



Structuring the Everyday: Family Routines in the Care of Adopted Children with Special Needs

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Abstract

Understanding how family life is reorganized following the adoption of children with special needs is essential for informing adoption practices and post-adoption support systems. This qualitative study explored the everyday routines of three families who adopted children with special needs and entered the adoption process with prior awareness of the children's conditions. Employing a multiple case study design, data were generated through semi-structured interviews, a routine inventory, and systematic field diary observations. Across cases, core daily activities clustered around caregiving domains such as feeding, hygiene, rest, and leisure, typically occurring within the home and involving various caregivers, including parents, siblings, and, in some instances, nannies. Despite these shared domains, notable variations emerged in how routines were structured, who participated in them, and the settings in which they unfolded. These differences reflected the specific needs of each child as well as the organizational patterns and socioeconomic resources of each family. The findings suggest that family routines following special needs adoption are highly adaptive and context-sensitive rather than uniform. This research highlights the importance of flexible, family-centered support strategies in adoption services and underscores the need for policies and interventions that acknowledge the diverse ways families accommodate the demands of special needs caregiving in everyday life.

Keywords: Special Needs; Special Education; Inclusion; Early childhood

INTRODUCTION

Family routines refer to recurring behavioral patterns embedded in the everyday lives of individuals and groups across social contexts. These routines are marked by regularity, repetition, and temporal organization, enabling family members to fulfill shared responsibilities and momentary commitments. Oliveira and Quinn (2015) conceptualize routines as standardized interactions that, through repetition over time, acquire defining features such as predictability and stability. While routines exhibit continuity, they are not static; rather, they evolve in response to changes in family structure and developmental transitions, such as the birth of a child (Deham, 2003). Common routine activities include scheduled times for meals, hygiene, homework, household chores, and rest (Hodgson, 2008).

Empirical research underscores the analytical value of family routines for understanding family functioning. Boat et al. (2025) demonstrate that routines offer insight into family dynamics, intra-family processes, individual characteristics, and the broader influence of the family system on member adjustment. Such analyses also reveal the ecological and cultural contexts shaping daily family life. Similarly, Yang et al. (2025) highlight the role of routines in structuring behavior and establishing the emotional climate that supports individual development. Variations in routines across the family life



cycle have been shown to foster children's socio-emotional, linguistic, academic, and social development. Complementing these findings, Ahmed et al. (2023) report that routine-based interactions—such as shared mealtimes and bedtime reading—strengthen emotional bonds, support children's mental health, enrich vocabulary, and promote social and academic skills. However, maintaining such routines often requires sustained parental effort and may be constrained by contextual barriers. From a theoretical perspective, Zulpukarov (2025) situates family routines within ecological frameworks, identifying the family as a primary developmental context shaped by and responsive to broader environmental forces. Routine activities represent the most immediate expression of individual development, interpersonal relationships, and contextual influences. These activities function as continuous, meaningful practices that may extend beyond immediate temporal or situational objectives, invoking people, objects, and experiences not physically present in the moment.

Recent studies further confirm the contemporary relevance of family routines. Research has examined their role in child development (Selman & Dilworth, 2024), parental meanings attached to routines in marginalized populations (Schultz-Krohn, 2004), and strategies for sustaining routines in low-income families (Sheely, 2010). Evidence suggests that maintaining routines is associated with reduced childhood conduct problems, improved emotional regulation, and increased parental satisfaction (John et al., 2017). Additionally, routines contribute to family intimacy, intergenerational transmission of values, and community connectedness (Kakepoto et al., 2013), while also fostering cohesion and shared meaning in contexts of social vulnerability (Sheely, 2010). Research examining routines through a developmental lens emphasizes their role in shaping children's socialization contexts. Burakgazi (2025) identifies daily activities and companions as key components of family routines and indicators of developmental opportunity. Similarly, Shaikh et al. (2019) demonstrate that patterns of activity and interaction within physical and social environments significantly influence child development. These findings align with Xu et al. (2025), who argue that development is jointly structured by individual psychological characteristics and ecological contexts. Quantitative analyses further illustrate how routine activities vary by temporal context; for example, Rohrer-Baumgartner (2025) found that children's weekdays were primarily devoted to rest, school, and eating/hygiene, while weekends emphasized rest and leisure, with companionship often involving siblings or solitary activity. Another strand of research addresses how family routines are restructured in response to environmental pressures. Zhu et al. (2025) note that life events such as illness, schooling, adoption, or loss can significantly disrupt established routines. In families of children with chronic illnesses or special needs, such disruptions are often intensified. Finnerty et al. (2014) found that while these circumstances can increase family cohesion, they also require substantial reorganization of routines related to time use, spatial arrangements, resources, and support networks.

In this context, the establishment of family routines may be particularly complex when children join families through adoption rather than biological birth. Adoption entails the formation of emotional bonds with children who have experienced separation from their biological or extended families, often without the gradual physical and psychological preparation associated with prenatal development. These specific conditions shape how family routines are negotiated and stabilized. Given this background, the present study aims to describe the



family routines of adopted children with special needs arising from health conditions that have constrained their developmental trajectories. Specifically, it seeks to identify the activities performed, the companions involved, the environments in which routines occur, and their temporal organization, conceptualizing these elements as integral components of the ecological context in which post-adoption family life unfolds.

METHODOLOGY

The study adopted a mixed-methods, descriptive design grounded in a multiple case study approach, involving three families who had adopted children with special needs. Case selection was guided by clearly defined criteria: cases that were partially or fully processed through the courts, cases in which adoptive parents had prior knowledge of the children's specific needs before applying for adoption, and the availability and willingness of participants to provide in-depth information (Hafeez et al., 2021). Data were collected using a semi-structured interview schedule focusing on family routines and experiences from the preparatory phase of adoption to the consolidation of the parent-child bond, complemented by a Routine Inventory designed to document children's daily activities. This inventory, adapted from contemporary research on family routines and caregiving practices, employed a standardized recording format completed by a primary caregiver familiar with the child's daily care (Fiese et al., 2016). The instrument enabled the classification of activities into subcategories (e.g., sleep, hygiene, school, leisure), the measurement of time spent on each activity in fixed intervals, the identification of activity settings, and the documentation of social companions. To capture routine variability, the inventory distinguished between activities performed on the day preceding data collection and those carried out on the previous Sunday, thereby allowing comparison between typical weekday and weekend patterns.

RESULTS

Characterization of Family Groups

Family Group One (GF1)

a) Adopted child: female, 3 years old, deaf-blind and premature. At the time of data collection, she had recently consolidated her walking ability thanks to physiotherapy treatment she had been receiving in her adoptive family since the first months of her life. However, she did not have verbal articulation, vocalizing incomprehensible sounds. She was engaged in speech therapy to develop her speech. She also received psychological care. At school, she was exclusively accompanied by an educational psychologist in classroom activities. At home, her personal hygiene, feeding, and companionship during trips to school and other places she frequented were the responsibility of a professional caregiver every day of the week.

b) Adoptive mother: 36 years old, single, law graduate, businesswoman and with an income of approximately 20 minimum wages. For most of the day, she was intensely involved in her work activities, sharing moments of daily life with her two daughters at night during the week and on Sundays.

c) Biological daughter: female, 6 years old. She had her own exclusive professional caregiver (nanny), attended the same school and at the same time as her sister. She shared a room and toys with her sister, and also spent some leisure time with her.



Family Group Two (GF2).

a) Adopted child: male, 4 years old, diagnosed with extreme hydrocephalus and macrocephaly during intrauterine life. At the time of data collection, the child did not have a developed gait and his speech was limited to repeating a few words. He reacted to colored stimuli and knew how to use an electronic device (cell phone). He remained lying down in the room shared with his mother throughout the day.

b) Adoptive mother: 47 years old, single, completed high school, unemployed, with an income of around seven minimum wages (from a pension left by her father to her biological mother), without biological children. She was primarily responsible for the care of her son, but occasionally hired a professional caregiver to help her meet the needs of the adopted child, especially at night.

Family Group Three (GF3).

a) Adopted child: male, 5 years old, with a suspected diagnosis of mild global developmental delay of undetermined origin. He presented with a consolidated gait and verbal articulation relatively below what was expected for his chronological age, as he was able to elaborate and develop stories, describe everyday events, although he was slow in pronouncing some words. His deficits were centered on aspects of cognitive development, fine motor coordination, and social skills.

b) Adoptive parents: father, 52 years old, married, administrator, employee of a private organization; and mother, 46 years old, married, occupational therapist, public servant in an institutional care program, both religious and with a family income of around 1000\$. The father worked full-time, but with flexible hours. The mother had recently ended her afternoon job to dedicate herself to caring for the boy.

c) Biological daughters: aged 22 and 18, both university students. The young women actively contributed to meeting the boy's needs, picking him up from school, providing meals, assisting with hygiene and homework. They were also responsible for putting him to sleep, sharing the sleeping space and keeping him company during the night.

Comparing Family Routines

To compare the routines of the children participating in the study, data obtained through the application of the Individual Reception were first analyzed.

In presenting the findings, the use of the term "Non-existent" stands out to indicate the impossibility of the child performing the activity (for example, in GF1, the deaf-blind child watching television). The term "Not mentioned" refers to activities that were present in the routines but were not verbalized by the participants during the application of the IR. An example was the engagement in therapies of the child with mild global developmental delay, which was only mentioned during the GF3 interview.

In the relationship between activities and the time spent on them, the longest periods were dedicated to rest and leisure in all three family groups. The specific characteristics observed were: in GF1, the activity described by the mother as a "relaxing moment," consisting of tactile interaction with her adopted daughter at night; in GF2, a high percentage of time spent watching television due to the adopted child's physical immobility; and in GF3, the adopted child's participation in religious practice with family members on weekends.



TABLE 1

Activities and Time Used	GF1 Week	GF1 Weekend	GF2 Week	GF2 Weekend	GF3 Week	GF3 Weekend
Food and Hygiene	16.31%	12.14%	10.41%	10.41%	15.62%	18.74%
Rest	36.45%	47.91%	47.91%	47.91%	41.66%	41.66%
Displacements	7.63%	Not mentioned	Non-existent	Non-existent	3.12%	Not mentioned
School	16.66%	Non-existent	Non-existent	Non-existent	22.91%	Non-existent
Leisure	8.33%	29.16%	18.75%	18.75%	25%	31.25%
Therapies	6.25%	Non-existent	Non-existent	Non-existent	Not mentioned	Non-existent
Relaxing activities	10.41%	Not mentioned	Non-existent	Non-existent	Non-existent	Non-existent
Watch television	Non-existent	Non-existent	25%	25%	Not mentioned	Not mentioned
Religious practice	Non-existent	Non-existent	Non-existent	Non-existent	Non-existent	6.25%

Also noteworthy is the prominent presence of mothers and the time dedicated to daily childcare activities in all three groups studied. However, the periods of maternal involvement in these activities varied considerably, as in GF1 the mother has extensive working hours, while in GF2, the mother is the primary caregiver of the adopted child, not engaging in other activities outside the home. Among the observed particularities, in GF1 the presence of a nanny was noted both during the week and on Saturdays and Sundays. In GF2, the mother is the primary caregiver, without continuous assistance from other people. And in GF3, the participation of grandparents in family routines was observed.

Next, the Table 2 illustrates the companies involved in each activity and the percentage of time spent on each activity, across the three family groups studied.

TABLE 2

Companies and Times	GF1 Week	GF1 Weekend	GF2 Week	GF2 Weekend	GF3 Week	GF3 Weekend
Mother	10.41%	27.08%	100%	100%	20.83%	49.99%
Father	Non-existent	Non-existent	Non-existent	Non-existent	3.12%	49.99%
Nanny	38.52%	14.22%	Non-existent	Non-existent	Non-existent	Non-existent
Sister(s)	36.45%	47.91%	Non-existent	Non-existent	47.90%	100%
Grandparents	Non-existent	Non-existent	Non-existent	Non-existent	28.15%	Non-existent



Regarding the types of activities that make up family routines and the environments where they take place, it was identified that in the homes of each of the three family groups, the following activities occur: eating, hygiene, rest, relaxing activities, and watching television. The particularity of this activity-versus-environment relationship is experienced by GF2, in which the child does not attend school, unlike those adopted from GF1 and GF3.

TABLE 3

Activities and the environments in which they occur	GF1 Week	GF1 Weekend	GF2 Week	GF2 Weekend	GF3 Week	GF3 Weekend
Food and Hygiene	Home	Home	Home	Home	Home	Home
Rest	Home	Home	Home	Home	Home	Home
Displacements	Varied environments	Not mentioned	Non-existent	Non-existent	Varied environments	Not mentioned
School	School institution	Non-existent	Non-existent	Non-existent	School institution	Non-existent
Leisure	Varied environments	Varied environments	Home	Home	Varied environments	Varied environments
Therapies	Doctor's offices	Non-existent	Non-existent	Non-existent	Doctor's offices	Non-existent
Relaxing activities	Home	Not mentioned	Non-existent	Non-existent	Non-existent	Non-existent
Watch television	Non-existent	Non-existent	Home	Home	Not mentioned	Not mentioned
Religious practice	Non-existent	Non-existent	Non-existent	Non-existent	Non-existent	Mosque

The interviews allowed for a more detailed analysis of the findings obtained through the IR. In GF1, the adoptive mother expressed her concerns about the repercussions of her extensive work schedule, as the adopted child spends most of the day with the nanny, reducing the time spent in her care and company. This is an aspect of the family routine that is beginning to bother the mother because, in her perception, it may be hindering the development of the emotional bond between her adopted daughter and her, as suggested in the following excerpt from the interview.

She (referring to her adopted daughter) spends almost 24 hours a day with the nanny. I'm working, and I have moments with her, with both of them (referring



to her biological and adopted daughters). So, for example, she easily chooses the nanny over me, but I can't get obsessed with that, right? That's something that has to be built up over time. With my older daughter, that doesn't happen because she's already six years old. She (referring to her biological daughter) easily chooses me over the nanny, you know? But that's something that has to be built up; we just can't get neurotic, blaming ourselves and all that, because we have to manage several activities.

At the other extreme, the adoptive mother of GF2 is the primary caregiver for her adopted son, not engaging in work or academic activities. Regarding this characteristic of the family's routine, the mother, when interviewed, presented her point of view on daily life with her adopted son:

The days are always the same. It's always just me and him. My mother is getting on in years; she can't help with the care, but she helps financially. Otherwise, I do everything for him. Sometimes, when I have to go out, I call someone who lives near my house to stay with him. But it's quick; I go out, take care of a problem, and come right back. Only when I go to (mentions a friend's name)'s house do I feel more at ease, because there are several people there to help, or when I go to mosque. But, in general, it's always just me and him.

In Group 3 (GF3), there is a greater number of people involved and shared responsibility for the care of the adopted child. Regarding this daily routine, the adoptive mother described a typical weekday during the interview:

Well, I'm the first one up. I wake up at five o'clock, then I make my coffee, drink my coffee peacefully. Then I give him his porridge (referring to her adopted son). I wake my husband up and go take a shower. After he eats his porridge, he showers with his father. Then I'm ready and we leave for class, my husband drops me off at work and takes him to school. When he gets back, either my husband picks him up or my daughter does... On Fridays, in the afternoon, he (referring to her adopted son) does capoeira and psychology, and the other days we leave it like this, so we can keep up, doing homework together. And I'm not working in the afternoon anymore, only in the morning, and that's the time I have for him. At night, at seven o'clock, he's very much a clock; he says: "Mom, my tummy is hungry"... Then I say: "Let's have dinner, son." He goes, and if the girls (referring to his biological daughters) are here, everyone stays together, they help too, and then he goes, brushes his teeth, puts on his pajamas, and I say: "My son, it's time for bed"... This is around nine o'clock at night.

DISCUSSION

It was found in the investigated family groups that the activities to which the greatest amount of time was dedicated during the week were: rest, school, eating/hygiene, watching television, and leisure. These findings can be explained by the fact that the children in these family groups are in early childhood, a stage of life characterized by extended periods of rest, necessary for the action of hormones and other substances that act in the maturation of biological systems, as argued by Qadar et al (2024); Muhammad (2023) and Ahmed et al. (2023).

Attending school is another activity that demands a significant amount of time, as it is in this institution that the actions of other people consist of planned and stable interventions, repeated over time and directed towards the acquisition of skills and knowledge. Shaikh et al. (2020) For children with special needs, school plays a fundamental role in their development, contributing significantly to socialization within groups beyond the family, and to access to culturally



valued knowledge necessary for life in complex urban societies, as already argued. Activities related to nutrition and hygiene also aid in the biological maturation of the organism. The former provides access to nutritional elements required in the maturation process, while hygiene promotes overall well-being. Bustamante-Sanchez (2022)

On weekends, significant periods of time were observed dedicated to rest, eating/hygiene, and watching television (this activity more specifically in GF2). The time dedicated to school was replaced by more leisure hours which, in the investigated family groups, included the sharing of recreational activities involving both family members and the professional caregiver. During these moments, valuable interactions occurred that allowed for the consolidation of parental, filial and affective bonds between siblings, as the literature on family routines has been indicating. It has already been observed that routines promote increased intimacy and the maintenance of a family legacy, similar to what was pointed out by Hashmi et al. (2025), who observed a strengthening of the sense of unity and shared values when family members systematically engage in joint activities.

The types of activities found in the three family groups studied and their respective time distributions in daily family life were corroborated, in part, by the findings of de Lima Pereira (2026). In their investigations of the family routines of riverside children, they found that these children dedicated a significant number of hours during the weekday to rest, school, and food/hygiene. On weekends, the most significant percentages of time spent on rest, leisure, and food/hygiene were observed. The differences in results between the studies can be explained by the fact that the children participating in this study have special needs and are younger than those investigated by Raza et al. (2023). This leads to differences in the type of activity commonly performed and the amount of time dedicated to them (Ahmed et al., 2025; Thebo et al., 2025).

Regarding the time spent on specialized treatments to meet the special needs of these children, it was found that, in GF1, it is restricted to weekdays, representing 6.25% of the day. In GF2, this activity is not part of the routine, being limited to occasional medical appointments. In GF3, this time was not quantitatively estimated during the application of the IR, although it was mentioned as a periodic weekly activity in the interview with the adoptive mother. These findings can be explained by the findings of previous research (Kakepoto, 2013; Mesquita, 2020 and Habil et al. (2013). regarding changes in routines in families of children with special needs. As observed in these investigations, changes in family routines can be smoother, progressively becoming sources of support and confidence, as appropriate information about their children's conditions is gradually assimilated.

Based on the analyses performed, it was also deduced that the quality of the relationships established between the adopted children and the social environment in which they are inserted varied according to the structures of each of the substitute family groups. In the single-parent groups, two extremes were observed: in GF1, the mother-child relationship is restricted to a few hours of interaction, with the child's interactions predominantly taking place with the nanny, including on weekends. The opposite extreme is observed in GF2, in which there is an exclusive care relationship established between the mother and the child, since she does not have the help of her family members or a professional caregiver. In GF3, there is a greater variety of relationships in the



child's social environment, as the child lives daily with his adoptive parents, sisters, aunt and maternal grandparents, who share the care directed towards him. These findings are consistent with what was observed by Rafique et al. (2025), which identified a negative correlation between salary level and the maintenance of routines, suggesting that mothers with high incomes contract goods and services that assist in maintaining daily activities involving childcare, without necessarily being present, as seen in GF1.

The quality of the relationships established with the adopted children also varied according to the composition of these families' social support network. Group 2 (GF2) presents the greatest difficulty in this regard, since there is no participation of relatives (grandparents and uncles/aunts) in the family routines experienced, as they did not support the child's adoption from the beginning. Sporadically, this family receives help from friends of the adoptive mother, with whom they occasionally interact. On the other hand, the other family groups (GF1 and GF3) receive daily assistance, both from the extended family and from the broader social support network, consisting of professionals who carry out specialized treatments with the adopted children. The importance of these ecological contexts for maintaining family routines and consolidating human development has already been pointed out by Liu (2021 and Arif et al. (2025)

CONCLUSION

The present study concludes that the family routines of children adopted with special needs are structured through a dynamic interplay of activities, social companions, and environments, all of which are temporally organized within the ecological context of post-adoption family life. By examining what activities are performed, with whom they are shared, where they take place and when they occur, the findings highlight the central role of daily routines in mediating children's adjustment and integration into adoptive families. The routines documented across cases reflect both stability and flexibility, suggesting that adoptive families actively reorganize their everyday practices to accommodate the specific needs of the children while fostering emotional bonding and caregiving consistency. Differences observed between weekday and weekend routines further indicate how temporal variation shapes opportunities for interaction, care, and social participation. Overall, the study underscores family routines as key ecological elements that support the consolidation of parent-child relationships and the construction of a supportive post-adoption environment for children with special needs, while also demonstrating the value of mixed-method, multiple case study approaches in capturing the complexity of lived family experiences.

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