



Post Adoption Support

Needs Assessment 2008

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Appreciation to
Utah's Adoptive Families
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Executive Summary

Last year in Utah, 392 children were adopted from foster care. Children who are adopted from foster care experience a significant set of special needs. The availability of services to help address these special needs after adoption is crucial to securing permanent committed families for children leaving foster care. These services are also critical to strengthening and maintaining adoptive families over time.

Many post adoption services have been developed and are funded, or in some way administrated by DCFS to support families adopting children from Utah's foster care system. These services focus on: (1) Information and referral; (2) education and training; (3) family support and respite care; and (4) treatment and crisis intervention. Services may meet multiple needs at once.

This needs assessment follows previous surveys of Utah's DCFS post adoptive families (Egbert, 2001, 2002, 2003). These initial studies provided a vehicle for parents' ideas and suggestions about their needs for services to directly inform the development of post adoption programs as they were created and implemented.

The number of post adoptive families (currently over 2,700) has almost doubled since the previous research was completed and many DCFS funded services have now been in place for five years. A follow-up survey of adoptive families at this juncture provides data and consumer feedback so resources and services are used and developed effectively and efficiently. This study was completed by an independent researcher, Dr. Susan Egbert, at the request of DCFS.

This report summarizes the responses of 804 parents who provided data on 975 children adopted from foster care through DCFS. Data was collected via surveys mailed by DCFS to all adoptive parents who receive adoption assistance. Surveys were returned anonymously and opened and analyzed by the researcher.

Parents reported that 60.1% of their children have current emotional or behavioral concerns and that 9.8% of their children have had emotional or behavioral concerns that have resulted in placement outside of their home at some point since adoption finalization. When asked about post adoption crisis, 28.4% of parents indicated that they have experienced what they would consider a post adoption crisis since finalization. They described a variety of "points of contact" for crisis help and a variety of feelings about the response and support they received.

Objective One: Adoptive Families Level of Awareness

The solid increase, from previous surveys, in the percentage of families aware of services, and the percentage of families who know how to access services, indicates that the delivery of service information is continually improving. This is especially relevant in light of the fact that so many of these families are "new" to adoption in the last few years.

Objective Two: Adoptive Families Access to, Use of, and Satisfaction with Services

Despite the increase in service awareness and in service access knowledge, the rate of families' use of post adoption services has remained fairly stable for most services. These data also indicate that satisfaction with the quality of services has increased and exhibits a positive trend for all services.

Objective Three: Current and or Additional Needs of Adoptive Families and Objective Four: Prioritization of Current Needs

Current needs of adoptive families were assessed by observing the number of parents who commented on a given service. **Education, mental health, information about their children's special needs, respite care, and DCFS post adoption services received the most focus from adoptive parents.**

Recommendations

This project represents an immediate opportunity for research findings to guide state and local policy and program development. This information is intended for utilization by those who are tasked with improving the state's ability to keep adoptive children and their families safe and thriving. The following study-derived recommendations are directed at ***strengthening the connection between the needs of adoptive families and service providers' ability to meet those needs*** at any level from strengthening families, to treatments that promote healing and reaching potential, to crisis support.

- Continue the use of the Newsletter, the Resource Booklet, and other available *universal* information delivery systems to provide all adoptive parents upfront, ongoing, and repeated education about post adoption resources.
- Maintain continual focus on the arduous task of keeping information about services constantly present so that the nearly 400 parents added to the ranks of adoptive families each year will be immediately informed about services; and so that the many families who may not have needed services last year, but who experience a crisis this year, know exactly where to turn for immediate, responsive help.
- Educate community partners about post adoption services. Many families in crisis do not approach the Division of Child and Family Services initially and schools, police, private mental health providers, etc. are their first point of contact. Inform these agencies of available services to promote appropriate referrals to adoption competent services.
- Advocate for and facilitate adoption competent education and mental health service provision for children and families. Mental health services and education were defined as post adoption services for the purpose of this survey because on previous surveys, parents' voices were so strong in presenting the critical role both of these systems play in their families' ability to meet their children's special needs. Partnership and communication with these systems has been improved on many fronts. However, the sheer numbers of foster adoptive families needing and using these services, along with the turnover rates for professionals working in these taxing professions, makes ongoing training and education in these systems a vital focus.
 - Continue to support the mental health system's efforts to increase its adoption competency.
 - Support the education system's understanding of and responsiveness to the needs of special needs adoptive children and their families.
- Continue to promote unencumbered accessibility to an array of post adoption services to meet families' information and referral, education and training, family support and respite care, and treatment and crisis intervention needs on an as needed basis.
- Recognize that the Division of Child and Family Services will always remain a point of contact and support for adoptive families, especially during times of crisis. This remains a fact when families have moved outside of the region in which their adoption occurred, or even out of state. Return phone calls in a timely manner and point families in a direction of hope and healing, even if the services are not available through Child and Family Services.

Background

"I just can't explain how helpful [the mental health service provider] was--he is a very good listener to both the child and the parent. He puts us together mentally and makes [the child's] problems seem much smaller and workable. He was just what we needed."

"If not for the support we received we would not have made it this far."

–Adoptive parents

In Fiscal Year 2006, 51,000 children with an average age of 6.6 years old were adopted nationally with public agency involvement. 129,000 children remained in foster care waiting for adoptive homes. (United States Department of Health and Human Services, 2008) Last year in Utah, 392 children were adopted from foster care.

Children who are adopted from foster care experience a significant set of special needs that may include "depression and anxiety, mental illness, sexual acting out, fetal alcohol syndrome or effect, attention deficit disorder, central auditory processing disorder, emotional disabilities, attachment disorder, learning disabilities, mental retardation, orthopedic impairments, speech and language impairments, AIDS or HIV, and other severe physical disabilities". (NACAC, 2008)

The availability of services to help address these special needs after adoption is crucial to securing permanent committed families for children leaving foster care. These services are also critical to strengthening and maintaining adoptive families over time. Families need information, support, and opportunities to learn and develop new skills in parenting and advocating for their children as they meet the challenges they face.

Effective post adoption services should be accessible to adoptive families and provided by professionals who are *adoption-competent*. The North American Council on Adoptable Children lists the following as services that represent part of a model post adoption support system:

- Information and referral from a single entry point (including a toll-free number answered 24 hours a day/7 days a week)
- Support groups for adoptive parents, birth parents, and adoptees
- Support for connections with birth parents and other birth family members and former foster families, whenever possible
- Training on special needs and adoptive parenting
- Educational and information services
- Therapeutic counseling
- Respite care
- Full disclosure of all background information
- Case management services
- Advocacy and support for school-related problems
- Adoption assistance payments (for children adopted from foster care)
- Other financial assistance when needed
- Crisis intervention
- Mental health services, both in-home and residential

The sources for these services may include: states, provinces, and territories; counties; placing agencies or professionals; parent support groups; resource and referral services; child advocates/ombudsmen; and medical insurance companies/health care providers. (NACAC, 2008)

Post Adoption Support in Utah

In the 1980's, Adoption Assistance was instituted through Federal legislation to promote the adoption of children who were languishing in foster care and who were not likely to be adopted unless financial assistance was available to help families meet their special needs. Adoptive families may receive monthly adoption assistance to provide support for the expenses incurred as a result of the child's special needs. Medicaid coverage is also available for qualifying adopted children with an adoption assistance agreement, even those without monthly financial assistance. (Utah Division of Child and Family Services, 2008) Nationally, 89% of children adopted from foster care receive adoption assistance (USDHHS, 2008).

Supplemental adoption assistance may be available for financial support for extraordinary, infrequent, or uncommon needs not covered by a monthly adoption assistance, state medical assistance, or other public benefits. This type of assistance is based on the availability of State funds and requires documentation and approval by a review committee.

Many additional services have been developed and are funded, or in some way administrated by DCFS to support families adopting children from Utah's foster care system. These services, briefly explained below, focus on: (1) information and referral; (2) education and training; (3) family support and respite care, and (4) treatment and crisis intervention. Services may meet multiple needs at once.

Information and Referral

Utah's Post-Adoption Resource Connection booklet—This 32 page booklet was first created by The Adoption Exchange and Utah's Division of Child and Family Services (DCFS) in 2001 to inform adoptive families about resources including: DCFS post adoption workers, financial assistance, support groups, respite care, educational supports, Medicaid mental health providers, services for developmental disabilities, search and reunion, and other adoption resources. A second revision was most recently printed in July, 2005.

The Adoption Exchange Information and Referral Telephone Resource Line—(801) 265-0444 or toll free (866) 872-7212. Families who call The Adoption Exchange Resource Line can receive information and referral ideas to statewide resources via in-person telephone contact.

Utah's Post Adoption Resource Connection website—www.utdcfsadopt.org In 2000, Utah's Adoption Connection was created through a partnership between DCFS and The Adoption Exchange. The site's first purpose was to promote the adoption of children waiting in foster care for permanent homes. As needed post adoption supports were developed, the site's purpose was expanded to include the on-line Post Adoption Resource Connection. The site provides accessible information about services, events, trainings, an on-line lending library, and numerous links to other on-line resources for families after adoption. The site is owned by DCFS and managed by The Adoption Exchange Utah.

Utah's Adoption Connection Newsletter—The Newsletter is a quarterly publication funded by Utah DCFS and created, edited, and printed by The Adoption Exchange. Every family receiving adoption assistance receives a Newsletter unless they request to be removed from the mailing list. The Newsletter contains information about events and resources, as well as articles written by children who were adopted, adoptive families, service providers and other stakeholders in foster care adoption. Several children in foster care who are waiting for adoptive families are also featured in each issue.

Education and Training

Education system serving the child—The special needs of children adopted from foster care often present significant challenges to their educational success. Students with disabilities are entitled to access services that will promote reaching their learning potential. Children are served at their neighborhood and school district levels. Adoptive parents in Utah often access support through the Utah State Office of Education Educational Equity Section, the Utah Parents Center and similar agencies to obtain help in advocating for their children's educational needs. Although a child's education system is separate from DCFS, the accessibility and coordination of these services is a critical component of post adoption support, treatment, and crisis intervention and DCFS is often a partner in these efforts.

The Adoption Exchange On-Line Lending Library—Accessible at www.utdcfsadopt.org, the Lending Library was developed to resemble an on-line shopping experience to meet the ongoing educational needs of urban and rural families. Parents may check out three items at a time for up to six weeks. There is no cost to the parent unless they wish to make a voluntary donation. The items are mailed to the family's home, along with the postage needed to return them to The Adoption Exchange.

Local Training and Conferences—Adoptive parents have many options for ongoing training including those provided by the Utah Foster Care Foundation parent cluster groups, local school districts, local community education, and an annual adoption conference sponsored by the Utah Adoption Council. Parents may also access training opportunities focused on the specific needs of their children (i.e. ADHD, Fetal Alcohol Syndrome, medical issues, etc.)

Family Support and Respite Care

Foster/Adoptive Parent "Cluster" support groups— The Utah Foster Care Foundation (UFCF), DCFS, and the Utah Foster/Adoptive Family Association (UFAFA) have collaborated to develop and maintain "cluster" groups throughout the state of Utah. Clusters are comprised of 15-50 foster, adoptive or kinship families who provide support to each other. There are currently 39 cluster groups statewide. They are organized either by geography, the type of care they provide, or cultural considerations (i.e. Spanish speaking). Many areas of the state have cluster support groups specifically for adoptive families.

Hourly Respite Care through Family Support Centers or Youth Services—Along the Wasatch Front (Utah's more urban and suburban region), in-home respite care is available for children adopted from foster care through programs housed at several Family Support Centers (infants through 11 years old) and Youth Service Centers (children 11 to 17 years old). This level of respite is intended to provide parents with 2-8 hours to attend appointments or just have a break. Providers are trained in special needs. Families share in the cost for this service by paying \$5.00/hour for all the children in the home. Crisis respite is also available on-site at these locations.

Treatment and Crisis Intervention

DCFS Post Adoption Workers—Eleven post adoption workers currently serve as "points of contact" for DCFS adoptive families in the five DCFS regions in Utah. These workers provide various levels of service from crisis intervention; to referral and support for obtaining needed mental health, respite, or educational services; to facilitating birth family contact when appropriate.

Mental Health Treatment—Adoptive families may use the Medicaid card to purchase services through Public Mental Health agencies. They may also use a *carve-out* system to access services from participating private mental health treatment providers. Approval for *carve-out* services are accessed through DCFS post adoption workers. Although

the Mental Health Treatment system is separate from DCFS, the accessibility and coordination of these services is a critical component of post adoption support, treatment, and crisis intervention.

Purpose of the Evaluation

This needs assessment follows previous surveys of Utah's DCFS post adoptive families (Egbert, 2001; 2002; 2003). These initial studies provided a vehicle for parents' ideas and suggestions about their needs for services to directly inform the development of post adoption programs as they were created and implemented.

The number of post adoptive families (currently over 2,700) has almost doubled since the previous research was completed and many DCFS funded services have now been in place for five years. A follow-up survey of adoptive families at this juncture will contribute to the development and improvement of the post adoption services currently available. It will benefit the Department of Human Services by providing solid data and consumer feedback so that resources and services are used and developed effectively and efficiently.

The objectives of this study are:

1. To assess adoptive families' level of awareness of post adoption services provided by DCFS and other community programs.
2. To assess adoptive families' access to, use of, and satisfaction with post adoption services provided by DCFS and other community programs.
3. To assess current and/or additional needs of adoptive families.
4. To obtain adoptive family input on the prioritization of current needs.

Methods

Following Department of Human Services Institutional Review Board for the Protection of Human Subjects approval, a survey developed by Susan Egbert in collaboration with DCFS, was mailed to adoptive families. The study sample included all DCFS adoptive parents currently receiving post adoption subsidies from the State of Utah. In May, 2008, there were 2,717 of these families. This number changes constantly as families are put on the "adoption assistance list" at adoption, and removed from the list when their adopted children turn 18 years old.

The entire population of families receiving post adoption assistance was included in the survey, so no specific sampling methods were needed. The researcher prepared the survey packets and delivered them to DCFS. These packets were mail by DCFS using the agency's post adoption assistance mailing list. The researcher did not see this list and did not have access to adoptive families' names or contact information. Participants' confidentiality and identity were protected through the anonymous return of surveys. All results are reported in aggregate (by group, not individually) and DCFS personnel did not see the completed surveys. The researcher's cell phone number was provided to support families through the research process if requested. Surveys were returned by mail by adoptive parents to DCFS in postage paid envelopes.

Surveys were delivered to and opened by the researcher. Completed surveys were coded and the data entered into a computer data management spreadsheet. Survey participants were identified only by their "case number"—assigned by the researcher based on the order of surveys returned. Neither the paper nor the electronic copies of data include any identifying information. Survey responses were processed and analyzed by the researcher.

Results

Returned surveys represent 804 families and 975 children (some families provided data on more than one child). Twenty-six survey packets were returned by the postal service as "not deliverable". The overall survey return rate for

the 2,691 surveys that presumably reached adoptive parents was 30%. No follow-up reminder contacts were attempted. The following is a summary of these responses.

Child and Family Demographics

Demographic data were collected on the adoptive parent who completed the survey and on the child or children they were reporting about. Descriptive statistics on these data are presented in Table 1 on the next page.

Children's Pre Adoption History of Abuse and Neglect

Physical neglect, prenatal drug exposure, and emotional abuse were the most commonly reported forms of maltreatment experienced by children prior to adoption. Table 2 summarizes parents' responses with regard to their children's pre adoption histories of abuse and neglect.

Table 2.

<u>Form of Maltreatment</u>	<u>Yes</u>	<u>No</u>	<u>Unknown but Probable</u>
Physical Abuse	36%	43%	22%
Physical Neglect	70%	22%	8%
Sexual Abuse	19.7%	58.9%	21.4%
Emotional Abuse	54%	32%	14%
Prenatal Drug Exposure	59.7%	13.7%	26.5%

Parent and Child Adapting to Adoptive Placement

Parents were asked to rate the level of ease or difficulty they had with regard to having their adopted child in their home on a scale from 1 to 7, with 1 being *very difficult to adapt* and 7 being *very easy to adapt*. Responses ranged from 1 to 7 with a mean of 4.9, indicating that most people felt it was quite easy to adapt. When they rated their children on the same scale of adapting to being in the home, the range of response was from 1 to 7 with a mean of 5.3.

Emotional and Behavioral Concerns

60.1% of children reported on by parents were said to exhibit current emotional or behavioral concerns and 39.9% were reported as free from current concerns.

Out of Home Placement

Parents indicated that 9.8% of their children have had emotional or behavioral concerns that have resulted in placement outside of their home at some point since adoption finalization. 90.2% have not required out of home placement.

Parents' descriptions of their children's out of home placements varied greatly and included:

- Informal placements with family or friends
- Respite care services provided by agencies or foster parents
- Formal placements in higher levels of care such as proctor care or residential treatment
- Juvenile justice related placements such as youth detention centers.

The most commonly sited placements were in proctor care and residential treatment. Placements ranged in length from one night to several years and currently ongoing.

Post Adoption Crisis

When asked about post adoption crisis, 28.4% (n=253) of parents indicated that they have experienced what they would consider a post adoption crisis since finalization. They described a variety of "points of contact" for crisis help including:

Table 1.

<u>Child and Family Demographic Variable</u>	<u>Survey Results</u>
Families Current Location by DCFS Region	<p><u>Northern DCFS Region</u>: 29% (Box Elder, Cache, Davis, Morgan, and Weber Counties represented)</p> <p><u>Salt Lake Valley DCFS Region</u>: 40% (Salt Lake and Tooele Counties represented)</p> <p><u>Western DCFS Region</u>: 6% (Juab, Millard, and Utah and Wasatch Counties represented)</p> <p><u>Eastern DCFS Region</u>: 3.4% (Carbon, Daggett, Duchesne, Emery, Grand, San Juan, and Uintah Counties represented)</p> <p><u>Southwest DCFS Region</u>: 10.2% (Beaver, Garfield, Iron, Sanpete, Sevier, Washington, and Wayne Counties represented) [Counties not represented: Summit, Kane, and Piute]</p> <p>Families living outside of Utah: 11.4% (25 states represented)</p>
Child's age at time of adoptive placement	<p>Range: Newborn to 15.8 years</p> <p>Mean: 3.2 years</p>
Child's age at adoption finalization	<p>Range: 4 months to 17.2 years</p> <p>Mean: 4.4 years</p>
Total time since placement	<p>Range: 6 months to 19 years</p> <p>Mean: 6.5 years</p>
Time since finalization	<p>Range: 2 weeks to 18 years</p> <p>Mean: 3.82 years</p>
Number of child's previous foster placements	<p>Range: 0 to 16</p> <p>Mean 1.3</p>
Number of child's previous adoptive placements	<p>Range: 0 to 5</p> <p>Mean: 0.2</p>
Sibling group status	<p>Sibling group: 53.8%</p> <p>Single child adoption: 46.2%</p>
Child's race	<p>White: 59.7%</p> <p>Hispanic: 24.3%</p> <p>African American: 7.1%</p> <p>Native American: 4.3%</p> <p>Identified only as Multiracial: 3.5%</p> <p>Asian American: 0.7%</p> <p>Pacific Islander: 0.6%</p>
Child's gender	<p>Female: 49.4%</p> <p>Male: 50.6%</p>
Parent's race	<p>White: 91.6%</p> <p>Hispanic: 4.9%</p> <p>African American: 1.5%</p> <p>Native American: 1%</p> <p>Pacific Islander: 0.5%</p> <p>Asian American: 0.4%</p>
Parent's gender	<p>Female: 92.8%</p> <p>Male: 7.2%</p>
Parent's marital status	<p>Married: 89%</p> <p>Single: 5.3%</p> <p>Divorced: 3.2%</p> <p>Widowed: 2.4%</p> <p>Separated: 0.1%</p>

- Informal support systems—family, friends, parent support clusters, church, community resources, and parent education.
- Division of Child and Family Services—post adoption workers, resource family consultants, former caseworkers, and subsidy workers.
- Mental health professionals
- Police and/or the juvenile justice system.

The most frequent points of contact during crisis were Child and Family Services and mental health professionals.

76.3% of parents who reported crises, felt they received the responsiveness and support their family needed. 19% did not feel they received the response they needed, and 4.7% were ambivalent about the help they received.

Parents described their crisis experience in some detail using qualitative responses. Those who felt helped received an immediate response and referrals or services to address the issues:

"We were given support and told where to take the children [for services]."

"We had a post adopt worker come to our home and we began family therapy through [another agency]."

"With her [mental health therapist] we were able to piece together what was happening and move toward resolution."

"A quick response, knowledgeable and felt supported." [post adoption worker]

"Good referral to a great therapist."

Those who indicated they did not receive the help they needed were frustrated by a lack of responsiveness and support.

"I was put off, sent from place to place."

"It's hard to get help until the child blows out."

"Post adoption is a joke, they spend most of the time belittling your stress and trying to talk you out of using any services."

"Counselor came and said he would arrange testing. Haven't heard from him since."

"Calls were not returned."

Post Adoption Service Awareness, Access, Use and Rating of Quality

The Post Adoption Survey 2008 requested that parents provide feedback on their awareness, access knowledge, use, and quality rating of seventeen different post adoption services. Table 3 on the next page summarizes their responses.

Post Adoption Service Qualitative Comments

An open-ended question, *"Please describe your experience and/or how this service could be improved"* invited parents to share their comments and suggestions for the improvement of each of the target services addressed, and to share suggestions for the overall improvement of post adoption services. Parent's responses are summarized below.

Utah's Post Adoption Resource Connection booklet—Seventy-two parents commented on this service. Some of them appeared to have confused it with the Utah's Adoption Connection Newsletter that they also receive through the mail. Comments clearly related to the booklet indicate that they are aware of the booklet and that it is beneficial to those who use it:

"I was able to find out about hourly respite care via the resource booklet."

Other parents are frustrated by their inability to use the services listed in the booklet due to geographic barriers:

"Mostly NOT for our service area. Not of a lot of 'help' in [rural] county!"

"Not useful for out of state."

Table 3. Post Adoption Service Awareness, Access, Use and Rating of Quality

<u>Service</u>	<u>Are you aware of this service?</u>	<u>Do you know how to access this service?</u>	<u>Have you used this service?</u>	<u>Rate the quality of this service.</u> 1=poor quality 7=high quality
Utah's Post Adoption Resource Connection booklet	Yes: 66% No: 34%	Yes: 59% No: 41%	Yes: 22% No: 78%	Range: 1-7 Mean: 5.58
Post adoption support through your DCFS post adoption worker	Yes: 79% No: 21%	Yes: 74% No: 26%	Yes: 41% No: 59%	Range: 1-7 Mean: 5.55
Other post adoption support resources in your community	Yes: 36% No: 64%	Yes: 35% No: 65%	Yes: 11% No: 89%	Range: 1-7 Mean: 5.59
Local training and conferences (What have you used?) _____	Yes: 59% No: 41%	Yes: 55% No: 45%	Yes: 28% No: 72%	Range: 1-7 Mean: 6.02
Foster/adoptive parent cluster groups	Yes: 69% No: 31%	Yes: 57% No: 43%	Yes: 26% No: 74%	Range: 1-7 Mean: 5.79
Other local adoptive parent groups (What?) _____	Yes: 27% No: 73%	Yes: 24% No: 76%	Yes: 7% No: 93%	Range: 1-7 Mean: 5.41
Hourly respite care through Family Support Centers or Youth Services	Yes: 56% No: 44%	Yes: 44% No: 56%	Yes: 13% No: 87%	Range: 1-7 Mean: 5.27
Other respite care (please indicate how arranged, i.e. DCFS, parent groups, family, etc.)	Yes: 46% No: 54%	Yes: 40% No: 60%	Yes: 19% No: 81%	Range: 1-7 Mean: 5.99
Utah's Adoption Connection Newsletter	Yes: 89% No: 11%	Yes: 82% No: 18%	Yes: 62% No: 38%	Range: 1-7 Mean: 5.84
Adoption Exchange Information & Referral Telephone resource line	Yes: 52% No: 48%	Yes: 45% No: 55%	Yes: 10% No: 90%	Range: 1-7 Mean: 5.35
Post adoption resource connection website www.utdcfsadopt.org	Yes: 43% No: 57%	Yes: 53% No: 47%	Yes: 10% No: 90%	Range: 1-7 Mean: 5.49
Other Online Internet resources (What have you used?) _____	Yes: 31% No: 69%	Yes: 36% No: 64%	Yes: 12% No: 88%	Range: 1-7 Mean: 5.62
Adoption Exchange Online Lending Library	Yes: 45% No: 55%	Yes: 40% No: 60%	Yes: 12% No: 88%	Range: 1-7 Mean: 5.86
Other books and media (What have you used?) _____	Yes: 50% No: 50%	Yes: 53% No: 47%	Yes: 32% No: 68%	Range: 1-7 Mean: 5.84
Community mental health treatment providers (Bear River, Weber, Davis, Valley, Wasatch, Northeastern, Central, 4-Corners, Southwest)	Yes: 74% No: 26%	Yes: 71% No: 29%	Yes: 45% No: 55%	Range: 1-7 Mean: 5.06
Private mental health treatment providers	Yes: 66% No: 34%	Yes: 65% No: 35%	Yes: 35% No: 65%	Range: 1-7 Mean: 5.68
The education system that serves your child	Yes: 81% No: 19%	Yes: 80% No: 20%	Yes: 69% No: 31%	Range: 1-7 Mean: 5.23

Post adoption support through your DCFS post adoption worker—125 parents commented about post adoption workers. General “mixed review” comments based on the responsiveness, perceived caring and support provided by individual workers were included; with responsiveness eliciting positive comments and a lack of responsiveness reflected in the negative comments.

“Very willing to answer any questions.”

“Thank you, we were at our wits end!”

“He is great, helpful, supportive.”

“Slow to react. Nearly a year to get help.”

“They don’t return my phone calls!”

Other comments indicated a lack of awareness of this service:

“Was not really aware that we had a post adoption worker.”

“I don’t know what all it has to offer.”

Other post adoption support resources in your community—Forty parents described their use of community resources such as the Grandfamilies program, summer camps provided by private providers, and support through other church and community organizations as helpful to their families.

Local training and conferences (What have you used?)—148 parents provided feedback about local trainings and conferences. They reported attending and finding support through the Utah Adoption Council’s annual adoption conference, Utah Foster Care Foundation trainings, local Love and Logic classes, and other events and workshops sponsored by groups focused on their children’s unique special needs, such as mental illness, autism, attention deficit disorder, attachment, fetal alcohol syndrome, etc. The major barriers to training and conference attendance cited by families are geographic distance and the high cost of travel for those outside of the metropolitan area.

Foster/adoptive parent “cluster” support groups—Eighty-two parents commented on their cluster group experience. Many parents reported that they thought clusters were only for foster parents. Others felt they did not “fit in” to their available cluster group:

“I don’t seem to connect well with people there.”

“My children did not like going to these activities. They were more geared toward little kids and made them feel ‘not normal’.”

“The training is always good. I don’t enjoy the groups or parties particularly. Hard to connect.”

“Didn’t seem relevant to me, focused on fostering.”

“Got too ‘cliquey’, didn’t feel welcome.”

Child care needs and travel distance were described as preventing some parents from participating. Those who do feel comfortable and who use cluster support groups had positive things to say:

“It is nice to get to know other families.”

“This helps me out a lot. Great program.”

“I got a lot of ideas on how to handle discipline and emotional issues.”

“I enjoy learning from these classes.”

Other local adoptive parent groups—Forty-six parents shared about other local groups they use for support, including church sponsored groups (i.e. LDS Families Supporting Adoption) and networks based on special needs: CHADD (for attention deficit disorder), and FAAA (Families for African American Awareness). Several families indicated that they had formed their own informal groups:

“We have friends in this county that have adopted. We call each other if we need something or even just to have a play date.”

"Adoptive parents support group we threw together on our own. We meet for lunch fairly regularly and are available to each other by phone and email."

Hourly respite care through Family Support Centers or Youth Services—107 parents commented on this service. Many expressed frustration that these respite resources were not available in their area. Others indicated that they did not use it because they were not aware of it, did not need it, thought it was only for children in foster care, or the hourly co-pay was too expensive.

The great majority of those who had used the service felt it was a helpful form of support for their families:

"Very thankful for an overnight stay when at our worst point."

"Yes and thank goodness for it. It's great."

"Family Support Center date night has been excellent."

"We are grateful for the services provided for our family that let us have a break from the hardships of caring for a special needs child."

Other respite care (please indicate how arranged, i.e. DCFS, parent groups, family, etc.)—128 parents described other respite care resources. Extended family and friends were most frequently cited as respite providers parents felt comfortable with:

"We use family or close friends to help with respite to not further hinder our daughter's attachment."

"Family, friends. We have a pretty good network who know how to handle him."

"My older children are my best respite. I have trained them specifically for my children."

Families also use the respite programs of other agencies that are involved in their children's lives, i.e. Services for People with Disabilities, Mental Health, etc. Other families are still looking for respite care and have had difficulty finding this kind of support:

"I just gotta know who to call."

"We have requested help setting this up. Have not yet been given help. Last spoke to DCFS post adopt worker."

"Foster parents are already highly stressed. I hate calling them to give them more kids to watch. Please get more people who want to do respite and respite only. Many times I feel obligated to help them when I wish they would call someone else."

Utah's Adoption Connection Newsletter—144 parents provided qualitative responses with regard to the Newsletter. Parents are very aware of this service as it is mailed to them. A few commented that they do not think it applies to them, but the vast majority gave very positive reviews:

"I enjoy reading the Newsletter."

"I enjoy articles from the child's perspective."

"I feel like I know what is available if I ever need it."

"I like articles by adoptive parents about how they dealt with their children's emotional and behavioral issues."

"I love getting this magazine to keep up to date and great articles to read and inspire."

Parents suggested the following for improvements:

"More topics of bonding."

"Would like more articles, etc. on building attachment."

"[It only] tells stories about positive experiences and children available—not how to deal with mentally ill children once adopted."

"Wish the Newsletter came early enough to know about the free activity earlier."

"Would like more articles."

Adoption Exchange Information & Referral Telephone resource line—Forty-three parents wrote feedback about the phone line. Most indicated a lack of awareness and suggested that the phone number be provided again to families. Other responses ranged from “*very helpful*” to several who indicated that they felt the response back was slow or inadequate when they inquired about children waiting for adoption:

“After 5 separate inquiries via website and phone calls, we had one follow up response.”

“We called about a child in the Foster Roster and never received a call back or any information.”

“Took awhile to get a response”.

Post adoption resource connection website, www.utdcfsadopt.org—Forty-nine comments were made about the website, most of them reflecting the fact that the website’s Internet address was included in the survey question:

“I do now! [know about it] Will pull it up!”

Those who have accessed this service described it as a positive resource:

“We have gotten a lot of info here.”

“Used several times, especially library! LOVE IT and recommend it to others.”

“I’ve mainly used the site for links to other adoption sites or basic info.”

With regard to all Internet resources, several parents described barriers to receiving information this way:

“Not computer confident.”

“Do not have internet at home.”

Other Online Internet resources (What have you used?)—Sixty-one parents shared other online resources that they use for support. Most referred to specific special needs they have researched: ADHD, Fetal Alcohol Syndrome, prenatal drug effects, Autism, etc. Many have found helpful sites with information about respite, treatment resources, and support groups.

Adoption Exchange Online Lending Library—Fifty-five parents made comments about the lending library which reflected positive feelings about the ease and accessibility of the library and made suggestions about more resources being made available.

“Very easy to use! Love that it is all post paid. Wish there were a greater variety of books dealing with specific challenges.”

“This is a great service. This is a great help. They were efficient.”

“Would like to see more and updated material. CDs and DVDs instead of tapes/VHS.”

“This is a fabulous program. It has helped me so much and doesn’t cost anything. It helps me decide what books I want to buy because I can read them first.”

Other books and media (What have you used?)—168 parents indicated that they use resources such as public libraries; adoption magazine subscriptions; books purchased for themselves or their children on specific topics that are recommended by therapists; and books belonging to other lending libraries of agencies serving their children, such as schools and mental health providers. No suggestions were given, but many provided specific titles they have found helpful.

Community mental health treatment providers (Bear River, Weber, Davis, Valley, Wasatch, Northeastern, Central, 4-Corners, Southwest)—176 parents described their experiences with community mental health treatment. A wide variety of responses ranging from “*very helpful and professional*” to “*I cannot express how terrible and inadequate community mental health services are*” were written. The following comments reflect the major themes of satisfaction, frustration with accessibility, frustration with providers, and frustration with their children’s lack of improvement despite these services.

“My 11 year old gets excellent treatment.”

“They have been a life-line for us. Very helpful people.”

*"I'm satisfied with these services. I think that his best interests are emphasized."
"I feel like they are the ones to get our family through this and are still helping us. Without them I don't think we would have been as successful."*

*"Tried once, but insurance not covered."
"I tried to call and set up an appointment. I was frustrated about the difficulty of getting in for the first time so I didn't follow through."
"Too far away!"*

*"Unaware of adopted child mental issues. Unhappy about services."
"Don't feel like they listen."
"Too much turnover on counselors. They have minimal experience. Five years there didn't accomplish much."*

*"No progress in therapy."
"Just keeps doing the same thing over and over. No real improvement."*

Private mental health treatment providers—120 parents reported on their use of private providers for mental health services. Those who use it indicate they were mostly satisfied.

*"Regular therapy helps both my son and myself."
"Great support and highly knowledgeable regarding Reactive Attachment Disorder."
"He [psychiatrist] was a life saver."
"It has been helpful to have an invested professional working with us."*

Many commented on the cost being a barrier:

*"There is very little access available unless you want to pay for it yourself. What Medicaid covers is very poor."
"Can't afford."
"We paid out of pocket, is this the only way?"*

As with community mental health, frustration was expressed with regard to children's lack of progress in some cases:

*"Child never made progress, never made a difference."
"Helpful to a point."*

The education system that serves your child—224 parents gave input with regard to the education system. Major themes in these comments included:

Feeling supported and helped:

*"We have a great program in our school community and we have regular meetings with teachers and resource teachers. They are doing great with our children."
"Real help daily. Awesome lifesaver, has improved his life. HUGE."*

Feeling supported but not understood:

*"His school has been supportive but they lack some of the expertise I feel my boy needs."
"Daily contact with school. They don't 'get' these children very well."*

Not receiving support or help:

*"She doesn't qualify for help."
"Since they know he has ADHD and is on medication they think he is stupid. And he is not and I think the teacher will not try as hard as they do for the other kids."*

"He is in special education and sometimes—a lot of the time—I feel like I'm teaching them, not them supporting me and my son."

Limitations of public school system:

"For what they have they do okay. I ended up using a private tutor."

"I home school my child."

"We have placed her in a private school. The smaller class size and level of direction she receives is allowing her to achieve where public school did not."

Conclusions

Objective One: Adoptive Families Level of Awareness

Adoptive parents' level of awareness of post adoption services provided by DCFS and other community programs was assessed on the survey through the question: *Are you aware of this service?* Based on the results reported on the table on page nine, the following services represent parents' level of awareness in rank order out of 17 services:

1. Utah's Adoption Connection Newsletter (89%)
2. The education system that serves the child (81%)
3. Post adoption support through a DCFS post adoption worker (79%)
4. Community mental health treatment (74%)
5. Foster/adoptive parent cluster "support" groups (69%)
- 6/7. Private mental health treatment providers (66%)
Utah's Post Adoption Resource Booklet (66%)
8. Local training and conferences (59%)
9. Hourly respite care through Family Support Centers or Youth Services (56%)
10. Adoption Exchange Information and Referral Telephone Resource Line (52%)
11. Other books and media (50%)
12. Other respite care (46%)
13. Adoption Exchange Online Lending Library (45%)
14. Post Adoption Resource Connection Website (43%)
15. Other post adoption support resources in your community (36%)
16. Other online Internet resources (31%)
17. Other local adoption parent groups (27%)

The Newsletter is clearly the most visible resource as it is mailed directly to adoptive families. Education is also a system presently experienced post adoption for almost every family. Those who indicated they were not aware of education typically had infants or toddlers who have not yet entered this system. Almost 75% are aware of Community Mental Health as a service option. The last three services in rank order represent services the parents could add to the list of other services. Most parents were not aware of additional services that were not already included on the survey list.

Table 4 reflects these survey results as compared to adoptive parents' level of awareness reported five and six years ago (Egbert, 2002; 2003). Data on other services such as mental health and education were collected using a different measure in the previous studies and are therefore direct comparison would not be valid.

Adoptive parents' awareness has increased for every service for which comparable data is available with the exceptions of "cluster" parent support groups (decreased 2.3%) and local training (decreased 8.8%). Service awareness has dramatically increased (more than 25% over 6 years) for the resource phone line (up 36%), the website (up 31%), and the lending library (up 25.9%).

In comparing these percentages across these three studies, it is important to acknowledge that the parents who completed the survey for the 2002 report are not the same parents who completed it for this 2008 report. As addressed previously, parents are no longer on the adoption assistance list once their children reach adulthood. Another factor in this unmatched sample is the hundreds of new families that are added to the population of foster adoptive families in Utah each year. These limitations in view, these data do provide a strong indication that efforts to increase adoptive parents' awareness of services have been effective.

Table 4. Service Awareness

<u>Year</u>	<u>Adoption Connection Newsletter</u>	<u>DCFS Post Adoption Worker</u>	<u>Cluster support group</u>	<u>Respite Care</u>	<u>Adoption Resource Guide Booklet</u>	<u>On-line Lending Library</u>	<u>Local Training</u>	<u>Resource Phone Line</u>	<u>Post Adoption Support Website</u>
2002 N=426	Service not yet created	71.7%	71.3%	45%	32.3%	19.1%	67.8%	15.7%	12.1%
2003 N=529	69.5%	74.8%	72.3%	57%	51.1%	32%	61.6%	23.2%	25.5%
2008 N=804	89%	79%	69%	Hourly 56% Other 46%	66%	45%	59%	52%	43%

Objective Two: Adoptive Families Access to, Use of, and Satisfaction with Services

Parents indicated whether or not they knew how to access a service and whether or not they have used it with yes/no responses. Based on parents reported knowledge of how to access them were, the most readily accessible services are: 1) The Adoption Connection Newsletter, 2) The education system, 3) Child and Family Services post adoption workers, 4) Community mental health treatment, and 5) Private mental health treatment.

Comparison of these results with previous data across the three surveys (Table 5) indicates that service access knowledge has increased in every area with the exceptions of local training (down 8.1% since 2002) and respite care (remained stable after 2003). Clearly, adoptive parents' knowledge about accessing critical post adoption services has increased dramatically and shows a positive upward trend. Community mental health (71% of parents report knowing how to access); private mental health (66% have access knowledge), and education (80% know how to access), are all significant service providers for adoptive families, however, they are again absent from the table due to a lack of appropriately comparable quantitative data from the previous studies.

The solid increase in percentages of families aware of services and knowing how to access them, especially acknowledging the fact that many of these families are "new" to foster care adoption in recent years, indicates that the delivery of service information is continually improving. Service use by adoptive families is the next area of assessment. Table 6 summarizes these data over all three studies.

Table 5. Service Access Knowledge

<u>Year</u>	<u>Adoption Connection Newsletter</u>	<u>DCFS Post Adoption Worker</u>	<u>Cluster support group</u>	<u>Respite Care</u>	<u>Adoption Resource Guide Booklet</u>	<u>On-line Lending Library</u>	<u>Local Training</u>	<u>Resource Phone Line</u>	<u>Post Adoption Support Website</u>
2002 N=426	Service not yet created	67.4%	55.3%	34.9%	27.4%	17.2%	63.1%	12.9%	13.1%
2003 N=529	59.9%	70.3%	56.4%	44.4%	33.5%	25.2%	56.7%	24.4%	24.2%
2008 N=804	82%	74%	57%	Hourly 44% Other 40%	59%	40%	55%	45%	53%

Table 6. Service Use

<u>Year</u>	<u>Adoption Connection Newsletter</u>	<u>DCFS Post Adoption Worker</u>	<u>Cluster support group</u>	<u>Respite Care</u>	<u>Adoption Resource Guide Booklet</u>	<u>On-line Lending Library</u>	<u>Local Training</u>	<u>Resource Phone line</u>	<u>Post Adoption Support Website</u>
2002 N=426	Service not yet created	52%	21%	19%	7%	7%	41%	7%	4%
2003 N=529	45%	47%	21%	16%	13%	9%	33%	6%	11%
2008 N=804	62%	41%	26%	Hourly 13% Other 19%	22%	12%	28%	10%	10%

Despite the increase in service awareness and in service access knowledge, the rate of families' use of post adoption services has remained fairly stable for most services. Other than local training (down 13%), all areas that involve adoptive parents seeking and accessing information—the Newsletter, the Resource Guide Booklet, the Lending Library, the Phone line, and the Website—exhibited an increase in use according to these data. Reported use of DCFS post adoption workers is down 11% generally, even though this service system has had more cases due to the increase in the adoptive family population. With regard to mental health, 45% of parents report use of the community mental health system and 35% indicated they have used private providers. 69% indicate that the education system has served their child.

Table 7. Satisfaction with Services

<u>Year</u>	<u>Adoption Connection Newsletter</u>	<u>DCFS Post Adoption Worker</u>	<u>Cluster support group</u>	<u>Respite Care</u>	<u>Adoption Resource Guide Booklet</u>	<u>On-line Lending Library</u>	<u>Local Training</u>	<u>Resource Phone Line</u>	<u>Post Adoption Support Website</u>
2003 N=529	5.56	5.10	4.61	4.49	4.70	5.08	5.56	5.30	4.51
2008 N=804	5.84	5.55	5.79	Hourly 5.27 Other 5.99	5.58	5.86	6.02	5.35	5.49

Cautionary comparison of satisfaction data (Table 7) over surveys is warranted due to potential inconsistencies with data analysis. After assessing the limitations of the 2002 data (left out of this comparison due to those limitations), the researcher changed the data entry and analysis procedure to reflect that providing a valid rating for quality of services is *contingent* upon “yes” responses to “service awareness” and “service use”. To clarify, the assumption is that a parent cannot rate service quality on a scale from 1 to 7 (7=more satisfied), if they previously indicated they were neither aware of, nor had used the service.

Education and mental health are not part of this long term comparison, but receive average (mean) satisfaction ratings of:

- Education, 5.23
- Community mental health, 5.06
- Private mental health, 5.68

All available data indicate that satisfaction with the quality of services has increased and exhibits a positive trend for all services.

Objectives Three: Current and or Additional Needs of Adoptive Families and Objective Four: Prioritization of Current Needs

Current and additional needs of adoptive families were expressed via their reports of their children's histories, their children's current emotional and behavioral challenges, and their suggestions for the improvement of services. With 60.1% of children (586 out of 975 of this study's sample) experiencing current emotional and behavior concerns, it is clear that the effects of the maltreatment that brought them to the foster care system (Table 2) linger well beyond adoption finalization. Their families continue to need awareness of and access to an array of critical resources to address these needs long term.

253 parents (28.4%) indicated that they have experienced a *post adoption crisis* since finalization. The experiences these parents shared reflect the crucial importance of a rapid and supportive response to requests for help during times when needs escalate. With 9.8% of children (96 out of 975 of the sample) experiencing out of home care as a result of the emotional and behavior issues, it is clear that these crisis events are worthy of system focus.

Urgency of need is difficult to assess, but insight can be gained by observing the number of parents who comment on a given service. **Education** received the most comments with 224 parents giving feedback. Community mental health received 176 comments, which combined with private mental health's 120, made a total of 296 **mental health**-related qualitative additions to the survey.

Books and media resources were discussed 168 times. Local trainings warranted 148 comments. The Newsletter received 144 responses. All of these provided an opportunity for parents to share something about their constant quest for **information and knowledge** that will help them meet the special needs of their children.

Parents commented 107 times on hourly **respite care** through an adoption specific program. They made another 128 remarks on “other respite” for a total of 235 total comments about their need for a break from their challenging parenting jobs.

Finally, 125 comments/suggestions with regard to the **Division of Child and Family Services** post adoption services providers were shared. Some reflected disappointment, but many expressed appreciation for a quick response and for supportive guidance to needed help during challenging experiences.

These observations, and the data derived conclusions addressed under Objectives 1 and 2, point to several recommendations for prioritization of need for post adoption support.

Recommendations

This project represents an immediate opportunity for research findings to guide state and local policy and program development. This information is intended for utilization by those who are tasked with improving the state's ability to keep adoptive children and their families safe and thriving. The following study-derived recommendations are directed at strengthening the connection between the needs of adoptive families and service providers' ability to meet those needs at any level from strengthening families, to treatments that promote healing and reaching potential, to crisis support.

- Continue the use of the Newsletter, the Resource Booklet, and other available *universal* information delivery systems to provide all adoptive parents upfront, ongoing, and repeated education about post adoption resources.
- Maintain continual focus on the arduous task of keeping information about services constantly present so that the nearly 400 parents added to the ranks of adoptive families each year will be immediately informed about services; and so that the many families who may not have needed services last year, but who experience a crisis this year, know exactly where to turn for immediate, responsive help.
- Educate community partners about post adoption services. Many families in crisis do not approach the Division of Child and Family Services initially and schools, police, private mental health providers, etc. are their first point of contact. Inform these agencies of available services to promote appropriate referrals to adoption competent services.
- Advocate for and facilitate adoption competent education and mental health service provision for children and families. Mental health services and education were defined as post adoption services for the purpose of this survey because on previous surveys, parents' voices were so strong in presenting the critical role both of these systems play in their families' ability to meet their children's special needs. Partnership and communication with these systems has been improved on many fronts. However, the sheer numbers of foster adoptive families needing and using these services, along with the turnover rates for professionals working in these taxing professions, makes ongoing training and education in these systems a vital focus.
 - Continue to support the mental health system's efforts to increase its adoption competency.
 - Support the education system's understanding, of and responsiveness to the needs of special needs adoptive children and their families.
- Continue to promote unencumbered accessibility to an array of post adoption services to meet families' information and referral, education and training, family support and respite care, and treatment and crisis intervention needs on an as needed basis.
- Recognize that the Division of Child and Family Services will always remain a point of contact and support for adoptive families, especially during times of crisis. This remains a fact when families have moved outside of the region in which their adoption occurred, or even out of state. Return phone calls in a timely manner and point families in a direction of hope and healing, even if the services are not available through Child and Family Services.

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