Human Systems:
Therapy, Culture and Attachments

Original Manuscript

Human Systems: Therapy, Culture and Attachments
2026, Vol. 0(0) 1–19

DOI: 10.1177/26344041261484756
journals.sagepub.com/home/hus
Sage

‘Men wait until it’s crisis point before asking for help’ – A qualitative study on the mental health and support needs of adoptive fathers in the UK

Sarah J. E. Marsden[1,2], Elizabeth Wrench[3], Nicola Platt[3,4], Eleanor Vowles[3] and Laura L. Machin[3]

Abstract

This study aimed to qualitatively evaluate the unique lived experience of adoptive fathers, specifically their mental health and support needs. Following participation in a community peer-support group, adoptive fathers were interviewed, and interview data was combined with adoptive fathers’ contributions to a series of community workshops focusing upon the lived experience, mental health, and support needs of adopters. Data was thematically analysed, and four themes were identified, highlighting the multiple marginalisation of adoptive fathers, the reduction in mental health experienced by a change of role, the stigmatisation and silence around male mental health, and the importance of peer-support for adoptive fathers. Results are discussed in the context of social barriers and facilitators to male mental wellbeing and the wider literature on adoption and parenting, and recommendations are made for improvements to policy, practice, and adoptive fathers’ mental health.

[1]Division of Health Research, Faculty of Health and Medicine, Lancaster University, Lancaster, Lancashire, UK
[2]Autism Research Centre, Department of Psychiatry, University of Cambridge, Cambridge, Cambridgeshire, UK
[3]Lancaster Medical School, Faculty of Health & Medicine, Lancaster University, Lancaster, Lancashire, UK
[4]University of Lancashire, Preston, Lancashire, UK

Corresponding author:
Laura L. Machin, Emeritus Professor of the Social and Ethical Aspects of Health and Medicine, Lancaster Medical School, Faculty of Health & Medicine, Health Innovation One, Sir John Fisher Drive, Lancaster University, Bailrigg, Lancaster, Lancashire, LA1 4AT, UK.
Email: l.machin@lancaster.ac.uk

Keywords
adoption, male adopters, adoptive fathers, mental health, peer-support

Introduction

The number of children under state care, or 'children looked after' in England is steadily increasing, with the current total of 83,630 having risen by 1.5% since 2020 (Gov.UK, 2024), and by 23% since 2013 (Home for Good, 2024). The rate of children looked after who are adopted averages at 3000 per year, which in 2024 represented just 3.6% of the total of children under state care. In direct contrast to this, over a 5-year period from 2018/19–2023/24, the number of registrations to adopt has fallen by 22% for individual adopters, and by 17% for families (Coram, 2024). This can be partly attributed to the cost-of-living crisis in the UK (Adoption UK, 2023); but recent government and adoption charity reports suggest that the current adoption system and process is flawed, and improvements are required to both attract new adopters, and keep existing adopters from breaking the placement.

Firstly, the adoption process is lengthy, generating prolonged anxiety and uncertainty for both adopters and adoptees. In 2024, the average time from a child entering care to adoption was 19 months, and a further 9 months for the adoption order to be completed (Gov.UK, 2024). The proportion of adopters arriving at the approval panel stage by 12 months fell from 72% in 2022 to 55% in 2023, with only 35% of adopters perceiving the process to be timely and smooth (Adoption UK, 2024).

Secondly, the proportion of children looked after due to social adversity and early trauma has increased over the last 50 years, and currently 66% of all children under state care are due to abuse and neglect (Gov.UK, 2024). Adopted children with exposure to social adversity have been previously reported as being more likely to be neurodivergent, or to have an increased prevalence of fetal alcohol spectrum disorder (Adoption UK, 2024); as well as other challenging behaviours created by early trauma. The percentage of adopters experiencing aggressive or violent behaviour directed towards them has increased from 57% in 2022 to 60% in 2024, and there is also a reported increase in adopted children leaving the adoptive family home early, rising from 5% in 2022 to 7% in 2024 (Adoption UK, 2024).

Thirdly, seeking support post-adoption poses an additional burden to adopters. In 2023, 76% of adopted families were reported to be facing challenges and were continuously struggling to get support, while 38% had reached a crisis point or were experiencing severe challenges, an increase of 8% since 2022 (Adoption UK, 2024). When able to get support, a lag of 4 months or longer is reported by a third of adopters, with 13% still waiting after 12 months, during which time challenges can escalate to crisis point (Adoption UK, 2024).

While mental health and wellbeing has been a well-explored topic of research with both adopted children (Bramlett et al., 2007; Brand and Brinich, 1999; Duncan et al., 2021) and with birth parents (Megnin-Viggars et al., 2015; Murray et al., 2003; Parfitt and Ayers, 2014), adoptive parents have not received comparable research interest. Research into post-natal depression has tended to focus upon mothers, and similarly whilst

post-adoption depression is a recognised phenomenon affecting both mothers and fathers (Anthony et al., 2019; Foli, 2010; McKay et al., 2010), the majority of research to date investigating the mental health of adoptive parents has concentrated upon the female experience as the assumed primary caregiver (Kohn et al., 2023; Mott et al., 2011; Payne et al., 2010). The mental health of new fathers has been identified as a neglected topic in recent years (Fisher et al., 2021; Hambidge et al., 2021; Mayers et al., 2020), but adoptive fathers remain a seldom-heard population. A recent study explored the lived experience of adoptive fathers whose children display child to parent aggression, and revealed that their participants were at crisis point, and wished that they had received training and knowledge of the difficulties that adoptive children can bring much earlier in the process (Barrow et al., 2023). The experiences of post-adoption depression in adoptive fathers were investigated by Foli and Gibson (2011), albeit via the perceptions of healthcare professionals, rather than from the adoptive fathers directly. Foli et al. (2013) expanded upon this with a mixed-method study on self-reported depression in adoptive fathers and discovered that the rate of paternal post-adoption depression was comparable to adoptive mothers, and also to non-adoptive parents. They suggest that depression may manifest differently in men in comparison to women, and that men will react in different ways to stressful situations and to mental health issues, generating specific needs regarding support during the adoption process and beyond (Foli et al., 2013). These needs have not previously been researched, and this study aims to fill this knowledge gap in order to shed light on the experiences of this seldom-heard population, inform policy, and improve the current adoption process in the UK.

Methods

This qualitative study combined data involving adoptive fathers in two separate activities: data from a series of community workshops with adopters focusing upon the lived experience of adopters, their mental health, and support needs, and interview data from adoptive fathers following participation in a community engagement programme. The workshops collected data from a range of adoptive parents, but discovered that adoptive fathers in particular felt less considered during the adoption process, and that they had specific mental health and support needs that deserved further exploration. One of the workshops was populated entirely by adoptive fathers, which inspired the creation of a fathers-only space to allow adoptive fathers to talk with each other, not only about their experiences of the adoption process, but to have somewhere to meet socially as part of a planned activity; which became the peer-support sessions.

Workshop data: Data from adoptive fathers participating in a series of workshops undertaken between October and December 2023 was analysed. 15 of the 47 participants of the workshops identified as male, and data that evidenced adoptive fathers' mental health and support needs was extracted and analysed. Workshop participants were recruited via existing personal and professional networks, adoption agencies and adoption-based Facebook groups. Consent was obtained by completion of a short demographic survey combined with an electronic consent form via a secure Qualtrics link. Workshops were arranged online to minimise inconvenience, and a range of availability offered to maximise participation. A total of 10 two-hour workshops were conducted via Microsoft

Teams, with between three and eight participants per workshop; and a screen break was provided at half-way point. The audio files were transcribed professionally.

Interview data: A pilot of peer-support group sessions for adoptive fathers was run over a period of 3 months from May to July 2024 in the North-West of England, offering a mixture of fully funded social activities including breakfasts and dinners, family pool parties and climbing wall sessions. At the end of the sessions, participants were invited to provide feedback on the effectiveness of the peer-support group, as well as their mental health and support needs, via individual semi-structured interviews. Eight adoptive fathers were invited, and five responded. Participants were sent an information sheet, a link to an electronic consent form and short demographic survey via a secure Qualtrics link. Once participants had completed the Qualtrics form, an online interview was arranged via Microsoft Teams; with a range of availability offered to facilitate participation. The interviews lasted between 15 and 60 minutes, with a break offered at half-way point. Interviews were recorded via Teams, and participants were reminded that they could switch their cameras off if preferred. The audio was extracted immediately after each interview, and data was pseudonymised at this point. The audio files were transcribed professionally.

Data from the workshop and interview transcripts that supported evidence of the specific mental health and support needs of adoptive fathers were synthesised together, making a total of 20 adoptive fathers providing qualitative data for this study. Because the interviews were inspired by data collected during the workshops, the questions for the interviews were developed from the workshop topic guide which facilitated seamless integration and synthesis of data sources. Data was thematically analysed following the method described by Braun and Clarke (2006,2019). The analysis began with familiarisation with the data by reading and re-reading and making notes. Initial coding was undertaken by annotation and tagging of the data; after which codes were grouped and similar codes collapsed together, creating themes and sub-themes. Codes were then re-read within the context of the themes, and the original dataset was revisited to ensure that the coding and themes remained representative of the whole dataset; and finally, themes were consolidated during the writing of the manuscript and selection of representative quotations. The synthesised findings from the interviews and workshops were independently verified by a member of the research team.

The interviews and workshops were each granted ethical approval by Lancaster University Faculty of Health & Medicine Research Ethics Committee.

Reflexive statement

The research team all identify as female. The first author has no lived experience of the adoption process, but is an academic researcher in the field of mental health. The research group leader has lived experience as both an adoptee and an adopter. Other members of the research team have no lived experience of adoption, but have prior experience and knowledge of adoption research.

Results

These findings thematically synthesise the qualitative data derived from the interviews and workshops. Four themes were identified, highlighting the marginalisation of adoptive

fathers, the reduction in mental health experienced by a change of role, the stigmatisation and silence around male mental health, and the importance of peer-support for adoptive fathers.

'I'm asked if it's daddy day-care day' – Marginalisation of male adopters

Adoptive fathers perceive themselves as having less importance as a parent in society, with the focus remaining upon the mother as the primary caregiver within the patriarchal framework of Western society. Whether in educational settings or social work practice, the father is traditionally expected to be the primary earner and is presumed to be less present at home and out at work all day. Adoptive fathers reported that any provision of training or support provided by adoption agencies and post-adoption support organisations was geared towards mothers as the presumed primary caregiver, leaving the fathers feeling excluded, even if they were active parents and wanted to be involved.

> W9/P17 'and I've given up my career pretty much to be a stay at home dad. All the support out there, all of the What are your needs? What we need to do to help you? are all geared towards maternal carers and not towards men. There's never any specific groups. I found one locally that's geared towards dads so not adoptive, just Dads and that's the only thing that have come across in terms of other men supporting each other or trying to.'

> W9/P14 ' It's been an uphill battle to engage with resources and to not take it as a slight that everything is mother and toddler, that regularly I'm asked if it's daddy daycare day, you know, the point is you're not going to get that many men involved in what you're doing because they've been put off already…I would say a lot of the time is because they've been elbowed out and so why should they have opinions about an environment that they're not welcome in?'

> W9/P15 ' I would say 95% of the sessions that that we've attended, often it is just the female partner that's there, if it's a husband and wife relationship and if the male partner is there, there's very, very little input from them and I think that's also reflected in the people who are giving the training, the people who are our social workers and it's not necessarily reflective of a setup that's that interested in male input.'

Even if training or support sessions are offered by adoption agencies or post-adoption support organisations at times when both partners can attend, there is rarely any consideration or provision for childcare; and when unable to attend because of lack of childcare, one adoptive father recounts being noted by their social worker as being unwilling, rather than unable to attend:

> I/P1 'Oh, there was one on Therapeutic Parenting being offered, and we both had to go in person, at the same time, and it's like, "What do we do with the children?" "Oh, you'll have to sort something out". "Er, OK". So we didn't do it, and then it goes on the report, "The parents are not willing to participate".'

Adoptive fathers are often actively involved in childcare even if out at work all day. Due to the unique challenges presented by many adopted children, one parent, most often

presumed to be the mother in social work practice, might stay at home to care for the children. One participant describes having to take over childcare on their return home from work to give their partner a break, so the father can end up working into the evening too, albeit a different kind of work:

> I/P4 'because we homeschool the [children], my wife does that sort of full-time, so kind of any time I'm not at work is kind of taken up with, you know, giving her a break from the children.'

Some adoptive families include two male adopters, or a solo male adopter, rather than conforming to the heteronormative traditional nuclear family unit of the heterosexual couple, which expands orthodox societal expectations and social work practice assumptions. Challenging these assumptions further is when an adoptive father is the primary child carer. If already marginalised by not being considered an active parent, adoptive fathers are even less likely to be taken seriously as an active main carer. These alternative versions of traditional roles create a unique intersectional experience of 'othering' by not conforming to the expected birth family route, but also by not conforming to the conventional perception of the family unit. One adoptive father in a same-sex relationship describes a form of emotional labour when having to explain and defend their family formation to friends, family, and strangers; which adds an additional mental burden to that experienced by heterosexual couple adopters:

> W9/P20 'I'm in a same sex relationship, so there's two of us. There's nothing that confuses people more because they treat us as interchangeable, and it's interesting because I've been both the primary caregiver and the primary breadwinner and they try and put you into this sort of, Where do you fit into this?… And when it doesn't quite fit nicely into a slot, it just creates chaos… I just think, OK, that just makes it so obvious to me that there are still some really clear gender-based roles and people have the best intention and they want to be inclusive but actually… this thing has been presented to us in a certain way and when things get difficult, you fall into that sort of reaction, even if you don't want to, even if you're not conscious and I think that's what happens a lot… I have a lot of other things on my plate without having to take people back so that they can move forward if that makes sense'.

> W10/P45 'I think that what I experienced also with friends who have kids is that especially heterosexual couples, the mum and the dad have very different roles, while in the same-sex couple, especially for adoption, there is quite a lot of the experience that both of us would do, because then you have to have the discussions of who is going to be the first one taking the paternity leave and things like this where in heterosexual couples a lot of times it's kind of a given almost that the mum will take the first leave or things like this. That's the experience I had.'

'Everything was different overnight' – *Reduction in mental health caused by a change in role*

If the adoptive father is the primary carer, the sudden change in status from earner to carer can be overwhelming. Adoptive fathers describe the unique experience of becoming an

overnight parent to one or more children with complex trauma and needs, and not having time to learn, adapt, and create a relationship with their children:

> W1/P4 'the difference between biological and adopted with biological, you come home with a baby that's sleeping the majority of the time. But in a calm environment and it hasn't got any issues other than developing and feeding and all those sort of stuff so it's a nice calm process and it takes you a long time to get into it because you know you're learning day by day, but you're not thrown into it like you are with obviously adoption'

> W10/P47 'the difference was that it was just completely different to what I was doing, so being at home was less about my gender and more about the fact that I've had a career for 25 years and I'd had other long-term relationships, but it hadn't involved parenthood, and this involved parenthood. And so the shock was above and beyond everything that comes with adopting a child from the care system, that's different having a birth child: the difference was that I was at home and suddenly that everything was different overnight'

Adoptive fathers reported that this new life can be isolating. Like all parents, their life has shrunk down to revolve around the children, when before there was a social life, work, life outside of the home to focus upon. However, adoptive fathers reported feeling they had become an unpaid carer for the unforeseeable future. The reality is not how they had imagined adoption to be, creating cognitive dissonance from unmet expectations, disappointment, feelings of failure, and a loss of self-esteem:

> I/P5 'I wish somebody had told me. I wish somebody had been honest with me and said, "What you're actually doing, you're not adopting a child, you're going to be an unpaid, unqualified, untrained, unsupported carer for the rest of your life for this … person". Yeah. Obviously, if somebody had said that, I wouldn't have done it.'

> W10/P47 'I think the combination of being overnight being in a new city, being a parent, being an older parent, not being near any support network, a few things happening that were just not on the cards, I think I just was depressed, but because I was then a parent… and I had wanted it for so long, and yet I was unhappy, and I thought that meant it was a mistake or I thought that meant I couldn't do it, but of course that's another symptom of depression, and I'm not going to align it to post-natal, because I'm not a woman and I don't know how that feels, but the timing is very similar and some of the reasons are very similar.'

'It's a sign of weakness' – *Gendered stigmatisation of male mental health*

The adoptive fathers described their experience of mental health as compounded by not being able to talk to anyone about it. Adopters perceive that if they disclose any mental health issues then it is a problem, not for the parents, but as a safeguarding issue for the children, creating an associated fear that the children will get taken away:

> I/P2 'I know for myself, I kind of struggled a bit early on, even when the social workers turn up, you, I don't know, you kind of put on a bit of a brave face and you don't kind of divulge how you're really feeling, for fear of what might happen.'

W9/P17 I think mental health was considered for me, but only from the point of view of child protection, you know so 25 years ago I had a bout of depression… and because of that one incident, at every single juncture, every social worker, every panel for matching to placement to just even the pre-approval adoption panel, it came up as being a big factor. I mean in the context of being able to look after the child… it was never considered in the context of supporting me it was considered solely in the purpose of being a parent.'

Some adopters feel that their extended family don't want to hear negative things, so they limit what they share and say. Others relate that they cannot confide in parents with birth children as they do not understand the specific difficulties that adopted children present:

I/P3 'We can't talk to our family any more: they just don't want to know……they love the kids, which is amazing, you know, they love their grandkids, they love their nieces, nephews, but actually, they don't want to know that it's not going to be a happy ever after, they don't want to know the warts and all.'

W9/P17 'the stress of being an adopter is different when you reach out to another non adopter, all you ever hear is oh, that's just being a parent or that's just kids'

Adoptive fathers acknowledge a difference in communication style that makes it harder for them to talk about sensitive topics or share they are struggling, a gendered stigmatisation often perpetuated by toxic masculinity and the notion that struggling is a weakness. This is reinforced by the pervading culture around mental health, whereby men are expected to endure mental hardship in silence:

W7/P30 ' I think it's my upbringing so in my family mental health issues don't really exist so you just suck it up, you know, and you go through life just sucking it up'

W9/P21 'So I think men invariably are very reticent to share their emotions and difficulties and admit to having to difficulties coping in in an environment. In our society it's a sign of weakness that for a man to show that mentally they're finding challenges in coping with something as simple, supposedly as bringing up children, and I think that's the end of it, and I really have no idea how to overcome that because it is a societal issue really. I would say that men wait until it's crisis point before asking for help, rather than at the initial stage where something could be done to avert a crisis.'

W9/P15 ' it's probably just a general reflection of society, men feel that in order to discuss your emotions you have to have a different vocabulary, and they can't articulate it as they might normally because they think they have to have these special words that they just can't find'

Mental stress can translate into chronic physical manifestations of illness, as one adopter discloses being signed off on long-term sickness absence from work when he experiences burnout, while another realises that being able to leave full-time employment has relieved the burnout:

W7/P30 'I had my head in the sand you know, I don't know whether it's just a typical British thing, but you just get your head down and you just keep on going yeah, it's only recently that basically I've just popped. Everything's come crashing down and now I'm signed off work and I have been for two months and I will be for the foreseeable future and it's now I look back and I go, yeah, we've been bad for a few years, but you just get on with it and it's only when all of a sudden you can't cope anymore that you go, OK, we do have a problem and now I do need help'

W10/P46 'I'm more the burnout side, and I should have done it years ago, but I just didn't have the guts to do it, I gave up my full-time job this year. I've not been in work for over a year, and it's the best thing I've ever done, because it's got rid of the burnout and the depression side and has changed our lives at home, just being around a bit more and being able to spend time and not be – I didn't even think about I was distracted by working full time: I was distracted, I was trying to run everything on my own'

'Comfort in synergies' – *Benefits of peer-support for male adopters*

The adoptive fathers perceive that mothers tend to meet each other casually when collecting children at the school gates, or in day centres and after school groups; and have a freer conversational style allowing them to share information and develop relationships with other parents more easily. Adoptive fathers feel that there are not any spaces for adoptive dads to meet, that they do not want to reveal their identity as an adopter to every parent they meet; and when they do meet, they find small talk harder:

I/P3 'in society in general – and I'm generalising, but it's what I'm coming across – it's generally the mums that pick up that role, and therefore informal support for adoptive mums just kind of emerges…when I'm rocking up with my kids at the school gate or picking them up, there are few people like me. And you also don't want to actually have that badge above your head of "My kids are adopted," you know? Other parents don't need to know that.'

The peer-support group for adoptive fathers highlighted the significance of being able to talk to others experiencing the same things that only fellow adoptive fathers really understand. The adoptive fathers described the peer-support group as being a regular, informal safe space, not organised by any authorities or agencies, where men could speak freely and openly about any of their issues at home, whether it be about the children or their partner. This was a space where men felt able to say things that they cannot even say in front of their partner, without judgement:

I/P3 'I think there was something… about only being adoptive dads… it provided a kind of bonus; it was actually useful for me… It was really good that it was just us. We were able to talk openly, and you could even talk about your relationship with your partner.'

I/P2 'I think some people – probably myself as well – are not as willing or as open to speak as openly when social workers or other professionals are about, so it helps the conversation flow a bit better; it doesn't feel like you're being watched or judged'.

I/P5 'I knew it was going to be just blokes, and I could just say things to blokes or speak to blokes and get things back that maybe – it's daft to say that only blokes would feel, but there is a difference – again, very broad brush, general strokes, I'm being very careful so I don't appear sexist! – but there are different ways that men and women react to situations and think about things – I know we're all human, we all have the same feelings, but something's different in our noodles that processes information differently.'

Adoptive fathers felt that the added informality of having an alternative focus, for example, meeting for breakfast after the school run or engaging in an activity, relieved the pressure of it just being face-to-face talking, and broke down some of the perceived communicative barriers that males can face when initiating a conversation with a stranger for the first time:

I/P1 'I think the fact it was like a breakfast meeting or a lunch meeting made it more likely that I was going to go than just a group. I mean, I didn't go for the food, but it just gave that impression of being more informal'.

The participants described an unspoken shared level of understanding which meant that they could cut through the small talk, and get straight to the real issues. Just being able to talk helped, it normalised and validated the adoptive fathers' experiences, relieving some of the pressure that exacerbates poor mental health:

I/P3 'it was a way of processing how – excuse my language – shit life is to be an adoptive parent, and an adoptive dad, and we kind of… found comfort in synergies… I think in a weird, screwed up way, we are normal for our demographic… We're not normal for parents, for dads, but we're normal for our kind of special club. And that was good to understand, because you do get told by external people – parents, social workers, whomever – that it's your fault, that you're not resilient, and actually, that's just a load of nonsense.'

I/P4 'the shared experience thing I think is really helpful, that kind of a problem shared is a problem halved, isn't it, and being an adoptive dad, if there isn't anyone else there, it's quite difficult to share those struggles or issues, whereas having people who do know, you don't have to explain things to the same level of detail, because it's everyone's lived experience, isn't it…it just means that people are quicker to understand. And I think that then having those conversations regularly, personally I find that helpful, knowing that it's not just us is quite a mental health positive… you can get wrapped up in your own circumstances, and the dads' group was a good way of alleviating that.'

I/P5 'there was always the awkwardness and that stuff that blokes do, "Where do you live? How did you get here? What do you do for a living?" the social niceties that men go through whenever we meet each other and we don't really know what to say. You can't say, "Oh, your hair's nice, I like your jacket," so it's "How did you get here and what do you do for a job?" But there was also an understanding we're all there, so we must be in the same boat, so there was at least an understanding you could say, "So, what ages are your kids and what are you going through?" which was interesting – that was nice to cut through that and get to that fairly quickly and find out.'

Adoptive fathers also acknowledged a different cognitive style in their approach to problems, so the peer-support group offered an opportunity to receive practical solutions from others with more experience:

> I/P5 'there's also a large part of it, looking for tips, hints, you know, that kind of shared experience, community of practice stuff, "Try this instead of this". I'm always looking- being a bloke, I'm always looking for solutions. I know it's very sexist and gendered, but it's who I am, so maybe not as a bloke but as whoever I am, I tend to be solution-focused.'

Long-standing adoptive fathers also derived some benefit in being able to offer advice based on their experience to others whose children had recently arrived. However, this sharing of lived experience was tempered to avoid causing undue worry and stress to new adoptive fathers:

> I/P1 'I think I felt like I was one of the dads who could pass things on, rather than take things in, although it was interesting to listen to a couple of dads that had got older children and their experience, sort of thing, just things that you kind of park it at the back of your mind and then one day, you'll think, "Oh, yeah, I could use that myself"'.

> I/P5 'And I was also acutely aware of, because I'm at the older end of that, my kids are growing up… I could spot things that the ones with little kids were saying, and I had to be very, very, you can't not say, "Oh, bloody hell, yeah, that happened to me, and yeah, mine was like that," because that's wrong, but at the same time, you do become quite aware that you're doing is destroying any hope they have for the future…. but at least if somebody had told me, "Right, what you're actually taking on here is going to ruin everything for the next 20 years," I wouldn't have been happy, but I'd have been prepared. So yeah, being careful not to crush people's hopes'.

Discussion

The findings from this study highlight the difficulties experienced by adoptive fathers, specifically their unique mental health and support needs. The thematic analysis of the interview and workshop data produced four main themes, revealing the marginalisation of adoptive fathers, the reduction in mental health created by a change in role, the stigmatisation and silence around male mental health, and the importance of peer-support for adoptive fathers.

None of the themes described in the findings operate in isolation, as all are interlinked and part of a wider socially driven framework consisting of issues experienced at intrapersonal, interpersonal, and systemic levels, with some overlap between levels.

Table 1 provides an overview of the themes, issues, and potential solutions, which are then discussed in relation to theory and existing knowledge.

Adoptive fathers have specific mental health issues and support needs due to the multiple intersections of relatively marginalised identities that they occupy at different times. Neoliberal normality in Western society sets a standard of white, middle class, heterosexual married couples and nuclear family units as the standard to aspire towards

Table 1. Themes, issues, and solutions.

Theme	Issue	Support needs/Solutions
Marginalisation through intersectionality.	Adopter instead of birth parent.	General parenting course provided by health and social care. Acknowledge that adoptive families may face additional challenges.
	Adoptive father as active parent/primary carer instead of adoptive mother.	Fathers acknowledged as active parents in social work practice. Provide support specific to fathers, with groups and activities.
	Not conforming to 'traditional' family structure.	Specific support and training in social work practice for solo adopters or those with an alternative family structure. Shift in focus away from the nuclear family in social work practice, towards diverse families.
Reduction in mental health through role change.	Emasculation by change in status to a female role.	Better preparation and training pre-adoption for life after adoption with a male focus.
	Isolation – smaller social world.	Male-specific adopter groups. Activities to meet others.
	Cognitive dissonance between expectations and reality.	Improved preparation and training pre-adoption for life after adoption, and the possibility of post-adoption depression and burnout. Training and support for the specific needs of the children.
Gendered silence around mental health.	Gendered attitude to mental health.	Develop ways to identify mental health issues in male adopters before reaching crisis/burnout.
	Gendered communication style and approach to problems.	Provide alternative ways to communicate needs, for example, online, anonymous. Male adopter toolkit with practical ideas/solutions.
Benefits of peer support.	No male spaces to talk without judgement.	Male-only spaces with different activities to take the pressure off having to talk. Agencies to explore collaboration with existing men's support groups and organisations to highlight the needs of adoptive fathers.

(Becker, 2006; Sear, 2021) and that social work practice is based around; even though modern families deviate from this and are acknowledged within adoption law (Talbot et al., 2023). The degree to which adoptive fathers deviate from this standard determines the extent to which they are marginalised. Adoptive fathers are initially marginalised as a

parent because they are adopting and not birth parents and are further marginalised by being an active parent and primary caregiver, taking on a traditionally female role. If also not conforming to the parental unit expectation of the heterosexual couple by being a solo adoptive father, or in a couple of two male adopters, this adds yet another layer of marginalisation, further isolating adoptive fathers from the beginning of the adoption process as they deviate too far from what is currently provided for in policy and social work practice. One American study discovered that increased sensitivity to stigma in relation to their identity was associated with greater levels of parental stress experienced as gay adoptive parents (Tornello et al., 2011).

The traditional patriarchal roles of the male as the 'breadwinner' and the female as the 'homemaker' are no longer so rigidly dichotomised, as many adoptive fathers are the primary caregiver, or are solo adopters managing both work and care, blurring these lines and challenging societal perceptions. The adoptive fathers describe frustration at being asked if its 'daddy day-care day', as if they are giving mum a day off, rather than it being a daily reality that should be accepted as normal, and not a noteworthy exception. If part of a same-sex couple, participants noted that emotional labour was expended when having to repeatedly explain their situation in the face of the heteronormative narrative pervading society, corroborated by Gianino (2008) when interviewing gay couples on their experiences of adopting.

The fathers in this study perceive themselves as less important than the mothers in terms of consideration given throughout the adoption process, and any training or support is geared directly towards the mothers, creating a passive disengagement of adoptive fathers. Even when fathers are included, a lack of provision for childcare means that they are more likely to stay home and mind the children while the mother attends. To prevent disengagement of adoptive fathers from the beginning, they need to be acknowledged as having the potential to be actively and equally involved in parenting and caring for their children by policymakers and adoption agencies. A mindset shift is required in education, health and social care whereby it is accepted and normalised that adoptive fathers can be the primary caregiver. Inclusion of adoptive fathers in training or support can be facilitated by offering content dedicated to adoptive fathers, including offering male trainers to improve rapport, and a buddying system with male adopter buddies. Making sessions available online and increasing the provision of childcare will also enable more fathers to attend.

Adoptive fathers taking on the role of primary caregiver can experience a reduction in mental health due to a combination of isolation created by this sudden lifestyle change, a change of status in society by performing a traditionally female role, and cognitive dissonance caused by a mismatch in expectations and the reality of becoming an adopter. The adopters in this study are not alone in experiencing isolation as part of being a parent, as a recent survey reports that 82% of UK parents have experienced feelings of isolation, with 18% rarely or never having meaningful contact with other adults (Home Start, 2024). Furthermore, the survey quantitatively corroborates an increased perception of isolation created by lifestyle change, as parents who are not working are twice as likely to often or always feel lonely in comparison to working parents; and male parents are equally likely as female parents to report a lack of meaningful contact with others, or describe feeling often or always isolated (Home Start, 2024). Loneliness can be further magnified if

operating as a solo parent, or if parenting a child with a disability or chronic illness (Nowland et al., 2021).

Poor mental health can be compounded by the emasculating effect of taking on a caregiving and traditionally feminine role or a deprival of a culturally sanctioned male role (APA, 2026), as the hierarchy created by hegemonic masculinity leaves caregiving males with a reduced social status, which can lead to an associated reduction in self-esteem (Reilly et al., 2014). This gender role strain paradigm has been explored in the context of males working in a predominantly female role, with a greater alignment with masculine ideology being associated with increased psychological strain and social stress (Sobiraj et al., 2015). The concept of cognitive dissonance, a mismatch between prior expectations of adoptive parenthood, versus the reality of dealing with children with complex needs, features in the accounts of the adoptive fathers. Adopters have gone through a long and difficult process in order to successfully adopt and have held on to the dream of the eventual outcome throughout; and the discomfort caused by the reality not matching expectations requires either a behavioural or psychological adjustment to reduce the dissonance gap (Harmon-Jones and Harmon-Jones, 2008), which is not always possible. Adoption agencies and authorities need to provide more information and training for male adopters to prepare them for the reality of a change of role, and also the possibility that the issues that the children present may render adopters more as a full-time carer than a parent. This would allow adopters to make informed decisions earlier in the process, as well as be adequately prepared for their future.

Male adopters' mental health can be further silenced by toxic masculinity – the belief that 'boys don't cry', and men don't talk about health generally, especially mental health (Chatmon, 2020). This is underpinned by a British culture whereby people are expected to endure and suffer in silence (Lipczynska, 2017), until stress manifests as symptoms of failing physical health as adopters reach burnout. Even if able to talk about their worries, the adoptive fathers admit to having a gendered mindset in their approach to problems, wanting to not merely talk about them or be heard, but to also actively solve their problems, and expressing frustration when they cannot. This gendered difference towards mental health should be acknowledged, as change needs to be instigated at societal level, and an alternative way of identifying male mental health issues needs to be provided besides talking or self-referral, and interventions made available before men reach crisis point. Providing an adoptive fathers toolkit with practical ways to help themselves may suit the desire to solve problems directly, without having to talk about mental health issues.

The pilot peer-support group specifically for adoptive fathers provided an informal safe space in which dads could speak freely on topics that were even difficult to discuss with their partners. The benefits of peer-support to improve mental health have been proven generally (Gillard, 2019), but also for adopters (Shelton and Bridges, 2021), and specifically for adoptive mothers (Kohn et al., 2023); but this is the first study to extend this to adoptive fathers. Social identity theory proposes that finding a group of people to identify with increases self-worth and mental wellbeing through validation of experiences and fostering a sense of belonging, even if within a marginalised group (Tajfel and Turner, 2004). It was important that the group was not affiliated to any agencies or authorities, supported by an American study by Miller et al. (2018), who also report that

adopters require independent peer support. The provision of activities meant that the focus was not primarily on 'confession' of their difficulties; but due to the shared experience of being an adoptive father, certain barriers were lowered from the start, enabling frank discussions on otherwise taboo topics. Participants also felt it mutually beneficial to be able to both give and receive advice, promoting self-esteem through feeling helpful to others. These findings highlight a need for safe spaces for adoptive fathers to talk with others who understand, without judgement, like existing men's mental health clubs Andys Man Club or Men's Sheds, but specifically for adoptive fathers.

Limitations and future directions

The qualitative design of this study necessitated a relatively low number of participants, and the study and participants were all located within the specific context of the adoption landscape in the UK, limiting transferability to all adoptive fathers. However, the use of online participation facilitated recruitment of adopters from across the UK; and integrating workshop data with interview data corroborated findings to increase validity, mitigating against some limitations of a small dataset. The voice of adoptive fathers has received little attention to date, especially in the context of mental health and support needs, so this study makes an important contribution to adoption research, and it can be argued that some of the narratives regarding expectations of the male in society transgress cultures. Participants were invited as part of an existing database of adopters interested in contributing to research, and so do not represent all adopters, as the most disengaged or isolated adoptive fathers are less likely to be represented.

Future research could complement our findings via a survey of the wider male adopter population using validated tools to quantify aspects of mental health, and statistically explore correlations between poor mental health and other relevant variables such as child-to-parent violence or time taken to receive support.

Conclusion

This study raises awareness of the specific mental health and support needs of adoptive fathers as a seldom-heard population. The current system for adoption in the UK needs to change, not just for adoptive fathers, but to support all adopters with their mental health so that adopters feel better equipped to help their adopted children who arrive with specific difficulties caused by their early-life trauma. Attitudes towards adopters also need to change, both by adoption professionals and by wider society, especially regarding expectations of the role of the father and the heteronormative stereotype of the family unit. Adopters need to be able to speak freely without fear of negative consequences with social workers, local authorities, or adoption agencies; and their mental health considered not just in respect of their suitability as a parent in the early stages of assessment, but as a parameter that can be directly negatively affected by the adoption process, the specific challenges that the children bring with them, and the lack of adequate support associated with this. Acknowledging historic failures in the current system and involving the voice of adoptive fathers in future policy making and the reform of the adoption process is an essential first step in the right direction from the top down. The provision of specific information and support tailored to adoptive fathers and other marginalised identities, and

training for adoption professionals to better identify the unique needs of these populations is a concurrent essential first step in the right direction from the bottom up.

ORCID iDs

Sarah J. E. Marsden https://orcid.org/0009-0006-4940-7815
Elizabeth Wrench https://orcid.org/0000-0001-7139-5079
Laura L. Machin https://orcid.org/0000-0002-6717-959X

Ethical consideration

The interviews and workshops were each granted ethical approval by Lancaster University Faculty of Health and Medicine Research Ethics Committee, Workshop approval FHM-2023-3859-RECR-1, Interview approval FHM-2024-4662-RECR-1. All participants provided written informed consent for their participation in the research, and for the publication of their verbatim quotations.

Author contributions

Conceptualisation – LM and SM.
Funding acquisition – LM. Data acquisition – SM, EV, and LM.
Data analysis and interpretation – SM.
Validation – LM.
Writing – original draft preparation – SM.
Writing – review and editing – LM, EW, and NP.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Joy Welch Fund under Grant number VCA6025xs0; Lancaster Medical School Research Fund under Grant number MED1038; Lancaster Faculty of Health and Medicine Research Catalyst Fund under Grant number UTA1007; and Lancaster Engagement Fund under Grant number HMS1012.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data Availability Statement

Due to the highly sensitive nature of the data and to preserve the confidentiality and anonymity of the participants and their families, data will not be made available for open access use.

References

Adoption UK (2023) Cost of living crisis: impact on adoptive families and adopted people summary of survey data December 2022. https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=610c9cc4-5b20-4b6c-955b-b12bf0cbd79d

Adoption UK (2024) Adoption Barometer: a stocktake of adoption in England, May 2024. https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=88cf796d-c179-4fe1-8f9a-8f0ec0c47301

American Psychological Association (2026) Emasculation. Dictionary of psychology. https://dictionary.apa.org/emasculation

Anthony RE, Paine AL and Shelton KH (2019) Depression and anxiety symptoms of British adoptive parents: a prospective four-wave longitudinal study. *International Journal of Environmental Research & Public Health* 16: 5153. https://doi.org/10.3390/ijerph16245153

Barrow V, Grey B and Essau C (2023) "I am not exaggerating, literally a monster … a Jekyll and Hyde type thing": understanding the lived experience of adoptive fathers whose children display violence and aggression. *Human Systems: Therapy, Culture and Attachments* 3(1): 30–50. https://doi.org/10.1177/26344041221123513

Becker R (2006) "Help is on the way!": Supernanny, Nanny 9 11, and the Neoliberal Politics of the family. In: Heller D (ed) *The Great American Makeover*. Palgrave Macmillan. https://doi.org/10.1057/9780312376178_11

Bramlett MD, Radel LF and Blumberg SJ (2007) The health and well-being of adopted children. *Pediatrics* 119(Supplement_1): 554–560. https://doi.org/10.1542/peds.2006-2089I

Brand AE and Brinich PM (1999) Behavior problems and mental health contacts in adopted, foster, and nonadopted children. *The Journal of Child Psychology and Psychiatry and Allied Disciplines* 40(8): 1221–1229. https://doi.org/10.1111/1469-7610.00538

Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101. https://doi.org/10.1191/1478088706QP063OA

Braun V and Clarke V (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health* 11(4): 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Chatmon BN (2020) Males and mental health stigma. *American Journal of Men's Health* 14(4): 1557988320949322. https://doi.org/10.1177/1557988320949322

Coram (2024) Adoption and special guardianship data adopter characteristics October 2024. https://www.coram.org.uk/wp-content/uploads/2022/04/ASG-Adopter-Characteristics-2018-19-to-2023-24-v1.pdf

Duncan M, Woolgar M, Ransley R, et al. (2021) Mental health and behavioural difficulties in adopted children: a systematic review of post-adoption risk and protective factors. *Adoption & Fostering* 45(4): 414–429. https://doi.org/10.1177/03085759211058358

Fisher SD, Cobo J, Figueiredo B, et al. (2021) Expanding the international conversation with fathers' mental health: toward an era of inclusion in perinatal research and practice. *Archive of Womens Mental Health* 24: 841–848. https://doi.org/10.1007/s00737-021-01171-y

Foli KJ (2010) Depression in adoptive parents: a model of understanding through grounded theory. *Western Journal of Nursing Research* 32(3): 379–400. https://doi.org/10.1177/0193945909351299

Foli KJ and Gibson GC (2011) Sad adoptive dads: paternal depression in the post-adoption period. *International Journal of Men's Health* 10(2): 153–162. https://doi.org/10.3149/jmh.1002.153

Foli KJ, South SC, Lim E, et al. (2013) Depression in adoptive fathers: an exploratory mixed-methods study. *Psychology of Men and Masculinity* 14(4): 411–422. https://doi.org/10.1037/a0030482

Gianino M (2008) Adaptation and transformation: the transition to adoptive parenthood for gay Male couples. *Journal of GLBT Family Studies* 4(2): 205–243. https://doi.org/10.1080/15504280802096872

Gillard S (2019) Peer support in mental health services: where is the research taking us, and do we want to go there? *Journal of Mental Health* 28(4): 341–344. https://doi.org/10.1080/09638237.2019.1608935

Gov.UK (2024) Children looked after in England including adoptions. https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions

Hambidge S, Cowell A, Arden-Close E, et al. (2021) "What kind of man gets depressed after having a baby?" Fathers' experiences of mental health during the perinatal period. *BMC Pregnancy and Childbirth* 21: 463. https://doi.org/10.1186/s12884-021-03947-7

Harmon-Jones E and Harmon-Jones C (2008) Chapter 5 Cognitive Dissonance theory: an update with a focus on the action-based model. In: Shah JY and Gardner WL (eds) *Handbook of Motivational Science*. The Guilford Press, pp. 71–83.

Home for Good (2024). *Statistics*. https://homeforgood.org.uk/statistics#:~:text=Ofchildrenwholeftcarein202205%25wenton,(%25)and2012(6%25).&text=In2022%2C181childrenwere,a9%25decreasesince2021.&text=49%2520ofchildrenwhowere,undertheageoftwo

Home Start (2024) New survey reveals extent of loneliness among UK parents. https://www.home-start.org.uk/news/new-survey-reveals-extent-of-loneliness-among-uk-parents

Kohn C, Pike A and de Vissier RO (2023) Parenting in the "extreme": an exploration into the psychological well-being of long-term adoptive mothers. *Family Relations* 73(3): 1989–2013. https://doi.org/10.1111/fare.12963

Lipczynska S (2017) Keep calm and carry on: are we really coping with current events? *Journal of Mental Health* 26(4): 305–306. https://doi.org/10.1080/09638237.2017.1340634

Mayers A, Hambidge S, Bryant O, et al. (2020) Supporting women who develop poor postnatal mental health: what support do fathers receive to support their partner and their own mental health? *BMC Pregnancy and Childbirth* 20: 359. https://doi.org/10.1186/s12884-020-03043-2

McKay K, Ross LE and Goldberg AE (2010) Adaptation to parenthood during the post-adoption period: a review of the literature. *Adoption Quarterly* 13(2): 125–144. https://doi.org/10.1080/10926755.2010.481040

Megnin-Viggars O, Symington I, Howard LM, et al. (2015) Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research. *Archives of Womens Mental Health* 18: 745–759. https://doi.org/10.1007/s00737-015-0548-6

Miller JJ, Sauer C, Bowman K, et al. (2018) Conceptualizing adoptive parent support groups: a mixed-method process. *Adoption Quarterly* 21(1): 41–57. https://doi.org/10.1080/10926755.2017.1387210

Mott SL, Schiller CE, Richards JG, et al. (2011) Depression and anxiety among postpartum and adoptive mothers. *Archives of Womens Mental Health* 14(4): 335–343. https://doi.org/10.1007/s00737-011-0227-1

Murray L, Cooper P and Hipwell A (2003) Mental health of parents caring for infants. *Archives of Womens Mental Health* 6(Suppl 2): 71–77. https://doi.org/10.1007/s00737-003-0007-7

Nowland R, Thomson G, McNally L, et al. (2021) Experiencing loneliness in parenthood: a scoping review. *Perspectives in Public Health* 141(4): 214–225. https://doi.org/10.1177/17579139211018243

Parfitt Y and Ayers S (2014) Transition to parenthood and mental health in first-time parents. *Infant Mental Health Journal* 35(3): 263–273. https://doi.org/10.1002/imhj.21443

Payne JL, Fields ES, Meuchel JM, et al. (2010) Post adoption depression. *Archives of Womens Mental Health* 13: 147–151. https://doi.org/10.1007/s00737-009-0137-7

Reilly ED, Rochlen AB and Awad GH (2014) Men's self-compassion and self-esteem: the moderating roles of shame and masculine norm adherence. *Psychology of Men & Masculinity* 15(1): 22–28. https://doi.org/10.1037/a0031028

Sear R (2021) The male breadwinner nuclear family is not the 'traditional' human family, and promotion of this myth may have adverse health consequences. *Philosophical Transactions of the Royal Society* B: 20200020. https://doi.org/10.1098/rstb.2020.0020

Shelton D and Bridges CW (2021) A phenomenological exploration of adoptive parent experiences of support during the adoption process. *Adoption Quarterly* 25(3): 212–243. https://doi.org/10.1080/10926755.2021.1976336

Sobiraj S, Rigotti T, Weseler D, et al. (2015) Masculinity ideology and psychological strain: considering men's social stressors in female-dominated occupations. *Psychology of Men & Masculinity* 16(1): 54–66. https://doi.org/10.1037/a0035706

Tajfel H and Turner JC (2004) Chapter 4: an integrative theory of intergroup conflict. In: Hatch MJ and Schultz M (eds) *Organizational Identity: A Reader*. Oxford University Press, pp. 56–65.

Talbot J, Bell J, Mandal AS, et al. (2023) Adoption in England: past and present challenges. *Archives of Disease in Childhood* 109(7): 528–532. https://doi.org/10.1136/archdischild-2023-325655

Tornello SL, Farr RH and Patterson CJ (2011) Predictors of parenting stress among gay adoptive fathers in the United States. *Journal of Family Psychology* 25(4): 591–600. https://doi.org/10.1037/a0024480