

'So the child feels loved': Mothers with learning disabilities' experiences of attachment and emotional relationships with their children

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Abstract

Background: Mothers with learning disabilities are at higher risk of child removal and mental health difficulties and may face more barriers to developing attachment relationships with their children. Mothers with learning disabilities' voices are still underrepresented in research, with less known about those who are actively parenting their children. This study aimed to explore mothers' perceptions of developing emotional relationships with their children.

Methods: Mothers with learning disabilities who were actively parenting were recruited via advocacy groups across the United Kingdom. Semi-structured interviews with 10 mothers who self-identified as having learning disabilities were analysed using thematic analysis.

Findings: Three key themes were generated: (1) Understanding and Facilitating Attachment Relationships, (2) Barriers to the Attachment Relationship and (3) Bidirectional Nature of Relationships: Child Needs Mother, Mother Needs Child. Overarching experiences of powerlessness, autonomy and resilience were prominent across mothers' experiences.

Conclusions: Mothers acknowledged the importance of close emotional relationships with their children. Subthemes highlighted that mothers recognised the importance of behaviours that mirrored attachment theory, including reciprocity and proximity seeking. Mother-child relationships faced varying challenges including separation and conflict between the mother's and the child's needs. Findings indicate the need to support mothers through a trauma-informed attachment perspective, especially in the context of maternal mental health needs and where children may also have additional needs.

KEYWORDS

attachment, learning disabilities, mothers, qualitative, relationship

Accessible Summary

- Ten mothers with learning disabilities were asked about their relationship with their children.

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- Mothers talked about understanding and growing bonds with their children.
- Mothers felt close to their children, especially when they were physically close, like hugging.
- Sometimes, mothers faced challenges in their relationships with their children, like when mothers were very isolated, experienced separations from their children or had problems with their own mental health.
- It is important for mothers with learning disabilities to feel supported and that they can trust services and professionals.

1 | INTRODUCTION

It is enshrined in UK policy and legislation that people with learning disabilities have equal rights to become parents and have a family ('Valuing People', DoH, 2001). It is written in the United Nations Convention on the Rights of Persons with Disabilities that people with learning disabilities can 'decide freely and responsibly on the number and spacing of their children' (Article 23, United Nations, 2006). However, many people face significant barriers to these rights (Harflett & Turner, 2016). The abilities of parents with learning disabilities have been long contended with regard to child welfare concerns, despite the fact that learning disability itself does not predict parenting capacity (Fernando et al., 2022). Rather, the complex entanglement of other factors experienced by people with learning disabilities can relate to child maltreatment, such as poverty, stigma and social isolation (Collings & Llewellyn, 2012).

Women with learning disabilities encounter negative responses to pregnancy such as proposals of pregnancy termination, adoption of the baby or for the baby to be raised by a family member (Mayes et al., 2006). They are also more likely to experience postpartum mental, physical and neurological problems compared to mothers in the general population (Brown et al., 2017). Mothers have shared experiences of negative maternity provisions such as not feeling heard or having a trusted or respectful relationship with professionals (Malouf et al., 2017). Research in Austria has documented that parents with learning disabilities lack professional support and have endorsed gendered ways of parenting (More & Tarleton, 2022). The study found that parenting was understood to be different for mothers with learning disabilities compared to fathers with learning disabilities; mothers were the main caregivers, regardless of the presence of a partner. Assessment of parents' needs should take place as early as possible, focus on what competence-promoting support services can provide (Tarleton & Tilbury, 2018) and how support should be adapted specifically for mothers (More & Tarleton, 2022).

It is suggested that between 40% and 60% of parents with learning disabilities have their children removed from their care (Emerson et al., 2005) and they are overrepresented in care proceedings (Cox et al., 2015). Researchers have suggested that this is due to a perception of a lack of parenting skills and knowledge, rather than neglect or abuse (Feldman et al., 2012). Studies have shown that parents can adapt parenting skills flexibly to meet their children's needs through supported

intervention (Tarleton et al., 2006; Wilson et al., 2014). Mothers have shared their experiences of not understanding the process of child removal and feeling bullied and victimised (Baum & Burns, 2007). Studies exploring mothers' experiences of losing a child all included narratives characterised by a sense of powerlessness about decisions related to parenting (Gould & Dodd, 2014; Mayes & Llewellyn, 2009; McCarthy, 2019; Pacheco & McConnell, 2017; Slayter & Jensen, 2019). Mothers have also shared their difficulties in cognitively understanding the physical and psychological transitions that happen during pregnancy, birth and losing custody of children (Höglund & Larsson, 2013).

Attachment theory (Bowlby, 1969) has been widely researched and incorporated into clinical practice guidelines to emphasise the importance of good early emotional care on well-being (British Psychological Society [BPS], 2017). Research has documented that people with learning disabilities are at higher risk of attachment difficulties than the general population (van IJzendoorn et al., 1999), with many reasons given as to why people with learning disabilities may struggle to develop safe and secure attachment relationships, including multiple disadvantages of isolation (Franklin et al., 2021), increased risk of adverse childhood experiences (Morris et al., 2020) and caregivers being unable to meet their needs (Hamadi & Fletcher, 2021). In research looking at the transmission of maternal sensitivity and child attachment, mothers with learning disabilities have shown less sensitivity compared to the general population, with lower sensitivity related to mother maltreatment and predicted disorganised child attachment (Lindberg et al., 2017). However, research is still lacking in this area.

Historically, research on parents with learning disabilities focused on capacity for parenting, tested in population-based samples (Schuengel et al., 2017). As challenges became further understood, adaptations for existing parenting interventions have been evaluated; however, this has also focused on practical aspects of parenting, such as feeding, rather than emotional aspects (Tarleton & Ward, 2007). More recently, the focus has turned to adapting further parenting interventions for mothers (Feldman & Aunos, 2020). Video-feedback interventions based on attachment principles of increasing parental sensitivity and attunement have potential to support parents with learning disabilities (Hamby et al., 2019). However, the evidence base for such interventions is small and findings are varied (Hodes et al., 2018; Pethica & Bigham, 2018). Furthermore, research has predominantly focused on clinical samples whereby the family is in child protection proceedings or no longer has

custody of the child. It is thought that there is a 'hidden majority' of people with less severe disabilities who are parenting but do not formally meet eligibility for services (Emerson, 2011) and whose voices are less heard (Theodore et al., 2018).

1.1 | The present study

This study aims to further understand mothers' perceptions of building emotional relationships with their children, where mothers are actively parenting and not open to child protection proceedings.

2 | METHOD

2.1 | Research design

A qualitative research design was adopted to understand perspectives of mothers with learning disabilities due to the exploratory nature of the study and the limited research on the topic. Qualitative interviews are an effective way of empowering people with learning disabilities' voices to be heard and influence the direction and design of the research (Booth & Booth, 1994).

2.2 | Participants and sampling

Ten participants were recruited from advocacy groups for people with learning disabilities across the United Kingdom. Participants were mothers attending non-statutory learning disabilities organisations and therefore self-identified as having learning disabilities. This aimed to capture the 'hidden majority' who may not be known to statutory services (Emerson

et al., 2005). Participation for eligibility included having learning disabilities diagnosed or inferred (by attendance at learning disabilities peer support or advocacy groups), having sufficient spoken English, being over 18 years old, having capacity to consent to participation and actively parenting at least one child. All participants were female and between 30 and 49 years of age ($M = 40.75$). Participants identified as White British (5), White Other (1), Black British (1), Bangladeshi (1), Pakistani British (1) and Other/Mixed (1). The ten mothers had 30 children in total, with children's ages spanning from 3 to 20 years. Four mothers shared that they had experienced a child being removed temporarily or permanently from their care (6 children in total). One of these mothers explicitly described physical assault from the father to the child.

Mothers reported children to have learning disabilities (4) and learning difficulties (1). Children were reported to have neurodevelopmental difficulties (6) and mental health difficulties (3). All participants lived independently. Most mothers had grown up with their family (6) and three were care-experienced. Demographic data are outlined in Table 1.

2.3 | Materials and procedure

Ethical approval was granted by Royal Holloway Ethics Committee. The researcher joined a peer support group for parents with learning disabilities to consult on the interview questions, easy-read information sheet and final themes that informed the easy-read summary. The group included people with learning disabilities, some of whom were parents, and peer-facilitators.

Accessible information about the study was presented in several peer support and advocacy groups for people with learning disabilities. Before giving informed consent, information relating to confidentiality and interview procedures was discussed with the support of an easy-read information sheet and written consent form, and participants'

TABLE 1 Demographic information.

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

understanding was checked verbally. All participants were deemed to demonstrate the mental capacity to give informed consent to participate.

The interview guide covered areas relating to the mothers' experiences of an attachment bond, pregnancy, parenting through children's ages and strengths and challenges of parenting. The guide was designed to capture broad areas relating to the connection between a mother and children but was used flexibly to elicit diverse experiences. Attempts were made to minimise the risk of social desirability bias (Bergen & Labonté, 2020), such as building rapport, validating experience and assurance concerning confidentiality and anonymity protocols.

Participants were interviewed individually due to the sensitive nature of the topic and the heterogeneity of the sample. One participant had an advocacy worker present in the room at her request. Seven interviews took place via video conference, one over telephone and two face to face individually in a private room at the advocacy centre. To ensure that support was available to the mothers post-interview, the researcher contacted the advocacy facilitator after the interview, with the mothers' consent, if any concerns had arisen. Interviews were audio-recorded, transcribed verbatim and fully anonymised.

2.4 | Data analysis

Braun and Clarke's (2006) six-phase thematic analysis was followed and an inductive approach was used due to a lack of previous research. For credibility checks, the second researcher independently

analysed a section of the data for comparison, and a peer support group for parents with learning disabilities was consulted on themes and interpretation.

3 | FINDINGS

Three overarching themes were developed: Understanding and Facilitating Attachment Relationships, Barriers to the Attachment Relationship and Bidirectional Nature of Relationships: Child Needs Mother, Mother Needs Child. The thematic map (Figure 1) demonstrates the themes and subthemes, with physical placement within the map representing relatedness between subthemes and arrows indicating potential influences between each theme, rather than causality. Powerlessness was a pervasive force across all the themes and is represented within the map to capture experiences of power and empowerment across all themes.

3.1 | Understanding and Facilitating Attachment Relationships

All mothers shared their experiences of developing and maintaining an attachment with their children. This included taking care of children and protecting them from harm. For all mothers, a physical and emotional connection was key to feeling close to their child.

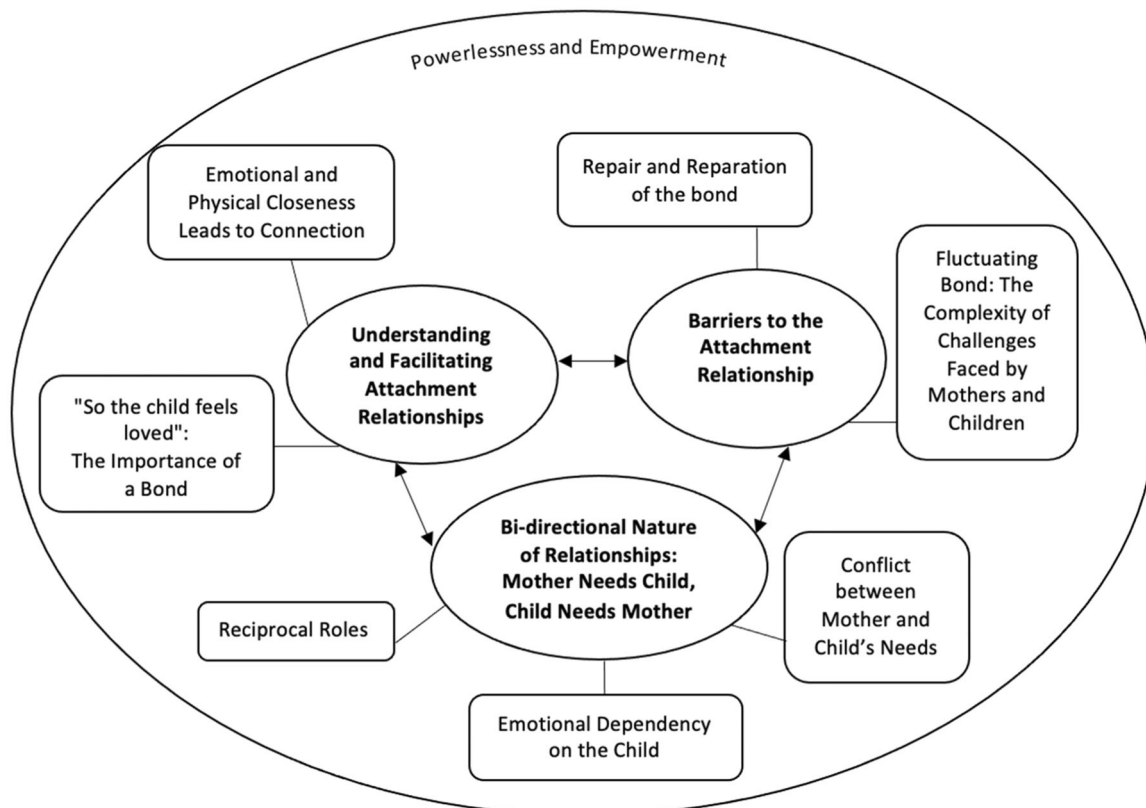


FIGURE 1 Thematic map.

Mothers described an understanding of the importance of the attachment bond, of being attuned to their children's needs and taking care, especially when children displayed attachment behaviours such as proximity seeking or smiling.

3.1.1 | Emotional and physical closeness leads to connection

All mothers described feeling emotionally close to their children and were keen to describe this feeling throughout interviews. A bond had originated in pregnancy and developed through having proximity with their children:

I have a bond with them. It is a unique feeling when I am around my children...I felt happy and joyful. I have this feeling in my stomach...like a goosebump. (Esther)

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

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

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

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

3.1.2 | 'So the child feels loved': the importance of a bond

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

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

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

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

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

So you should understand that...It's about mother and child, is like about understanding more, if there is no love, if there is no understanding, if there is no love, there is no point having kids then. (Zoya)

3.2 | Barriers to the Attachment Relationship

An overarching factor that contextualised all the interviews related to positions of powerlessness and the systemic influences of partners, families and professionals in the mothers' lives. A barrier to the attachment relationship was the women's lack of autonomy in taking care of their children. The mothers' agency was additionally related to a complex interplay of adverse experiences, their own mental health or the children's additional needs. Some mothers were able to discuss how they moved through powerless positions; how their relationships with their children gave them strength; and how they protected their children and repaired their bond.

3.2.1 | Fluctuating bond: the complexity of challenges faced by mothers and children

All but one mother described a fluctuation of connection within the relationship with their child. This subtheme distinguished between difficulties in the relationship when facing arguably more trivial day-to-day difficulties versus those ruptures that occurred due to a more significant separation. There was a sense across interviews that mothers were avoidant of revealing challenges in their attachment with children but more willing to speak about day-to-day incidents. For example, all mothers had at least one child with additional needs, and this contributed to a fluctuating connection:

But because one had additional needs and then one doesn't, that is where it is quite hard. (Leah)

It is hypothesised that when individuals feel powerless, they are hesitant or unable to express their feelings or difficult experiences. For example, when asked about any difficulties, Esther replied 'I don't think difficult'. Mothers struggled to talk about times they lacked closeness to their child and even with significant ruptures, there seemed to be a resistance to talk about times that the attachment connection was not strong. The complexity of attachment disruption whilst wanting to present closeness was prevalent:

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

Four mothers had experienced a significant rupture to the bond when a child had been removed from their care. Women had experienced others assuming that they were inadequate mothers and they had been repeatedly placed in positions lacking agency, which became internalised. Nicole described knowing the strength of her bond with her children, but that past experiences were a barrier to her self-confidence as a mother:

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

3.2.2 | Repair and reparation of the bond

Mothers spoke about managing day-to-day disconnections and reconnections with their children, including reference to managing children's behaviour and their own stress. Some mothers additionally described rebuilding attachments after a significant disruption such as long-term separation from children. Repairing the bond with children often gave mothers strength and resilience after adverse experiences. Women described protecting their children, prioritising their safety and having to prove themselves to others. For mothers who had other children removed, the dynamic had changed between them and there was a sense of desperation to rebuild the relationship. There was a sense of fragility after separation.

I am getting a bond with her, but it's like she is the parent...This is what happens when they get taken off you, you know. You lose that bond and everything. (Rosie)

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

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

3.3 | Bi-directional Nature of Relationships: Child Needs Mother, Mother Needs Child

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

3.3.1 | Reciprocal roles

Reciprocal relationships were described by eight mothers with adolescents, and two with primary school age children. Mothers spoke about being attuned to their children, as their children were attuned to them. Mothers described emotional and practical support for one another:

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

I call her my rock. And I am her rock. So when we find things difficult, we just talk to each other and hug each other and encourage each other to keep going. We work well as a team. And we support one another. Because we have been through a lot. (Madeline)

3.3.2 | Conflict between mother's and child's needs

Mothers described how their own mental health conflicted with their child's needs and desires, which could prevent them from building closeness in their relationship:

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

Mothers portrayed trying to protect their children from their own feelings. There was a sense of complexity within interactions

and communication that related to the mother's and child's additional needs. Some children were attuned to their mothers' emotional distress and there would be a role reversal of caregiving:

He will talk to us, check up on us, and I think just, if he has got any worries or big worries, he would phone his grandma. But yeah, I try not to let them see anything like that though. I try not to let my feelings show. (Sarah)

3.3.3 | Emotional dependency on the child

Four mothers specifically described an emotional dependency on their children. Some mothers spoke about their own mental health struggles, and a sense of dependency on their children for emotional stability. Three mothers spoke about feeling so connected with their children that 'they are a part of me' (Esther), making it difficult to set boundaries and separate themselves from the child. Mothers expressed extreme distress at being separated from their children.

I want my kids to stay with me because if I go away, I start crying, I can't live without my kids. (Zoya)

For some mothers, their children were a protective factor to their mental health.

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

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

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

Notably, the four mothers contributing to this subtheme had all experienced multiple significant adversities, including childhood bullying, domestic abuse, oppression and loss of children through death or child removal. Four of the mothers in the study lived with their children's fathers; two of these women reported co-habiting after separation. Only two mothers spoke about drawing on support from their partners in relation to the relationship with their children. The majority of mothers spoke about difficult relationships, including experiencing domestic violence and control and coercion, or absence of relationship. One mother shared that the advocacy group was supporting her to leave her abusive partner and seek legal aid. This reflects the isolation of these women and potential vulnerability for heightened dependency on their relationships with their children.

4 | DISCUSSION

To the authors' knowledge, this is the first study in the United Kingdom to explore mothers with learning disabilities' perceptions of their attachment relationships with their children, while they are actively parenting. Participants' experiences were diverse; yet, shared and common meanings and narratives arose from the process of analysis, resulting in three overarching themes: Understanding and Facilitating Attachment Relationships, Barriers to the Attachment Relationship and Bidirectional Nature of Relationships: Child Needs Mother, Mother Needs Child.

4.1 | Perceptions of attachment relationships

There are clear commonalities with research into attachment between mothers and children in the general population, such as reciprocity, safety-seeking, attunement, being playful and protective (Bowlby, 1969; Crittenden, 2006). Most of the mothers were able to describe times when their child was upset or needed comfort, exhibiting maternal sensitivity (Ainsworth et al., 1978). Holding knowledge of the importance of providing love, boundaries and care echoed previous research on women with learning disabilities without children (Kaspar & Kroese, 2017). This aligns with quantitative research that demonstrated children forming secure attachments to mothers with learning disabilities, with one study showing that the warmth of the caregiving style mediated the child's perception of their attachment and maternal stigma (Perkins et al., 2002). Mothers described many nonverbal attributes of bonding, such as placing the infant on their chest after birth, similar to previous research detailing desire for skin-to-skin contact from mothers with learning disabilities (Höglund & Larsson, 2013).

There are some aspects of developing attachment when mothering with learning disabilities that appear intensified within this group of mothers, including the increased social isolation, socioeconomic disadvantages and reduced social networks that often come with having learning disabilities. This study also included mothers with multiple marginalised identities, adverse experiences and disadvantages, including those living with mental or physical illnesses, those from ethnically minoritised backgrounds and single parents. High prevalence of trauma and abuse within this sample might have impacted perceptions of attachment relationships. Other research has found that parental history of abuse, trauma and maltreatment can lead to difficulties in maintaining parent-child boundaries and predict disorganisation and insecurity (Hesse & Main, 2006). Although dyad interactions were not observed, it could be formulated that these adversities influenced why some mothers in this study experienced particular difficulties juggling their children's needs with their own, and described role reversal, emotional dependence or even enmeshment with their children.

Most mothers spoke explicitly about the stigma and perceptions of incompetence that they had experienced that left them feeling isolated and in a position of powerlessness. Mothers spoke about not

having initial knowledge of how to look after their baby or fear of having a child removed because of their learning disability. It is possible that this stigma was internalised and impacted the women's sense of confidence and autonomy over decisions related to their children, as well as their own well-being, which is echoed in previous literature where parents have spoken about their parenting identity and dominant label of disability (Baum & Burns, 2007; Franklin et al., 2021). Several mothers described experiencing depression and emotional distress following adverse experiences, in keeping with research that has found risk factors for mothers without learning disabilities who frequently experience mental health problems, including parenting stress, feelings of powerlessness within the child welfare system and being judged (Heifetz et al., 2019). However, only one mother in the current study reported receiving therapeutic support, mirroring other research that has reported that mothers with learning disabilities can be afraid to ask for help for fear of child removal and that professionals will perceive them as incompetent parents (Baum & Burns, 2007; Jamieson et al., 2016). This has been especially prominent when parents have faced separation from children (Gould & Dodd, 2014) and relates to the women in this study who feared losing their child, with a sense of having to prove themselves worthy as mothers. This finding was further corroborated by self-advocacy feedback, whereby parents explicitly spoke of being judged as incapable; parents wished to be empowered by professionals so that they could empower their children.

Mothers provided insight into their own attachment styles and although not explicitly explored, themes around emotional dependency on the child for a subset of the participants could indicate mothers' own attachment needs. There was little recognition of the impact of this on the child and how it might impact the child's attachment or well-being. People with learning disabilities have described how, as a child, they were not given agency and families were overprotective (Curryer et al., 2018). This could be formulated with the dynamic-maturation model (Crittenden, 2006), which proposes that parents who offer too much help and protection or who struggle to understand their child's needs can hinder the balanced maturation of cognitive and affective adaptive strategies. It is possible that these family scripts then replay with their children (Byng-Hall, 2008) and may have been apparent in this study when mothers were significantly distressed at separation and the child functioned as a form of emotional regulation. Self-advocates in this study all resonated with the quote 'she is the reason I get up' but were fearful of how these words were interpreted by professionals, who could view such dependency with negative connotations relating to the fear of removal of children and incapable parenting.

It must be acknowledged that all mothers in this study had children with additional needs. These factors were presumed to influence the nature of how relationships develop, in terms of communication and interpersonal factors, and how the mothers described being attuned to their children's needs (BPS, 2017). This indicates the need for supporting mothers with their emotional well-being, but also the impact on the intergenerational attachment of both mother and child having additional needs (Lindberg et al., 2017).

It is possible that this relates to the emotional dependency on the child. Mothers in the study touched on the differences in attachment between their children with and without learning disabilities. Indeed, research has found that mothers can experience the loss of a 'healthy' child and this impacts their caregiving and attachment interactions (Fletcher et al., 2016). Furthermore, parents' caregiving systems can be disrupted by past losses and proximal traumas (e.g., child with a chronic health condition or disability), whereby the parent is unable to protect the child from threats to their development and health. Consequently, conflict and anxiety are provoked within the parent, and they may exhibit over- or under-helping strategies. This can in turn impact the child's ability to navigate and balance adaptive strategies in new contexts as they develop (Crittenden, 2006).

4.2 | Strengths and limitations

A strength of the study refers to the inclusion of expert-by-experience feedback on the recruitment materials and interview questions as well as during the analysis to address the 'fit' between the respondents' views and the researcher's interpretation (Tobin & Begley, 2004). Nonetheless, the project could have benefitted from the greater involvement of people with learning disabilities in the data collection to further reduce power disparities inherent in the researcher-participant dynamic (Franklin et al., 2021).

The participants represented a heterogeneous sample, although fathers' views were necessarily absent, given the in-depth focus on mothers' perspectives. Recruitment via self-advocacy groups potentially enabled the 'hidden majority' of voices of mothers with milder learning disabilities, less likely to be known to statutory services, to be heard (Emerson, 2011). However, participants accessing advocacy groups may be more familiar and confident working with professionals and may also have shared adverse experiences, given that these can often form a route to advocacy groups for parents with learning disabilities. There was also limited overall representativeness of the sample, given the exclusion of mothers not actively parenting or with children open to child protection registers.

There was a noticeable absence of discussion around culture, with only one participant referencing the impact of her faith on her parenting. This could be partly due to the questions in the interview schedule based on attachment literature being predominantly Western (Quinn & Mageo, 2013). People with learning disabilities from minority ethnic groups are underrepresented in research and have lower use of mental health and social care services (Robertson et al., 2019). Qualitative research is needed to yield meaningful data on minority ethnic communities' experiences of attachment relationships and socially valued roles that may contrast white European assumptions to better inform culturally sensitive practice. For example, research with Bengali families (O'Hara & Martin, 2003) highlighted the strong cultural presence of families wanting their children to marry and have their own children, which was a narrative also present in research exploring family and community in the lives

of UK Bangladeshi parents (Durling et al., 2018), while stories of resistance against oppression were prominent in qualitative research with mothers in ethnocultural communities in Canada (Pacheco & McConnell, 2017).

4.3 | Implications for practice and future research

Parents with learning disabilities are over-represented in family courts and gathering parental attachment information can support child protection personnel to reduce risk (Crittenden et al., 2021). There is an urgent need to address the gaps in both understanding and supporting parent-child attachment in families where parents have learning disabilities, through appropriate assessment, formulation and interventions.

One avenue for future research and clinical practice is to focus on identifying attachment styles of mothers with learning disabilities and application across health and social care settings to support dyad relationships. Standardised adult attachment measures have been criticised for their lack of application, the presumption of ability to place oneself in the past, future or hypothetical situations and impaired by memory or narrative recall assessments (Beail, 2002). The Self-report Assessment of Attachment Security (Smith & McCarthy, 1996) and observational measures (The Manchester Attachment Scale; Penketh et al., 2014) have been developed for people with learning disabilities but neither captures the person's perceptions of their attachment relationships (Fletcher et al., 2016). This study supports the need for a toolkit of measures using a variety of sources to assess mothers' attachments to account for heterogeneity for people with learning disabilities.

It is important for parental attachment measures to be used in the context of formulation (Johnstone & Dallos, 2006) and psychological interventions, especially regarding how trauma responses and power dynamics are experienced by parents in this population. Future research could focus on parent-child behaviour and interactions as functional strategies, rather than using a symptom-based checklist (Crittenden, 2006). The study findings support the increased implementation of attachment-based interventions for parents with learning disabilities, including Video Interaction Guidance aimed at increasing parental sensitivity (Hamby et al., 2019; Pethica & Bigham, 2018). Parents with the added challenges of caring for children with neurodevelopmental difficulties, learning disabilities or long-term physical health issues may benefit from such strength-based approaches (Emerson & Brigham, 2014; Wickström et al., 2017).

People with learning disabilities are exposed to higher rates of adverse experiences in childhood and psychological trauma in adulthood (McNally et al., 2021). However, trauma-related experiences and responses such as posttraumatic stress disorder are underreported (Longfellow & Hicks, 2022) and tools to identify such experiences are needed (Daveney et al., 2019). Trauma-informed care should be embraced as a whole-systems approach, given the far-reaching relational nature of traumatic experiences for people with

learning disabilities, for example, developing an empowering environment for teams around families through understanding the potential of retraumatising in health and social care services, professionals' use of non-pathologising language and exploration of family strengths, not just deficits (Goad, 2021), which is also in keeping with UK good practice guidance on working with parents with learning disabilities (Working Together with Parents Network, 2021). Using trauma-informed approaches that identify missed attachment opportunities (Schuengel et al., 2017) and understanding dynamics and experiences that happen between people could foster service engagement (Mersky et al., 2019). Improving engagement might alleviate some of the judgement and fear of child removal that mothers with learning disabilities face and help them feel relationally safe with health and social care professionals (Goad, 2021). It is important to consider that women in this study had experienced domestic violence and some may be currently living with abusive partners, while developing bonds with their children. Early identification of domestic violence is key and focus needs to be on supporting early help, for example, providing specific training and resources for midwives (McCarthy, 2019). Advocacy groups are also instrumental for parents trying to escape abusive relationships and navigate legal proceedings, documented in this study and a previous study (McCarthy, 2019).

5 | CONCLUSION

This study sought to contribute new insights into mothers with learning disabilities' perspectives of developing attachment relationships with their children. All mothers stressed the importance of the bond with their children, and many gave detailed accounts alluding to sensitive parenting and determination to be 'the best mum', demonstrating knowledge of building connection through protection, emotional support and reciprocity. An overarching factor that contextualised all the interviews related to positions of powerlessness and the systemic influences of others in the mothers' lives. Mothers discussed barriers in their attachment relationships, including lack of autonomy, adverse experiences and mental health needs. Some mothers provided insight reflecting on their own attachment strategies and unmet needs. There was a complex interplay between wider systemic barriers for mothers, such as accessing social support, and their own individual narratives embodied internalised stigma, trauma responses and isolation. Children were viewed as a protective factor that gave mothers resilience. Future research is needed to establish appropriate measures of parental attachment in families where parents have learning disabilities and to support implementation of attachment-based and trauma-informed interventions for these families.

AUTHOR CONTRIBUTIONS

Kate Theodore conceived and designed the study, supervised data collection and analysis and commented on drafts of the manuscript. Rowan Hevesi contributed to the design of the study, recruited

participants, collected and analysed data and wrote the final manuscript. All authors approved the final article.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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