daily life, and for the child to engage with the adopters in a familiar and safe environment (Browning, 2015; Burnell et al., 2009). Moreover, lack of consistency in how transitions were approached by different professionals and services and the need to integrate the mandatory use of face masks over the transition process were additional challenges separately faced by professionals, which need to be overcome in future pandemic crises.

Third, after child's placement, some topics of discussion showed greater consistency within and between both groups of participants, such as the advantages of private family time, telework and informal communication through WhatsApp groups. Our findings provided some support for the benefits of an exclusive nuclear family time for adopter families in the very beginning of the child's placement. Although spending quality time as a family was also stressed as a positive effect of COVID-19 pandemic on family relationships in general (e.g., Ares et al., 2021) and for foster and adoptive parents in particular (e.g., Langley et al., 2021), it may also echoes a kind of reinforcement of the centripetal movement after the transition to a new life cycle phase, characterized by enmeshment and connectedness in the family system (Combrinck-Graham, 1985), and which seem to facilitate the establishment of strong and secure emotional bonds as well as a sense of belonging deemed necessary for this adoption phase (Palacios, 2000). While for adoptive parents at a later stage of the adoption, constant togetherness and telework brought on by COVID-19 pandemic have been identified as a potential source of strain (Goldberg et al., 2021), our results suggest that for parents at an early phase of the post-adoption period, the possibility of both parents to be at home together through conjoint parental leave or telework may entails greater advantages to manage specific tasks of this period. This is in line with Prime et al's (2020) model, which sustains that some family processes can facilitate families' adaptation to adversity. Likewise, it allowed children to have a more peaceful adaptation to their parents, and new home, in a non-threatening environment, which mirrors previous research showing that family life' establishment (Lewis, 2018) and additional time spent at home during the COVID-19 (Goldberg et al., 2022) seem to improve adopted children' distress.

This exclusive family time was also facilitated by mandatory social distancing, tough families reported mixed attitudes towards this aspect. At the same time that adopters and professionals see more time together with less in-person contacts with extended family as beneficial, reduced interaction with family members and child's peers, as well as contact with the outside world, also emerged as salient negative consequence of COVID-19 pandemic. Although adoptive parents' greater concerns related to COVID-19 for their child over themselves were found to be common (Goldberg et al., 2021), it also reflects the negative impact of COVID-19 on children' socialization and outdoors activities previously documented (Ares et al., 2021; Wang et al., 2020), also among adopted children (Goldberg et al., 2022).

Interestingly, it was regarding contacts with extended family members that we found more diversity of perspectives across families. Nine families experienced this

reduced contact as a disadvantage, of those 5 also reported benefits for parent-child bonds formation and child's adaptation. Such benefits were particularly felt immediately after child's placement, while lack of face-to-face contacts gradually emerged as a difficulty. Accordingly, families' ambivalence can be understood in light of the movement from the centripetal period to the centrifugal one, during which families are expected to increase exchange with the extrafamilial environment (Combrinck-Graham, 1985). In turn, despite the virtual contacts undertaken soon after placement, it is understandable that those parents felt needs to in-person "opening up". We should, however, notice that the families who only viewed the lack of physical proximity with extended family as a negative aspect of COVID-19 had in common to already have children or adopting sibling pairs, which might suggest that those families are likely to be more in need of external support sooner after child's placement. This reinforces systemic perspectives of family functioning (e.g., Bronfenbrenner, 1977; Prime et al., 2020) that highlights the role played by contextual variables on families and that risk of maladjustment may be amplified among more vulnerable families, especially in the absence of protective factors.

Regarding school-related experiences, professionals with higher experience on adoption and who work together for a longer time viewed school postponement after child's placement as beneficial for families, which can be seen from an attachment theory perspective, in line with prior recommendations (Burnell et al., 2009). However, families of this study, rather, appreciated when children returned to school, especially due to many of them being concerned about their child's educational achievement and interaction with peers. Similar key concerns were also reported by adoptive families during the COVID-19 pandemic (Goldberg et al., 2021, 2022). Parents' perspectives can therefore be understood in light of the substantial literature documenting the higher risk for learning and developmental difficulties among adopted children (e.g., Beverly, McGuinness, & Blanton, 2008).

In agreement with the experiences of child welfare and adoption agencies around the world (Johnson, 2020; Simmonds & Dibben, 2020; Verma & Verma, 2020), one of the major challenge faced by the professionals of this study was the need to rapidly find creative ways to manage social distancing, while ensuring child's safety transitions. Most of the adjustments made were fairly similar to those undertaken by child welfare agencies in other countries, such as the restricted access to the institutions of essential staff and, particularly, the widespread use of video calls (Goldman, 2020; Singer & Brodzinsky, 2020), including in adoption practice (Neil et al., 2020). Interestingly, participants discussed more benefits than difficulties regarding the adjustments made, including the use of virtual methods of communication. These results contribute to the increasing body of knowledge showing that virtual communication to engage with children, youth and caregivers might to be an innovative and effective approach when working with vulnerable populations (Johnson, 2020; Levine et al., 2020; Singer & Brodzinsky, 2020; Wilke et al., 2020), as well as in the context of child's adoption (Langley et al., 2021; Neil et al., 2020). Moreover, informal communication through WhatsApp groups was a distinctive feature that emerged in the present work, allowing for a more natural and spontaneous contact with benefits for each part (adopters and professionals). There have been difficulties, however, reported by professionals about relying on digital forms of communication to directly interact with children and establish a relationship with them. These can be explained through the lens of attachment theory, as the overall sensorial experience that is missed in virtual visits is a critical element when developing emotional bonds (Cassidy, 2016).

4.1 Implications of the findings for adoption-related policy and practice

Building on the findings, and in alignment with prior evidence, the present study offers support of potential recommendations for service providers working with adoptive families through the transition to adoptive parenthood. Despite the focus of this study on COVID-19, most of the recommendations can be relevant for both pandemic and pandemic-free contexts and situations. However, it should be noted that, given the exploratory and small-scale nature of the study, such recommendations should be taken as preliminary, and further research is deemed necessary before their broader implementation.

First, the time during which a transition is being planned may be improved by giving the opportunity to adopters and children to meet each other through virtual ways. In Portugal, until COVID-19 pandemic, a common practice in the context of preparing a placement transition was the preparation of a photo album by the adoptive family and the child to be delivered to each other (Henriques et al., 2017). Along with evidence suggesting that younger children respond better to movement than static pictures (Diehm, Wood, Puhlman, & Callendar, 2020), results from the present study suggest that video recorded of adopters introducing themselves and the home environment can be a valuable alternative tool to using a photo album. However, the costs and benefits of these strategies for children should be balanced when considering its implementation, namely for how long they will be perpetuated, as this can exacerbate the child's anxiety. This is particularly relevant for children under six years old, for whom it is more difficult to understand the concept of future and timescales for events (Burnell et al., 2009).

In Portugal, the participation of selected applicants in a mandatory training course *before* the child's proposal is legally established (Lei nº 143/2015 de 8 de setembro). Results from this study suggest that adopters may benefit for being engaged in activities that led them to reflect on potential strains that can emerge during the child's integration into their family and how to solve them, as well as for reviewing some of those training contents *after* child's proposal, that is, adapted to their child. This is in line with recommended approaches to help parents understand the to-be-adopted child in the context of his/her life history during the transition process (Burnell et al., 2009) and the need of more tailored transition plans to the specific needs of each situation (Lewis, 2018).

Besides, more than one meeting between the professionals representing the interested parts – the child and adopters – during the preparation of the transition may also be encouraged (e.g., bi-weekly), and that can be more easily achieved through virtual means. This recommendation is in line with the recognized importance of such regular meetings to create a structured and reflective process of the transition (Browning, 2015; Henriques et al., 2017) and to increase the collaborative team working, an identified area for practice' improvement from adoptive parents' perspectives (Henriques et al., 2017; Lewis, 2018).

Second, adapting strategies to fit social distancing constraints that compromise adopters' opportunity to visit the space where the child lives before his/her adoption is another step that may be encouraged during future pandemics. In line with Neil and

collaborators (2020) recommendations, the current caregivers can help the adopters to become familiar with children' habits by recording a video of their day-to-day routine. Notwithstanding its usefulness, our results suggest that strategies other than video, as well as use of face masks, should be considered to allow capturing the whole physical and sensorial experience of face-to-face visits and contacts during the transition. Our results also suggest the need to establish national procedures that help professionals to determine whether it is feasible and safe for transition to proceed and whether it can be brought forward in times of pandemics (e.g., Neil et al., 2020), thus increasing consistency between different professionals and services.

Third, helping adopters to recognize potential benefits of privileging an exclusive family time during the first month after child's placement, both for the family as a whole and the child's in particular, could be a promising practice. Similar recommendations have already been advocated (Burnell et al., 2009), but there is considerable variation in their implementation (Lewis, 2018; Tasker & Wood, 2016). This is highly relevant considering that attachment difficulties are highly common among adopted children (Burnell et al., 2009) and constitute one of the main reasons for adoption breakdown before adoption court order (e.g., Barbosa-Ducharne & Marinho, 2019). In this sense, our results indicate that recommendations towards the possibility of concurrent parental leave or, at the very least, the possibility of one of the parent to work remotely (and from the beginning of the parent-child contacts to cover the transition period itself), should be analyzed more deeply in further research. Children' presentation to the extended family by virtual technologies is also encouraged by prior studies not related with COVID-19 showing that children, even babies and toddlers, respond well to video interactions with extended family members such as grandparents (McClure et al., 2018).

Finally, face-to-face observation of the quality of the relationship established between the child and adopters through home visits is one of the most important assessment method of adoption practice during the first 6 months of post-adoption in Portugal, as in other countries. In line with previous research (Neil et al., 2020; Singer & Brodzinsky, 2020), our results suggest that virtual forms of communication such as video conferencing tools and informal communication such as group chat on WhatsApp are a valuable avenue to supplement, but not substitute, face-to-face visits, not only during pandemic times, but also as an integral part of the post-adoption follow-up in the future. However, as suggested by others authors (Neil et al., 2020), creativity and flexibility are required when using virtual communication, specially to engage youngest children and facilitate interaction with them. In particular, it would be important to create conditions that allow professional-child contacts to be first in-person and then virtual, as they help to foster a trustful relationship. Overall, it could be important for adoption agencies to look further into the possibility of a hybrid work environment that allow professionals enjoy potentialities of both work-related modalities (face-to-face and remotely).

4.2 Conclusions

Results from this study seem to support adoption services' decision to proceed with child's transitions over the pandemic period. On the one hand, our results appear to validate and reaffirm already advocated recommendations in pandemic-free contexts such as the importance of exclusive family time at the beginning of the child's placement. On the other hand, the several adjustments forced by COVID-19 allowed to

identify promising practices to be hence perpetuated, within pandemic and free-pandemic contexts, such as the use of virtual communication to supplement ordinary practice.

Despite the small-scale qualitative nature of the present study, this study provides considerable insight into evidence-based guidance likely to be relevant for adoption services in other countries affected by COVID-19. Nevertheless, further work is warranted to confirm the conclusions of this study, by considering a longer-term perspective of COVID-19-related challenges on adoptive families and child welfare professionals and, most importantly, considering the adopted children' voices on this topic. Moreover, the efficacy of recommendations and policy measures being implemented should be evaluated through larger qualitative and quantitative research.

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Highlights

- COVID-19 pandemic constitutes a unique context to re-think adoption practice.
- COVID-19 related benefits and difficulties emerged for the transition process.
- Private nuclear family time should be encouraged after child's placement.
- Virtual communication can be a useful tool to supplement adoption practice.
- Data-informed recommendations when planning adoption transitions are provided.

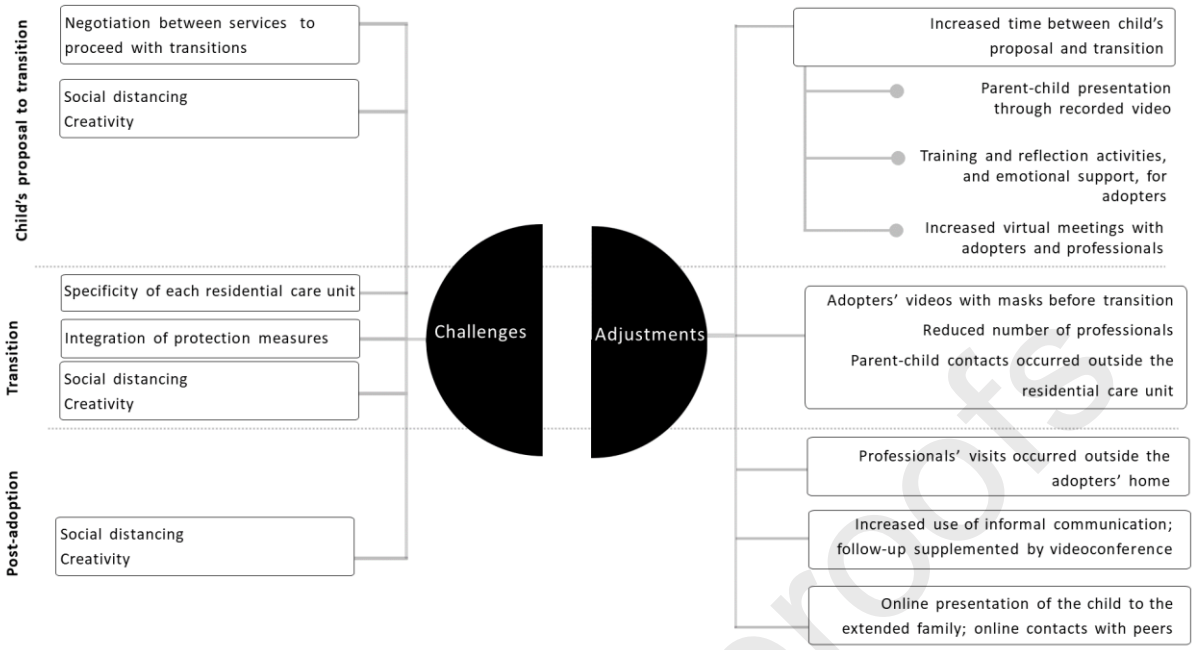
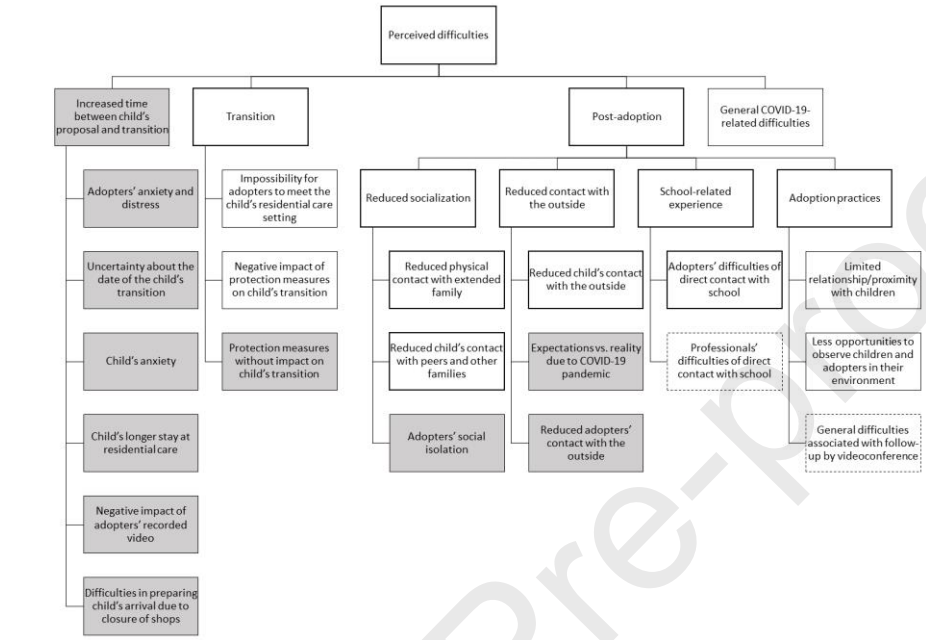


Figure 1. Themes and sub-themes about the challenges and corresponding adjustments regarding adoption practices in times of COVID-19.

Figure 2. Themes and sub-themes about the perceived difficulties of COVID-19 pandemic for the adoption process. *Note.* Themes and sub-themes referred only by adopters are in a gray box and those only mentioned by adoption professionals are in a dashed box. The remaining themes and sub-themes were referred by both group of participants.



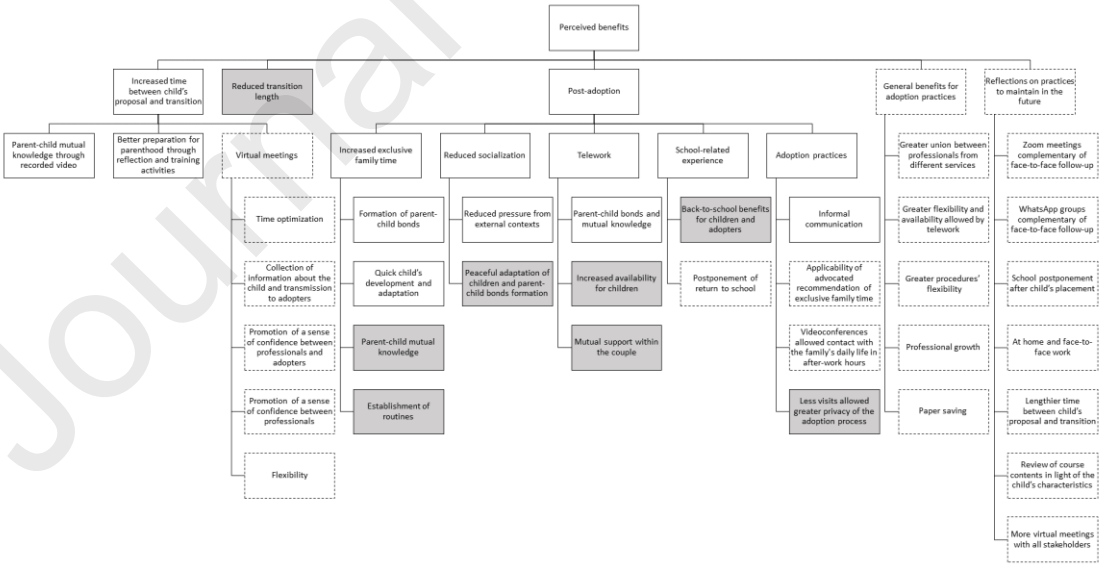


Figure 3. Themes and sub-themes about the perceived benefits of COVID-19 pandemic for the adoption process. *Note.* Themes and sub-themes referred only by adopters are in a gray box and those only mentioned by adoption professionals are in a dashed box. The remaining themes and sub-themes were referred by both group of participants.

Table 1

Frequency and extension of the themes and sub-themes related to the perceived difficulties of COVID-19 pandemic for the adoption process

Themes and sub-themes	**Part.**	**Ref. (Nº Part.)**	**Example of responses**	**Part. ID**
Increased time between child's proposal and transition	**A**	56 (9)		
Adopters' anxiety and distress	**A**	21 (6)	"The fact that we had stopped and waited again was hard. Because the expectation is high, the anxiety is high. Having a child and not being able to see her was complicated."	11
Uncertainty about the date of the child's transition	**A**	13 (4)	"Unfortunately we had to do all this [preparing for parenting] without knowing when. The worst part was managing the uncertainty."	2
Child's anxiety	**A**	10 (4)	"Every day children asked when they would meet us, when were we going to get them."	6
Child's longer stay at residential care	**A**	3 (3)	"Basically, the fact was that, we knew that he could be here with us, better than he was there, and that this permanency at residential care would	5

			be perpetuated, who knows how long.”	
Negative impact of adopters’ recorded video	**A**	5 (2)	“They [professionals] did not allow us to continue sending gifts. To continue sending videos. Because it was very stressful for V. too. There were so many expectations for her too, which were difficult to handle.”	2
Difficulties in preparing child’s arrival due to closure of shops	**A**	4 (2)	“Everything was closed, we had no bedroom furniture, we had nothing. It was when everything, everything was closed. It was a bit complicated.”	7
Transition	**A**	31 (10)		
	P	15 (4)		
Impossibility for adopters to meet the child’s residential care setting	**A**	14 (6)	“We never were there [at residential care unit] with her, to interact with her. She never could show us, by her hands, where she was, where she was not, her friends and everything else.”	2
	P	5 (2)	“There are a number of things that we really have to recover. The possibility of the family to enter the residential care unit and be able to see the child's space, isn't it? The room, where she eats, and to have contact with the caregivers (…) It is essential.”	17
	A	3 (2)	“She [the child] was a little withdrawn, but once we took off the face mask, so she could see a little, it	7

			started to get better, she interacted with us."	
Negative impact of protection measures on child's transition	**P**	8 (4)	"The image of the half or almost entirely covered face is uncomfortable, isn't it? For those who use [face mask] and for those who watch, in this case, us. Because we don't see the expressions."	16
Protection measures without impact on child's transition	**A**	14 (7)	"Only when we meet the first time we were using a face mask. After that, we were always without mask. (…) I think they [face masks] had no influence."	4
Post-adoption	**A**	143 (13)		
	P	51 (4)		
Reduced socialization	**A**	71 (12)		
	P	9 (2)		
Reduced physical contact with extended family	**A**	21 (9)	"I had planned to bring the whole family together to meet him, and it was not possible. The family gets to know him, from time to time, little by little."	13
	P	3 (1)	"We always prioritize the relationship between adopters and children, but all the situation must be well managed, isn't it? And the families themselves,	16

			this also causes suffering to the families, doesn't it?"	
Reduced child's contact with peers and other families	**A**	33 (10)	"He is very social and, in fact, he lost with that [COVID-19], you know? I couldn't work this part, related to peers, with him. I was always searching for activities and things like that, and I didn't find anything."	1
	P	6 (2)	"They [adopted children] don't have contact with other families, they don't know how they work, how they settle rules and everything, how it is like to live with a family, and this is important for those children."	16
Adopters' social isolation	**A**	8 (5)	"The social part is the worst in many ways. At work, in everyday life, with friends, and so on (…) This part is not being cultivated as much."	2
Reduced contact with the outside	**A**	49 (10)		
	P	6 (3)		
Reduced child's contact with the outside	**A**	18 (5)	"It [COVID-19] has influenced in the sense that we feel that they are children, they really need to get outside, to do things. (…) and we have noticed that this [confinement] also causes them some stress."	6
	P	6 (3)	"This is very challenging, to be able to entertain children, all day long, without leaving home (…) This is	15

			very difficult to do so without a tablet or a mobile phone in hand."	
Expectations vs. reality due to COVID-19 pandemic	**A**	24 (8)	"I idealized meeting a child, go for a walk with that child, dining out with that child, and go to show her the world, you know?"	12
Reduced adopters' contact with the outside	**A**	7 (4)	"To be able to function fully, to be balanced parents, we also need our balance and, this [confinement] also affected us."	6
School-related experience	**A**	4 (2)		
	P	10 (2)		
Adopters' difficulties of direct contact with school	**A**	4 (2)	"We have very little feedback and we are very curious to understand the educator's perspective, the person who is with her. And that, we still can't get."	10
	P	5 (2)	"Another challenge for parents is that they are going to take the kids to school and they cannot enter the school, they cannot have direct contact with the educator."	15
Professionals' difficulties of direct contact with school	**P**	5 (1)	"We didn't visit the school, we didn't see the classroom, we didn't see the child inside the school, so this is a very big loss."	15
Adoption practices	**A**	19 (3)		

	P	27 (4)		
Limited relationship/proximity with children	**A**	18 (2)	"We were expecting that the child would be more accompanied than they really are."	6
	P	11 (3)	"I think that a lot is lost in the relationship with the child through these means, you know? A lot is lost because we don't see each other."	15
Less opportunities to observe children and adopters in their environment	**A**	1 (1)	"One negative thing is this part of the follow-up be made by videoconference by professionals. Even for them this is difficult, because they cannot see J. in his space."	9
	P	11 (2)	"I think that the main difficulty was not being able to directly observe the interaction between the adopters and the child, you know? All the information we had was from a more controlled environment because we are in front of a screen."	15
General difficulties associated with follow-up by videoconference	**P**	5 (1)	"Videoconference meetings are very tiring. And we also notice that children are much more shy, they are very exposed, during videoconferences."	16
General COVID-19-related difficulties	**A**	28 (8)	"Afterwards, we were also scared of COVID-19, no one really knew what this was going to do. I think the pandemic had an impact on us all, didn't it? People are very scared."	11

	P	19 (3)	"I was very afraid of getting contaminated and being able to contaminate the elderly in the family. To put my family at risk."	15

Note. Part. refers to the group of participants who referred each theme and sub-theme; A = Adopter families; P = Professionals; Ref. refers to number of references to each theme and sub-theme; Nº Part. in parentheses refers to the number of participants who mentioned the themes and sub-themes, ranging from 1 to 13 for adopter families and from 1 to 4 for professionals; Part. ID refers to the anonymous identification of the participant who referred the example.

Table 2

Frequency and extension of the themes and sub-themes related to the perceived benefits of COVID-19 pandemic for the adoption process

Themes and sub-themes	**Part.**	**Ref. (Nº Part.)**	**Example of responses**	**Part. ID**
Perceived benefits	**A**	305 (13)		
	P	136 (4)		
Increased time between child's proposal and transition	**A**	20 (4)		
	P	58 (4)		

Parent-child mutual knowledge through recorded video	**A**	12 (3)	"I think that this contact [video] makes the children really get to know us and the other way around. But I think that, in this case, the most important thing is really the fact that the children have a voice, they have movement."	6
	P	9 (2)	"Everyday activities were shared through a way [recorded video] that was not commonly used until now. And this brings people closer, doesn't it? It allowed to concretely show and give an example to the child, express emotions, and what they are doing."	16
Better preparation for parenthood through reflection and training activities	**A**	8 (2)	"It gave us time to think "Imagine how this is going to be. Imagine what that is going to be like". And all of that, you can only achieve with time, right?."	2
	P	15 (2)	"We took advantage of the fact that they have not completed session C [pre-adoption training course], to work on these contents while applied to the characteristics of V.. Every week, we worked a little with them, making this time a constructive time."	14
Virtual meetings	**P**	36 (4)		
Time optimization	**P**	7 (3)	"In order to not delay the [transition] process, video calls are a resource as valid as any others at this moment. It shortened distances and the day became more profitable."	17
Collection of information about the	**P**	3 (3)	"What we did was to ask, for example, to the residential care units, updated information on the child, such as photos,	15

child and transmission to adopters			to send to the parents. In order for them to be a little closer to their child."	
Promotion of a sense of confidence between professionals and adopters	**P**	11 (2)	"We had time to get to know them, to establish a relationship with them and they with us. This time is important to create a trustful relationship. (…) The more they trust us, the more they can turn to us."	14
Promotion of a sense of confidence between professionals	**P**	6 (2)	"The more they [residential care units] also trust us and the parents, the better, so we can all be a team. And that, maybe, just with the moment that previously existed, it wasn't enough (…) More moments are perhaps needed."	14
Flexibility	**P**	5 (2)	"It made us much more malleable too. I think the adoption procedures were also very strict (…) I think we became much more elastic."	17
Reduced transition length	**A**	10 (2)	"I think it has accelerated the process (…) For us, it was the ideal [3 days of transition]. I think that the perpetuation of meetings for a week at the residential care unit, for more time, would not have bring any added value."	10
Post-adoption	**A**	99 (13)		
	P	49 (3)		

Increased private family time	**A**	74 (12)		
	P	32 (3)		
Formation of parent-child bonds	**A**	29 (10)	"If it weren't for COVID-19, we might not have had so much intensive time with her. It allowed to intensify the coexistence that we had with V. ."	2
	P	25 (3)	"I think there are benefits to being at home, being focused on the child, on the relationship. More like an opportunity, for the sake of the relationship. In the short term, I think it could be good, in a first month."	14
Quick child's development and adaptation	**A**	11 (6)	"We noticed that he developed a lot, the stimulus was all for him, so he developed a lot in these months during which he was alone with us."	9
	P	7 (2)	"The spaces of the house are more experienced by each one. The bedroom is being experienced more because they are there longer there. All of this helps in the initial knowledge of the house (…) Children quickly became more comfortable to explore and be in the house."	14
Parent-child mutual knowledge	**A**	11 (7)	"The only advantage I see in relation to L. was that he got to know us better, we got to know each other better, and there was a more solid adaptation."	4

Establishment of routines	**A**	10 (5)	"But without a doubt it was very beneficial, because it forced us, as a family, to create routines."	9
Reduced socialization	**A**	34 (8)		
	P	8 (2)		
Reduced pressure from external contexts	**A**	14 (6)	"I think it was important to have this relief, and not being under that pressure over meeting the whole family, you know? And I confess that I used Covid as an excuse to not be pressured too often…"	1
	P	8 (2)	"It's difficult for parents to deal with this family pressure, isn't it? We often say, "but say it's us that recommend a first time in family, blame us." (…) And here, it wasn't necessary, this [exclusive family time] was natural."	15
Peaceful adaptation of children and parent-child bonds formation	**A**	20 (8)	"It [confinement] helped him to avoid the negative impact of meeting a lot of people at the same time (…) It helped him to adapt, to not get so agitated and confused."	4
Telework	**A**	24 (7)		
	P	3 (2)		
Parent-child bonds formation and mutual knowledge	**A**	11 (5)	"As I was teleworking, we both had the privilege of accompanying L. (…) In a normal world, I would be absent. In that sense, it was fantastic to be able to interrupt for a few minutes and give the child some affection."	8

	P	3 (2)	"We've had families where the two of them were at home and usually only one of them take adoption leave, the other is working. What we felt was a great involvement, maybe bigger I would say. From the family to the child and the child to the family."	16
Increased availability for children	**A**	8 (3)	"It is easier, when there is a dead time, for me to be with them, to play with them, to understand what is going on, there are always moments when we are together. If there was no virus, I was going to work. I feel that they [children] also benefit because we are calmer."	3
Mutual support within the couple	**A**	4 (3)	"The fact that I was at home was very good, I was able to help in some way, because there are many tasks."	8
School-related experience	**A**	13 (6)		
	P	6 (2)		
Back-to-school benefits for children and adopters	**A**	13 (6)	"When he [the child] started school, everything improved a lot. It did very well to him. It has been fantastic for him and even for us."	9
Postponement of return to school	**P**	6 (2)	"The fact that there was this postponement meant that children did not join a new school that year. That was a very positive factor at these ages. (…) Because children are not immediately exposed either to learning or to peers."	16

Adoption practices	**A**	16 (5)		
	P	32 (4)		
Informal communication	**A**	11 (5)	"When there are moments more emblematic, we also send photos by WhatsApp. This part less formal, I think, it's also advantageous."	2
	P	22 (4)	"Day in, day out, they [parent] sent photos through WhatsApp, all the child's evolution, all the new acquisitions (…) It was impressive. Because the registration was so complete, in the end, when I wrote the adoption report, everything was there."	15
Applicability of advocated recommendation of exclusive family time	**P**	8 (3)	"What we advocated in the immediate post-adoption period, is for children to be as much as possible with their nuclear family first, because of bonds' formation. And that wasn't very possible when we were all at ease, was it? So, it was an advantage."	14
Videoconferences allowed contact with the family's daily life in after-work hours	**P**	2 (1)	"We did that [a videoconference after-work hours] with one family and it was beneficial to also understand the day-by-day of families. This allowed for greater flexibility in managing time and solving specific issues that emerged on that day."	16
Less visits allowed greater privacy of the adoption process	**A**	5 (1)	"It made the process more reserved, and that, for us, was positive."	10

General benefits for adoption practices	**P**	29 (4)		
Greater flexibility and availability allowed by telework	**P**	17 (4)	"This thing of being able to have flexible hours, also according to the availability of families, I think that was what brought more profits."	14
Greater union between professionals from different services	**P**	5 (2)	"It caused great union between us professionals. (…) I think it created a very close relationship and that it greatly facilitated communication between us all. Looks like there was less friction."	17
Professional growth	**P**	3 (2)	"I had a lot more time to read about adoption, to explore, I had a lot more time to devote myself to that aspect, basically, to enrich knowledge. And that was a lot for being at home."	15
Greater procedures' flexibility	**P**	2 (1)	"It allowed us to make many procedures more flexible (…) There were things that were unthinkable for us to happen and they did. I think it made things much more flexible and opened up our vision for other possibilities."	17
Paper saving	**P**	2 (1)	"And another essential thing for me, I think it saved a lot of paper."	17
Reflections on practices to maintain in the future	**P**	48 (4)		

Zoom meetings complementary of face-to-face follow-up	**P**	14 (4)	"I think it [zoom] will serve as a model, that we will always do that, because its use has been very good. We will continue with this method even in the future because we've all come to the conclusion that it really has many advantages."	14
WhatsApp groups complementary of face-to-face follow-up	**P**	7 (3)	"I think it [WhatsApp groups] can be a complementary way, but it will never be, I think, a main way of observing the interaction, no."	15
School postponement after child's placement	**P**	13 (2)	"Most kids benefited much more from staying at home. Less school is emotionally stronger for children. But we are much further behind, unfortunately."	15
At home and face-to-face work	**P**	6 (2)	"Some days at home and others in person (…) If you will do it at home [video calls with families], I think we will have greater availability."	17
Lengthier time between child's proposal and transition	**P**	3 (2)	"From the moment they [parents] accept, the transition is almost immediately scheduled, it seems like a race against time. (…) We would like to keep this transition preparation a little longer."	14
Review of course contents in light of the child's characteristics	**P**	4 (1)	"People assimilate better, internalize better, in fact, all these issues. We now use what we started to invent, to apply these contents at that stage."	14
More virtual meetings with all stakeholders	**P**	1 (1)	"If we were to go together with all the adoption professionals in the country to understand how many more meetings	16

	were held in preparation for the transition by all stakeholders, which were not being done until then, I think that would clearly be an innovative procedure here."

Note. Part. refers to the group of participants who referred each theme and sub-theme; A = Adopter families; P = Professionals; Ref. refers to number of references to each theme and sub-theme; Nº Part. in parentheses refers to the number of participants who mentioned the themes and sub-themes, ranging from 1 to 13 for adopter families and from 1 to 4 for professionals; Part. ID refers to the anonymous identification of the participant who referred the example.

Author Statement

All the authors of this manuscript have directly participated in the planning, execution, or analysis of the study.

S. Alves: Investigation; Visualization; Writing—original draft preparation

S. Alves, C. Gomes Ribeiro, M. R. Henriques: Methodology; Formal analysis;

S. Alves, M. R. Henriques, I. Pastor: Conceptualization

S. Alves, C. Gomes Ribeiro, M. R. Henriques, I. Pastor: Validation; Writing—review and editing

M. R. Henriques, I. Pastor: Project administration; Supervision.

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Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: