STRENGTHENING FAMILIES & COMMUNITIES:
AN APPROACH TO POST-ADOPTION SERVICES

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Strengthening

Families
Communities
&

An Approach to
Post-Adoption Services
A White Paper

Casey Family Services

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Acknowledgements

Casey Family Services, the direct service arm of the Annie E. Casey Foundation, is indebted to the many colleagues who assisted in bringing this document into being. Its importance is heightened by the increasing recognition of the urgent and growing need for post-adoption services.

The White Paper itself has evolved from rich and fruitful discussions that began with the planning for *Strengthening Families and Communities: The National Post-Adoption Services Conference* held in December 2000. The event was convened by Casey Family Services and co-sponsored by the American Public Human Services Association, Boston College Graduate School of Social Work, the Center for Family Connections, the Child Welfare League of America, National Resource Center for Foster Care and Permanency Planning, the National Resource Center for Special Needs Adoption, and the North American Council on Adoptable Children. Attended by more than 500 child welfare professionals, parents, educators, legislators, advocates, judges, attorneys and mental health professionals, the conference served to highlight the common concerns and issues faced by public and private adoption agencies across the nation. Those concerns and issues are presented here, along with our proposed recommendations for policy and practice responses.

We are particularly grateful to Madeline Freundlich for her work in drafting the document, and to Frank Farrow and Patrick McCarthy of the Annie E. Casey Foundation for their guidance. We also are thankful for the advice and input of the dedicated membership of the National Association of State Adoption Program Managers.

Strengthening Families & Communities: An Approach to Post-Adoption Services

A White Paper

asey Family Services, the direct-service arm of the Annie E. Casey Foundation, believes that children need and deserve stable families and strong communities for their healthy growth and development. For children unable to remain with their biological parents, a comprehensive array of services and supports are needed to assure that they have every opportunity to grow up in a stable and permanent family.

This White Paper addresses the critical need for policy and practice aimed at achieving and sustaining stability and permanence for children through adoption. The focus on the needs of adoptive families at this time is an important one, given current public policy initiatives which, since 1996, have led to significant increases in the number of children adopted and available for adoption. This paper reviews trends and issues in adoption today; identifies the needs of children waiting for adoption; describes the growing importance of post-adoption services for children and families; highlights elements of responsive post-adoption services programs; and presents a set of post-adoption principles to guide the development of policy and practice recommendations that support systems change and enhance quality service delivery.

Our policy framework is guided first by the belief that the federal government has a continuing responsibility to support families who come forward to adopt children from our public child welfare systems. For the most part, these are children with special needs that require services prior to and after their adoption. We therefore believe that post-adoption services should be an extension to the array of services and supports these vulnerable children needed while in foster care, and should continue with as seamless a transition as possible. This would eliminate certain disincentives to adoption which may occur if services are reduced or eliminated. We also believe that adoptive families need ongoing services and supports that are sensitive to the social, cultural, psychological and developmental dynamics related to adoption, regardless of the circumstances of the adoption.

We hope this White Paper is helpful to federal and state policymakers, as well as to advocates for improved post-adoption services – families and professionals alike.

Trends & Issues
in Adoption Today

W *Current Policy Initiatives*

ith the implementation of new child welfare
policies and practices, adoption has become a viable alternative
for many more children in foster care than in the past. In
1996, then President Clinton unveiled Adoption 2002, an
initiative designed to double the number of adoptions of chil-
dren in foster care by 2002. One year later, Congress enacted
the Adoption and Safe Families Act of 1997 (ASFA) which
required child welfare systems across the country to make
significant changes in their practice – changes designed to
ensure that children in foster care who could not be reunified
with their families in a timely way would find permanent
families through adoption. These developments brought
increased attention to more expeditious permanency planning
for children in foster care and, to some degree, to the need
to recruit and prepare a larger number of adoptive families
(Sullivan & Freundlich 1999). Since 1997, the number of
children in foster care whose adoptions have been finalized
has increased yearly. In fiscal year 1999, for example, 46,000
children were adopted across the country – a 28 percent
increase in the number of finalized adoptions of children in
foster care from fiscal year 1998. Sixty-four percent of these
children adopted from the public child welfare system were
adopted by their current foster parents (U.S. Department of
Health and Human Services AFCARS Report, April 2001).

At the same time, the implementation of ASFA has created a large and growing group of children in foster care who are "waiting to be adopted" (defined as children whose goal is adoption and/or whose parental rights have been terminated and who may have an alternative case goal; this does not include youth 16 or older whose parental rights have been terminated but have a goal of "emancipation"). In March 2000, there were 117,773 children with a goal of adoption. An additional 16,227 children were available for adoption but with an alternative case goal (i.e., long-term foster care, guardianship or living with another relative). In total, 134,000 children were waiting for adoption in March 2000, an 11 percent increase from the 118,000 children waiting to be adopted in September 1999 (U.S. Department of Health and Human Services AFCARS Report, April 2001).

Who Are These Waiting Children?

Of the 134,000 children waiting for adoption in March 2000, 52 percent were male and 48 percent were female. Twenty-nine percent were White/non-Hispanic; 53 percent were Black/non-Hispanic; 11 percent were Hispanic; 1 percent were American Indian; 1 percent were Asian/Pacific Islander; and 5 percent were unable to be determined (U.S. Department of Health and Human Services AFCARS Report, April 2001). Children in foster care often are adopted as older children, with a mix of special needs resulting from their age and length of time in care. The average age of the children waiting to be adopted in March 2000 was just over 8 years, with about one-

third of the children between 1 and 5 years of age, a little more than one-third between 6 and 10 years old, and one-quarter between the ages of 11 and 15 (U.S. Department of Health and Human Services AFCARS Report, April 2001). The age of waiting children is associated with the fact that children freed for adoption typically have been in foster care for extended periods of time, with the children waiting for adoption in March 2000 in foster care close to four years (U.S. Department of Health and Human Services AFCARS Report, April 2001). Most children enter foster care because of abuse or neglect. A significant number of these children have physical health, mental health and developmental problems (Berry & Barth 1990; Lakin 1992; Smith & Howard 1994) resulting from past trauma, drug and alcohol exposure, and multiple and unexplained separations and losses. Further, research has repeatedly documented that children in foster care are disproportionately affected by a range of developmental challenges, including: chronic health problems; developmental delays; educational difficulties that warrant special education intervention; mild to moderate mental health problems; and in some cases, severe psychological and behavioral difficulties (Avery & Mont 1994; Simms, Dubowitz, & Szilagyi 2000). Although not the situation in every case, these conditions often mean that children in foster care who are adopted or are waiting to be adopted have physical, emotional and behavioral problems that can create significant ongoing challenges for them and their adoptive families – challenges which require services and supports prior to, during and after their adoption.

The Growing Importance of Post-Adoption Services

The types of experiences that children in foster care have had and their ongoing developmental needs accentuate the importance of post-adoption services and supports to reduce the risk of later adoption dissolutions and to sustain healthy family relationships. The abuse and neglect that children experienced prior to entering foster care combined with instability and insecurity while in care (resulting from multiple moves), can have a significant impact on children's health and well-being as well as their ability to smoothly transition to a new family. Research has documented the effects of these factors on children's psychological well-being and adjustment. Sharma, McGue and Benson (1996), for example, found in a study of more than 4,000 adopted children that children adopted at older ages, when compared to children adopted as infants, had greater adjustment difficulties and that children placed with their adoptive families after the age of 10 had the most serious problems, including higher rates of substance abuse and antisocial behavior in adolescence. Research also

suggests that the children who are at the greatest risk of their adoptions unraveling are children who are older at the time they are placed with their adoptive families, have histories of serious abuse or neglect, and have had multiple previous placements (Barth & Berry 1988; Rosenthal & Groze 1992). The risk of adoption disruption also has been found to be higher when children have behavioral difficulties and/or emotional problems (Barth & Berry 1988; McDonald et al. 1991). Thus we see that these early traumas, coupled with the impact of separation and loss, can create enormous challenges for children and for the parents coming forward to adopt them – throughout their childhood and adult years – and for the communities seeking to better support them.

In addition, the growing population of special needs children in foster care who are waiting to be adopted highlights the critical need to recruit, prepare and then support a larger number of adoptive families. We have found that the recruitment of prospective adoptive parents and the provision of post-adoption support and services are integrally related. As the population of children in foster care waiting to be adopted has grown and become more complex, ever-increasing numbers of adoptive families who can meet these special needs must be recruited, an effort that is likely to be negatively affected if post-adoption supports and services are lacking or do not continue once a child is adopted from foster care. Assurance of the availability of services and support following adoption has been found to play a critical role in many prospective adoptive parents' decisions to go forward with the adoption of children in foster care – whether children are adopted by their current foster families or new families recruited for them (Freundlich 1997).

Although significant numbers of adoptions have been achieved as ASFA has been implemented, only limited attention has been paid to developing ongoing services and supports for adoptive families and ensuring that adoptions are sustained over time (Kramer & Houston 1999). The focus primarily has been on quickly placing children with adoptive families and finalizing their adoptions, and the longer term needs of children and families have not achieved equivalent status as a priority. Nonetheless, it is clear that the successful adoptions of children in foster care depend not only on quality planning and preparation but on the ongoing support of adoptive families through post-adoption services (Rosenthal & Groze 1992). Thus, creative efforts to recruit more adoptive families for children in foster care must be supported with assurances to families that post-adoption services will be available to them, both during the adoptive placement and after the adoption is finalized. As adoptive families come to understand the specific needs of the children they may adopt as well as the potential impact of adoption on their families, they will need to know that services and supports will be available for them on an ongoing basis. If they are to go forward with a decision to adopt a child in foster care, they need to have confidence that help will be available to them as they need it in the future (Freundlich 1997).

Services and supports for adoptive families following placement and, importantly, following adoption finalization are crucial in promoting the well-being of families and minimizing the possibility that adoptions will fail, with traumatizing results for the child and family (Barth & Berry 1988). There is evidence of a strong relationship between providing support to adoptive families as a matter of course or in the form of preventive services and positive outcomes in terms of the health, well-being, and stability of the family (Groze 1996a; Smith & Howard 1994). This relationship has been found to be particularly strong when counseling and other mental health services are provided as normative supports for adoptive families (Winkler et al. 1988).

In many cases, however, preventive services are not available, and services are provided only when a crisis has engulfed the family. Although services in times of crisis can and often do assist in re-stabilizing a family's situation, there is also the real danger that the stresses on the family will have become so unmanageable that services at this stage may not be effective in assisting the family and child to remain together. Finally, there are other situations in which services are not available either before or during a crisis. In these situations, adoptive families may be left with the sense that they have no recourse but to end the adoption (Barth & Berry 1988; Eheart & Power 1995). These realities emphasize the importance of a full continuum of services – including general support, preventive services, crisis intervention and intensive ongoing services – to sustain and strengthen adoptive families.

Although the emphasis is often on the need for post-adoption services for families who have adopted children from foster care, it is important to recognize that families who have privately adopted children as infants in this country or children from other countries also have needs for post-adoption services because the children themselves have often experienced early deprivation, abuse and/or neglect. Even when adopted as infants, these adopted children eventually suffer from separation and loss-related issues – including poor self-esteem, rejection, identity concerns, and unknown genetic and medical histories – and many do require help with these issues at different times in their lives. The number of children adopted internationally has grown significantly. In 1999, a total of 16,369 children were adopted by U.S. families from other countries (an increase of more than 20 percent since 1996), a growing number of whom were adopted from institutions in Russia and Eastern Europe as well as other countries (U.S. Department of State 2001). As the number of internationally adopted children has grown and the impact of early institutional care on children's health and development has come to be better understood, it has become apparent that families who adopt internationally often have the same needs for services and supports as families who adopt children with special needs in this country (Albers et al. 1997; Miller et al. 1995). Similarly, many families who adopt infants in the United States find that they, too, need services and supports to meet the ongoing adoption-related developmental needs of their children. Growing numbers of families who have adopted infants who were prenatally exposed to drugs or alcohol, for example, are seeking services to assist them with the physical, emotional and developmental repercussions of their children's prenatal substance exposure (Freundlich 2000).

Program Elements of Responsive Post-Adoption Services

*R*esearch and practice experience indicate that far more quality, culturally responsive and community-based post-adoption service programs are needed. In spite of limited research related to outcomes of post-adoption services, a number of states have implemented a mix of programs with innovative features that have been guided by the expressed needs of adopted children and families. Representing these efforts, eight states described their post-adoption services programs at the Casey Family Services December 2000 National Post-Adoption Services Conference, *Strengthening Families and Communities*: An Approach to Post-Adoption Services: Illinois, Maine, Massachusetts, Minnesota, New Jersey, Oregon, Texas, and Virginia. Although no state has incorporated all of the following programmatic elements, many have combined several of these features to create a network of post-adoption services that respond to what adopted families and professionals see as the needs of adopted children and their parents.

These practice and systems design program elements provide a blueprint for the ongoing development and refinement of post-adoption services.

Practice-Related Post-Adoption Program Elements

1. *Program designs based on feedback from adoptive families.* In a number of states, post-adoption services have been developed based on information obtained directly from adoptive families, using surveys, focus groups and advisory boards composed of adoptive parents that provide guidance on how well programs are serving families and the additional services that should be developed.

Post-Adoption Program Elements

Practice-Related
1. Program designs based on feedback from adoptive families
2. Connecting adoptive families with information
3. Connecting adoptive families with one another
4. Training for adoptive parents
5. Respite services
6. Local or regional support teams
7. Case advocacy
8. A range of treatment options

Systems-Related
1. Flexibility in funding to create a network of post-adoption services
2. Use of existing and creation of new funding streams
3. Financial assistance for adoptive families
4. Training for professionals who work with adoptive families
5. Evaluation

2. *Connecting adoptive families with information.*
A number of states have responded to the frustrations
of adoptive families by providing ready access to
information regarding services and supports, including:
centralized databases with resource information
(including a list of mental health providers in each
region of the state and whether each therapist accepts
Medicaid); regular newsletters on services and training
opportunities; books and shorter publications on
adoption issues; information on web sites; translation
of training materials into languages other than English
when requested; and "warm lines" or central intake
lines that offer information and referral either on an
extended-hour basis or on a 7-day-a-week/24-hour-
a-day basis, or with software that allows families to be
immediately transferred to other resources without
having to make an additional telephone call.

3. *Connecting adoptive families with one another.* Several
states have developed services and buddy systems to
ensure that families can meet with one another individ-
ually, in support groups or in social gatherings.

4. *Training for adoptive parents.* Most states offer educa-
tional programs for prospective adoptive parents to
ensure that they are well prepared to adopt. Some states
have integrated continuing education opportunities for
families into their post-adoption service programs.

5. *Respite services.* Many families create their own informal arrangements to provide their family members with needed respite or "timeout." Many states have developed formal opportunities for families and children to access weekend or weekday respite.

6. *Local or regional support teams.* Some states have developed local or regional teams to respond to the needs of families, identify all services and resources that exist in the community, and address service gaps.

7. *Case advocacy.* Recognizing that parents often need assistance in learning how to advocate on behalf of their children, some states include case and systems advocacy as part of their continuum of post-adoption services; including, for example, experienced parents or professionals who accompany parents to meetings with educators at their children's schools and assist them in advocating for the special education services that their children need.

8. *A range of treatment options.* Many adopted children, because of their traumatic histories of abuse, neglect or abandonment, will need mental health services and their families will need to learn how to support their children in overcoming the effects of childhood trauma. Some states are working to develop a full range of community-based, adoption-competent treatment options that would include home-based services, outpatient services, day treatment and residential treatment programs, as appropriate.

Systems-Related Post-Adoption Program Elements

1. *Flexibility in funding to create a network of post-adoption services.* Several states have used state, federal and private dollars creatively to develop a network of post-adoption services that includes preventive services; crisis intervention and family stabilization; service coordination; respite care; play therapy; in-home/agency-based counseling and supports for children, parents and families; and community-based and/or residential treatment services, as needed. Key to these approaches has been a strong partnership between the public agency and private agencies in communities across those states. In some states, access to the continuum of services has been enhanced by flexible use of post-adoption dollars. In Texas, for example, each region of the state is allowed to move funds in their post-adoption services budget from one service area to another in response to the emerging needs of families.

2. *Use of existing and creation of new funding streams.* Some states such as Oregon, Illinois and Virginia, utilize federal funding through Title IV-B, Part 2, the Safe and Stable Families Program, to provide post-adoption services. Maine uses Medicaid funding to provide targeted case management for adoptive families. Other states, such as New Jersey, rely on a mixture of state and federal funding. Massachusetts, through a carefully designed strategy to build public awareness and educate legislators, succeeded in having the state dedicate substantial funding for post-adoption services.

3. *Financial assistance for adoptive families.* Some states have developed policies and programs that enhance the financial assistance available to adoptive families, offering, for example, adoption subsidies to all children adopted from foster care, irrespective of Title IV-E eligibility; or offering a "client fund" that allows each adoptive family to request up to $500 each year to pay for a variety of services that they may need (such as respite, tutoring, co-payments for health insurance or special camps for their children).

4. *Training for professionals who work with adoptive families.* Some states offer training on adoption-related issues for mental health service providers, educators and other professionals, including such issues as separation, loss and grief; developmental stages of adoption; the importance of the birth family; and cultural competency.

5. *Evaluation.* Some states include within their post-adoption services programs an evaluation component that facilitates an assessment of the program from the perspective of adoptive families. In response to what has been learned, some states have modified their programs.

Much can be learned from the strategies, interventions and programs that have been implemented to assist adoptive families. These program elements reflect creativity, flexibility, solid partnerships between the public and private sectors, and responsiveness to the needs of adoptive families as defined by the families themselves.

The Casey Commitment to Stability & Permanence for Children and Families
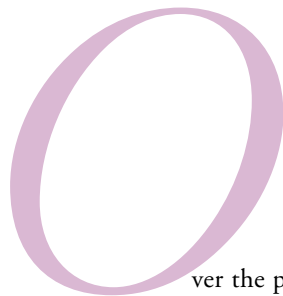
O ver the past 25 years, Casey Family Services and the Annie E. Casey Foundation have recognized the importance of stability and permanence for the healthy growth and development of children and families. Therefore, in 1991, Casey Family Services, as the direct service arm of the Foundation, began providing post-adoption services to assure the stability of a diverse group of adoptive families who were asking for assistance. These services have evolved to include a multi-faceted program of counseling, support groups for parents and children, workshops for parents, professional training, advocacy, crisis intervention services and partnerships with community resources.

During this time, Casey Family Services has been committed to advancing the quality and availability of post-adoption services. In 1995, Casey Family Services sponsored a regional conference on post-adoption services, bringing together professionals who were experts in many aspects of post-adoption services to craft recommendations for the ongoing development and enrichment of post-adoption services. Following the meeting, a number of agencies contacted Casey

Family Services for technical assistance and urged that a follow-up conference be held on a national level. Interest in a national conference on post-adoption services continued to grow following the enactment of the Adoption and Safe Families Act in 1997 and states' implementation of new federal and state adoption mandates.

In December 2000, Casey Family Services and the Annie E. Casey Foundation were pleased to host *Strengthening Families and Communities: An Approach to Post-Adoption Services.* The conference was designed to achieve three key objectives:

1. **Increase the understanding of the needs of adoptive families and the challenges that must be met in developing comprehensive services for them;**
2. **Identify strategies, interventions, and program models that have been implemented to assist adoptive families and children; and**
3. **Examine the policy and research issues that must be addressed at the state and federal levels to make adoption feasible and sustainable for even more families.**

In collaboration with other organizations that have pioneered post-adoption services across the country (many of which were represented on the Steering Committee for the conference), Casey Family Services brought together adoptive families, young adult adoptees and professionals to address each of these issues. More than 500 state child welfare officials, adoption program managers, judges, state legislators and representatives from court improvement projects, child advocacy organizations, private agency associations and adoptive parent organizations participated in this important effort.

The conference represented a strong national endorsement for expanding post-adoption services as a critical means to both recruit more families and sustain the increasing numbers of domestic and international adoptions resulting from current public policy initiatives.

Our Principles for Post-Adoption Services – A Framework for Policy and Practice

Over its 10-year history working with adoptive families, Casey Family Services has reinforced its belief that adoption is a lifelong process and has identified three principles to guide the development of post-adoption policy and practice. These principles are rooted in the family-centered, culturally respectful and community partnership practices that guide all of our work with families and include:

1. **Making adoption-competent services and supports available to all adoptive families who need them, regardless of the circumstances of the adoption;**
2. **Having a broad network of adoption-competent and culturally relevant services and supports available in communities, ranging from prevention and early intervention services to intensive in-home or temporary residential treatment services; and**
3. **Making adoption-competent services and supports available as they are needed by adoptive families at various times throughout a child's development when adoption-related issues surface and impact the child and family.**

It is important to recognize that quality post-adoption services rest not only on the three guiding principles – availability for all families who need them, comprehensiveness and ongoing access – but also on the skills and expertise of the professionals who provide those services. Adoptive families consistently report that they face difficulties in obtaining services from professionals who are sensitive to adoption issues and skilled in assisting adoptive families (Groze 1996b; McDonald, Propp & Murphy 2001). The need for professional expertise with regard to adoption issues is particularly great in the fields of mental health and education.

These principles, along with ensuring that professionals who serve adoptive families understand issues unique to adoption and have the skills to help adoptive families, form the framework for post-adoption policy and practice. A discussion follows.

1. Availability of Services to All Families Who Need Them

Research indicates and adoptive families confirm that there are unique developmental, psychological and social stresses and crises common to all adoptive families irrespective of the origins of their children. As a first priority, we believe the federal government has an ongoing obligation to support families who come forward to adopt children from the public child welfare system – children whose special needs require individualized services prior to, during and post-adoption. At the same time, the principle of "universal availability" of post-adoption services is based on a commitment to supporting adoptive families however formed to minimize the risks of poor outcomes for all families who adopt children, and to prevent re-entry or entry into the public child welfare system. "Universally available" implies that it is government's role to assure that adoption-competent services are available at the community level for all adopted families, although private family resources may be used to pay for them. And finally, this principle acknowledges the psychological and social impact of adoption disruption (before finalization) and dissolution (after finalization) on children and families irrespective of how the adoptive placement may have occurred initially.

2. A Broad Network of Adoption-Competent, Culturally Responsive Community-Based Services

Research and practice both have made clear that adoptive families need a range of adoption-competent services and that these services – depending on the family, the child and the timing of the services needed – vary in nature, level and intensity. In several studies, researchers have asked adoptive parents

to identify the post-adoption services that they most need. Adoptive parents, in response, typically have highlighted the following services as most important to them:

- Support services, including parent support groups and informal contact with other families who have adopted children with special needs;
- Parenting education;
- Respite care and babysitting for all children in the family;
- Counseling, including assistance with children's attachment issues; guidance in responding to their adopted children's emotional, behavioral and developmental issues; assistance in dealing with the impact of adoption on their biological children; and help with life planning for their children;
- Services for their children, including group services for older children; and
- Adoption assistance (financial/services) and medical coverage.
  (Erich & Leung 1998; Groze & Rosenthal 1993; Groze 1996a; Kramer & Houston 1999; McDonald, Propp & Murphy 2001; Norris 1990; Marcenko & Smith 1994; Meaker 1989; Rosenthal 1996; Rosenthal & Groze 1990)

In a Casey Family Services study conducted with adoptive families who had received post-adoption services and their caseworkers, researchers found that families reported that the greatest benefits they received were associated with the support they received in crises, assistance in negotiating the service system and practical help with children's needs (Lenerz 2000). These results are similar, to some degree, to the findings of a 1996 study of adoptive families in Florida. The researchers found that the post-adoption services that were most significant in predicting the success of adoptions were crisis intervention, outpatient drug and alcohol treatment, subsidies, physical therapy, special medical equipment and family counseling (Brown 1996).

Some studies suggest that the services that are most meaningful for families vary, depending on the composition of the family and/or their children's ages and the nature of their children's special needs. Studies indicate that adoptive families who parent children with histories of multiple placements and/or histories of abuse or neglect primarily need counseling for themselves and their children, in-home respite care and adoptive parent support groups (Whitford-Numan 1994). Families of children with major disabilities tend to emphasize the need for special education services (Walsh 1991). Families with younger children often focus on the need for specialized medical care (Walsh 1991). Young parents who have adopted older children and the parents of children with major disabilities tend to highlight the need for respite services (Walsh 1991). Finally, single adoptive parents are more likely to identify the need for advocacy training than married adoptive parents (Marcenko & Smith 1991).

A broad array of adoption-competent, culturally relevant post-adoption services is essential if communities and service programs are to be fully responsive to the diverse cultures and service needs of adoptive families and children. Although much remains to be understood about the services that most benefit families, it is clear, based on the work that has been done with adoptive families, that a broad continuum of community-based services is needed, beginning with prevention and extending through highly intensive mental health interventions, when appropriate for the child and family.

Clearly the composition and the needs of adoptive families are very diverse and no one community agency will have the resources or capacity to address the range of issues that families will present. Agencies and professionals working with adoptive families must partner with a broad range of community organizations, formal and informal, to build a seamless network of adoption-competent help and support.

3. Ongoing Availability of Adoption-Competent Services as Families Need Them

Research has shown that the challenges present in adoption, particularly when children have special needs, do not disappear readily or in predictable fashion but, instead, adoptive families experience achievements and setbacks successively over time (Rosenthal & Groze 1994). Current research and practice, in fact, suggest that adoptive families' needs for services increase over time (Groze 1996b). The study of approximately 400 families served through Casey Family Services post-adoption services program, for example, revealed that the median length of time between their children's adoptions and their seeking services was five years (Lenerz 2000). Most often, families sought services for child-focused reasons – the child's relationships with others, grief associated with loss of birth families, the child's self image or the child's behavior (Lenerz 2000). The study also found that after families left services, they often returned for additional assistance, although the research was not able to address whether those families returned for new problems or previous problems that had resurfaced (Lenerz 2000).

Generally, families are not aware at the time of the adoptive placement or the finalization of the adoption which services they will need in the future. When families adopt, they usually cannot predict the full range of services they will need for their children on an ongoing basis. Despite these realities, adoptive families typically have, at best, time-limited access to services; thus it is difficult to obtain ongoing adoption-competent services as their children move through childhood and adolescence when adoption-related issues surface. Consistently, families highlight the importance of a non-judgmental approach, flexibility, and the latitude to seek and obtain services as they need them – a fluid system which allows ready access to the services they need, when they need them, and at the level of service that they need. Too often, however, families find that services are far more available immediately following the adoptive placement than later in their and their children's lives.

Post-Adoption Services Policy & Practice Recommendations
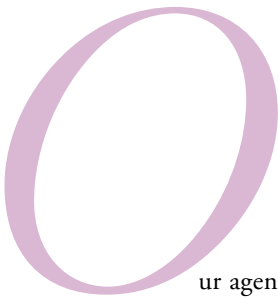
*O*ur agency principles, combined with current trends and issues in adoption, what we are learning about the growing need for post-adoption services, and elements of responsive programs has led us to the following key policy and practice recommendations – efforts we believe that can begin to be addressed immediately and will involve the collaborative efforts of many over time.

Policy Recommendations to Promote Systems Change

Issue: Uneven financing for, and access to, post-adoption subsidies and services

1. *Recommendation:* Adoption subsidies should be provided based on the special needs of children, not on the eligibility criteria of their adoptive parents.

2. *Recommendation:* All states should become a party to the Interstate Compact on Adoption Medical Assistance (ICAMA) to assure that children receive medical and other necessary services when adopted by families who live in other states or when their adoptive families move across state lines.

Rationale: With regard to support for children with special needs who are adopted from the public foster care system, problems related to financial support arise in two different contexts. First, because adoption assistance payments currently are tied to financial eligibility criteria of their adoptive parents rather than children's needs, some children with clear needs for such support may be excluded from both financial benefits and health care coverage. Second, even when children with special needs qualify for federal – or state – funded adoption subsidies and health insurance coverage, adoptive families may encounter difficulties when they move from one state to another. By mid-2001, 42 states are party to the ICAMA, which creates a framework for formalized inter-state cooperation for facilitating the provision of medical and adoption assistance as well as other services for adopted children with special needs. Without full state joiner in ICAMA, some of these children do not receive necessary services and benefits.

3. *Recommendation:* Flexible federal funds should be accessible to states to continue and/or develop a seamless, comprehensive array of adoption-competent, culturally relevant community-based services and supports to meet the ongoing needs of children and their adoptive families.

   Rationale: Federal and state governments have asked more families to come forward to provide permanent homes for children in state custody. We believe it is primarily the government's responsibility to provide leadership and to support the ongoing needs of these children and the stability of these new adoptions. This requires flexible federal and state funds which states can use to fill gaps in current categorical funding streams. It has been difficult under existing federal

and state funding structures to develop seamless, comprehensive, multi-disciplinary post-adoption systems of services and supports. The federal government should take a leadership role in assuring that adequate funding is easily accessible to states and agencies to create a network of services that is responsive to adoptive families' ongoing needs.

At the federal level, there are multiple funding streams that can be mobilized for post-adoption services, although the accessibility of these funding options has been quite variable. These funding streams include, but are not limited to:

- Title IV-E of the Social Security Act: Adoption Assistance Program, which funds maintenance payments for eligible children;
- Title IV-B, Subpart 1, Child Welfare Services Program, which promotes funds to states to provide services to abused and neglected children, services to prevent unnecessary out-of-home placements, and services to reunite children with families or support appropriate foster care and adoption efforts;
- Title IV-B, Subpart 2, Promoting Safe and Stable Families, which allows federal funds to be used to support and preserve adoptive families;
- Discretionary grant funding through the Adoption Opportunities Program for innovative demonstration projects;
- Medicaid, and within Medicaid: the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) program and optional programs (such as the Katie Beckett and Home and Community Based Waiver programs) that allow for greater flexibility in the delivery of Medicaid-covered services;
- Funding for mental health services through the Comprehensive Community Mental Health Services for Children Program and the Statewide Family Network Grants Program; and

- Special education and early intervention
  funding through the Individuals with Disabilities
  Education Act.

There are also state funding streams, which are currently the major sources of funding for post-adoption services (Oppenheim, et al. 2000). Because of categorical funding programs and the divergent approaches to funding post-adoption services, it can be difficult to delineate which financial resources can best be mobilized to develop an integrated post-adoption services program and/or specific aspects of a comprehensive post-adoption services program. As a result, the funding of post-adoption services often poses a significant barrier to the development of these programs.

Collaborative efforts must be undertaken – among groups of states, between public and private agencies, and between government and the philanthropic community – to maximize the use of these available funding resources. Each state needs to undertake an assessment to determine the extent to which current funding streams could appropriately support the ongoing needs for post-adoption services. Flexible federal funding could then be used to fill the gaps in a state's existing array of services for adoptive families.

Issue: Limited access to mental health services

1. *Recommendation:* An array of federal- and state-funded, adoption-competent, comprehensive mental health services should be easily accessible to adoptive families. The length and intensity of services should be determined on a case-by-case basis depending on the needs of the child and family, not arbitrary time limits established by Medicaid or private insurance companies.

   Rationale: Adoption-competent mental health services are essential for many adoptive families. As found in the Casey Family Services' study, adoptive families typically feel the least confidence in their abilities to

deal with their children's psychological and behavioral problems (Lenerz 2000), and, consequently, they view access to quality mental health services as critical (McDonald, Propp & Murphy 2001).

Many adoptive, as well as non-adoptive, families also encounter insurance-based barriers as they attempt to obtain mental health services for their children. Adoptive families often report that it is very difficult to access quality mental health services under Medicaid, a problem that is further intensified when Medicaid mental health services are provided through managed care systems. Even when families have private health insurance, managed care approaches to the provision of mental health services have erected new barriers to service access: limits on the number of treatment sessions that a child may have in a year; difficulties obtaining authorization for an increased number of visits or more intensive services; and even when more intensive services are authorized, strict limitations on length of service. These limitations work against access to the level and intensity of mental health services that many adopted children and families need, even after they have cleared hurdles of long waiting lists. These problems confronting adoptive families mirror in many ways the problems of other types of families who struggle to obtain mental health services for their children and encounter a host of insurance-based barriers.

Joint advocacy must be undertaken to correct the many serious barriers that currently limit adopted children's access to critical mental health services, including insurance-related issues and limited community-based mental health service and treatment options for children. It is imperative that services and supports for adoptive families be developed to ensure access to quality children's mental health treatment that includes intensive wraparound services. There must be joint efforts on the part of adoption professionals, mental health professionals and adoptive families to develop systems of children's mental health services that are accessible and responsive to the needs of adoptive families and their children.

2. *Recommendation:* The federal government should develop policy that ensures adoptive families access to residential treatment services as appropriate without having to first relinquish custody of their children. States should be encouraged to use a mix of existing community-based mental health services funding to maintain adoptive families' legal responsibility for and involvement in their children's treatment.

Rationale: Research suggests that increasingly, families without health insurance to cover such services or who have exhausted their insurance benefits or other resources are being forced to relinquish custody of their children to the child welfare system so that their children can receive necessary mental health-related residential treatment if indicated. These studies also make clear that the great majority of families are committed to continuing to parent their children and, as a result, are profoundly and negatively affected when they must relinquish custody to obtain the out-of-home services their children need. Children should not have to become "wards of the state" in order to receive time-limited residential treatment when it is indicated.

According to the Bazelon Center for Mental Health Law and the Federation of Families for Children's Mental Health (1999), recent surveys of parents of children with serious emotional problems reveal that nearly one-fourth indicate that they have been advised to relinquish custody of their children to access residential treatment and that one in five families actually have done so. Although there are no data on the extent to which adoptive families are confronted with this difficult choice, reports from the field suggest that this problem is ever-growing as families find that few less restrictive children's mental health services (such as day treatment) are available in their communities and that intensive services such as residential treatment are prohibitively expensive. Even fami-

lies whose children have health care coverage under Medicaid (which covers mental health services either directly or as a part of the medically necessary services that a child may receive under the EPSDT program) find that their states do not necessarily cover a full range of community-based mental health services under that program.

Thus, policies must be developed across child welfare, mental health and educational systems to ensure families' access to appropriate residential treatment without a requirement that they first relinquish custody of their children. Some states already are providing residential treatment through their post-adoption services programs without a requirement of custody relinquishment. Illinois, for example, works closely with families regarding residential treatment when, after a careful evaluation, it is determined that this service is needed. The agency explores all possible funding streams, including mental health and education funding, to find the resources needed to cover the child's residential treatment. Texas also covers residential treatment for children, assessing adoptive parents only a portion of the subsidy payment and financing the remainder of the cost of care through other funding streams. Similar approaches must be developed in other states and communities.

Issue: Limited information about public child welfare adoptions

> *Recommendation:* The federal government should require and support states to track the entry and re-entry to foster care of children adopted through the public child welfare system and other means.

> *Rationale:* The reasons that adoptive placements disrupt and adoptions dissolve can be understood only through careful tracking that allows trends and patterns to be identified. Currently, federal law requires states to collect and report information regarding disruptions and dissolutions of international adoptions

which result in children entering foster care. This type of information is needed on all forms of adoption to enhance the understanding of the factors that lead to these outcomes and to strengthen services and supports for families. By carefully tracking disruptions and dissolutions, agencies can learn much to improve their post-adoption services and practices.

Issue: Limited public understanding of adoption and the need for post-adoption services

Recommendation: Public and private child welfare agencies should collaborate to engage in a public education initiative to increase the understanding of adoption-related issues and the benefits of post-adoption services.

Rationale: Relatively few members of the general public fully understand adoption or the challenges that many adoptive families face. Although it may appear that the public as a whole has a relatively low interest in adoption, a national survey recently revealed that 60 percent of all Americans have personal experience with adoption – that is, they, a member of their families or friends have adopted, were adopted or placed a child for adoption (Evan B. Donaldson Adoption Institute 1997). Given this high level of personal connection with adoption, it is likely the public would positively respond to educational efforts related to the need for services and supports for adoptive families.

The public, however, may assume that existing services and supports are adequate. There may be a general belief that such efforts as the adoption tax credit have "solved" all problems related to the costs of adoption. The public may not be aware that families who adopt waiting children in foster care incur few, if any, costs in adopting and receive little, if any, benefit from the tax credit. The public also may fail to realize that families who adopt children with special needs – whether those children are adopted as infants directly from the care of

their birth parents, from foster care or from another country – often face far greater expenses in obtaining the range of physical health, mental health and developmental services that their children need over time. Improved public understanding of these realities is essential to building the public will that is needed for support of comprehensive post-adoption services.

Practice Recommendations to Enhance the Design and Delivery of Post-Adoption Services

Issue: Limited training and expertise on adoption issues among service providers

> *Recommendation:* States should support training collaborations, multi-disciplinary service practitioners and professionals to strengthen their understanding of adoption and the issues confronting adopted children and their families, and to enhance their skills to effectively assist them.

> *Rationale:* Adoptive families consistently report that they face difficulties obtaining services from professionals who are sensitive to adoption issues and skilled in assisting adoptive families (Groze 1996b; McDonald, Propp & Murphy 2001). The need for professional expertise with regard to adoption issues is particularly great in the fields of mental health and education. In neither of these areas do professionals routinely receive education about adoption issues.

> Repeatedly, adoptive parents who presented at *Strengthening Families and Communities: An Approach to Post-Adoption Services* focused on the problems they had encountered in finding mental health professionals who understood the issues with which they and their children were dealing. Those issues often relate to adoption and its impact on children, families and parenting. Adoptive parents often are frustrated by repeatedly spending entire sessions explaining to therapists the differences between parenting a biological child and an adopted child and then being required to leave "a check on the way out."

In other cases, therapists do not appear to understand the impact of children's pre-adoption experiences on their current intellectual and social functioning, capacity to attach and form intimate relationships, and their overall development, including the developmental effects of prenatal alcohol or drug exposure, earlier experiences of abuse or neglect, and multiple foster care or institutional placements. Adoptive parents often find that the only recommendation they receive is that their children be placed on medication – an intervention which many parents feel is not appropriate and which does not address their needs for a better understanding of their children's problems. Similarly, adoptive parents all too often find that their children's problematic behaviors are attributed to hyperactivity (or attention deficit hyperactivity disorder – ADHD) and treatment with medication, rather than first exploring past or present experiences.

Educators with whom adoptive parents interact also may have little understanding of or sensitivity to adoption and the issues which adoptive families face. Some adoptive parents report that educators attempt to avoid becoming involved with these issues, responding to the stresses on adoptive families with statements such as, "you made the choice and adopted him, he's your problem." In other cases, educators simply view adoption with "rose-colored glasses." They may see adoption as having only positive outcomes and have no real understanding of children's losses or the impact of pre-adoption experiences on their current behavior and adjustment.

State policy must address avenues for ensuring that service professionals are trained to recognize adoption issues and work effectively with adoptive families. Professional services must be based on a solid understanding of the dynamics of adoption and of the adoption triad – child, adoptive parent(s) and birth parent(s). Specifically, professionals who work with adoptive families and their children must appreciate the role of the birth family and the adoptive family in the child's life; be able to view the needs of adopted children and their adoptive families from a strengths-based, as opposed to a pathological, perspective; provide services in a supportive

manner, as opposed to "blaming" adoptive families for the needs of their children; and recognize and respect both the strengths and culture of children and families and provide services in a culturally competent manner.

Through training of the array of service professionals, child welfare agencies can strengthen the quality of services available to adoptive families. Some states, such as Maine, Massachusetts, Minnesota, Oregon and Texas, already offer training on adoption issues for mental health service providers. Maine uses the Adoption Support and Preservation Curriculum developed by the National Resource Center for Special Needs Adoption to train public agency as well as mental health providers and counselors across the state. In Minnesota, training focuses on issues related to attachment, loss and grief, and seeks to enhance the cultural competency of mental health professionals who work with adoptive families. The work of these states and others offers a basis on which policy and practice related to professional training programs can be developed in other states and communities.

Issue: Inconsistent subsidy information

Recommendation: Public and private child welfare agencies should provide complete and accurate information about adoption subsidies prior to adoption, and clear processes for review and approval of subsidies after adoption finalization.

Rationale: Adoptive families report that they often receive incomplete and/or inaccurate information about their children's eligibility for adoption subsidy, the options that are available to them when negotiating subsidies, and the processes that can be used to qualify their children for subsidy after adoption finalization. Agencies can assist adoptive families with this key post-adoption service by providing them with an accurate and complete description of adoption subsidies, eligibility guidelines, and the processes that families may use to negotiate or re-negotiate an adoption subsidy. Because children's physical health, mental

health and behavioral problems often cannot be fully anticipated and may manifest themselves over time, policy at the state level must focus on the development of processes to ensure that adoptive families are able to obtain financial and health care support for their children after adoption finalization when such problems arise.

A number of states have already developed practice policies and guidelines to ensure that information about subsidies and financial assistance is made available to all families through a creative mix of federally funded adoption assistance and state-funded assistance for children in foster care who do not qualify for federal adoption assistance under Title IV-E. Oregon, for example, offers adoption subsidies to all children adopted from foster care, irrespective of Title IV-E eligibility. Some states have established alternative funding to support adoptive families. Virginia, for example, has a "client fund" that allows each adoptive family to request up to $500 each year to pay for a variety of services that they may need (such as respite, tutoring, co-payments for health insurance or special camps for their children).

Issue: The need for additional community partnerships and collaborations

> *Recommendation:* Public and private organizations should strengthen their collaborative efforts with adoptive families and other community resources to focus on enhancing post-adoption services.
>
> *Rationale:* Because post-adoption services represent an investment in families, many organizations are likely to endorse the expansion of such services. A number of groups and advocacy networks are already actively involved in promoting services and supports for families who adopt children with special needs. Adoptive parent groups, comprising families formed through public agency domestic infant and international adoption, are increasingly lending their voices to efforts to ensure that greater support is available to adoptive

families. These groups can be powerful allies in generating the public and political will to expand post-adoption services at the community level.

At the same time, collaboration across systems is needed if a continuum of post-adoption services is to be developed and sustained. In particular, collaborative relationships are needed with the mental health and education systems. As one example, collaboration with the Federation of Families for Children's Mental Health can strengthen advocacy for the development of intensive community-based wraparound services so that families have access to mental health services for their children when needed. Similarly, collaboration with parent advocacy groups focused on improving educational services for children with disabilities can lead to improved services for many adopted children who are enrolled in or need special education services.

Issue: The need for more research and evaluation of post-adoption services

Recommendation: Public and private agencies should collaborate with universities and other research organizations to expand the knowledge base about post-adoption services through greater financial and programmatic support for research and evaluation activities.

Rationale: The research on post-adoption services is relatively limited and, as a result, there is much that is not well understood. Several issues need to be addressed through agency and university collaborations related to ongoing research and evaluation: the services and supports that adoptive families themselves identify as most important; which post-adoption services and models are currently available and how effective they are in working with children, parents and whole families; the processes that result in the development and implementation of new post-adoption services; which services work best for which families; and how post-adoption services can be made more culturally sensitive. At the same time, there is a need for greater

Commonly Requested Post-Adoption Services

- Crisis intervention
- Educational support
- Summer camp
- Respite
- Medical services
- Supplies and equipment
- Individual therapy
- Family therapy
- Support groups
- Residential treatment
- Day treatment
- In-home services
- Post-finalization case management
- Parent training

clarity regarding which outcomes are most positive for adopted children and their families and how those outcomes should be defined in relation to family strengths and needs. Only through close attention to the needs for post-adoption services and the effects of those services can practice and policy be advanced.

Research is further needed because it is not clear to what extent any of the post-adoption services identified in the various studies are actually available to adoptive families. In 2000, the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) undertook a 50-state survey to determine whether 14 different post-adoption services that are commonly requested by adoptive families (listed on page 35) are provided. Most states indicated that they provided individual therapy, family therapy, adoption search and crisis intervention services, although it was not clear to what extent individual therapy and family therapy (both of which are typically available through states' Medicaid programs) could be readily accessed by families. Many fewer states indicated that day treatment was available as a mental health service for children under their Medicaid programs. Finally, more than half of the states indicated that they provided, to some degree, the following services: residential treatment, medical services, post-finalization case management, supplies and equipment, support groups and respite care. There appeared to be, however, considerable variation in the extent to which these services were readily available to families.

The benefits of research and evaluation already have been recognized by some states. Massachusetts and Virginia, for example, include within their post-adoption services programs an evaluation component that facilitates an assessment of the program from the perspective of adoptive families. In response to what has been learned, some states have modified their programs. New Jersey, for example, made the decision to

expand its program beyond its core services in two important ways: providing in-home services for families who have difficulty accessing therapeutic and support services, and making services available to families earlier in the process (rather than beginning service eligibility only after adoption finalization). This type of evaluation-based program modification is an example of the benefits that can be realized from greater focus on research.

Issue: Inadequate training opportunities for adoptive parents prior to and after adoption

Recommendation: Child welfare agencies should seek feedback from adoptive parents to strengthen training programs for prospective adoptive parents that enhance their understanding of the needs of children who are adopted and better prepare them for the opportunities and challenges ahead.

Rationale: Consistently, adoptive parents report that they would have benefitted greatly from more thorough training on the special needs of adopted children. Agencies can enhance their pre-adoptive training for parents by fully addressing such issues as attachment, grief and loss, the emotional impact of adoption on children, behavioral issues, and children's understanding of and relationship with their birth families. Although most states offer educational programs for prospective adoptive parents to ensure that they are prepared to adopt, these programs can be enhanced through the feedback of adoptive families. A growing number of states are developing training based on information obtained directly from adoptive families. In Minnesota and Oregon, for example, families were surveyed regarding their needs and programs developed accordingly. Some states, such as Massachusetts, Oregon and Virginia, have advisory boards comprising adoptive parents that provide guidance on how well programs are serving families and the training that should be developed for prospective adoptive parents.

*Issue: Inconsistent involvement of adoptive families –
parents and youth – in policy and practice decisions*

Recommendation: Child welfare agencies should
engage adoptive parents and adopted youth and
young adults in the design and delivery of post-
adoption services.

Rationale: A critical component in developing and
implementing post-adoption services is the involvement
of adoptive parents and adopted persons in these
efforts. Adoptive parents, as several states have
discovered, can play invaluable roles in informing
and strengthening post-adoption services and, as
members of advisory boards, can assist agencies in
further refining their programs. Adopted youth and
young adults likewise can serve as valuable sources
of information on the types of services that should be
developed and provided to adopted children and
adolescents. They can help post-adoption programs
ensure that the services that are provided are indeed
relevant and helpful to young people. Adopted youth
and young adults also can be involved in assisting
children in foster care who are currently waiting to be
adopted and in educating prospective adoptive parents
about adoption from the critical perspective of the
adopted person.

*Issue: Limited use of technology to increase the access to and
quality of post-adoption services*

Recommendation: States should make greater use of
technology to create centralized information systems on
existing services and supports for adoptive families at
the local level.

Rationale: Adoptive families are often frustrated by the difficulties they encounter in identifying existing services and supports and accessing information about those resources. Agencies can enhance adoptive families' access to such information through a range of activities designed to gather and synthesize such information and ensure that it is readily available to adoptive families.

Technology can play a valuable role in making information on post-adoption services more accessible and in fostering connections among adoptive families who are confronted with similar issues and challenges. Technology can promote communication both within states as well as across state lines, not only for adoptive families but for state and private agencies that are working with the same children and families. Increasingly, states are posting information on post-adoption services on web sites, and parent groups and advocacy groups are establishing online discussion groups and other forms of Internet-based communication. Much more, however, can be done to mobilize the use of Internet technology as an advocacy and educational tool or the further development of post-adoption services.

Technology can help states focus on connecting adoptive families with one another as a powerful way to ensure that families themselves can provide key information and support to one another. Several states, such as Maine, Massachusetts, Minnesota, New Jersey and Oregon, have developed programs that bring adoptive families together individually and in support groups. Massachusetts has developed an Adoptive Parent Support Network that includes parent groups and the services of parent and young adult liaisons. Minnesota has developed a "buddy system" of parent liaisons, linking new adoptive parents with more experienced ones. Maine offers a weekly service that involves a parents' group, a children's group and child care combined with a pot luck supper. These programs – which improve the quality of information available to adoptive families on both a formal and informal level – offer a wide array of examples of how states and communities can make immediate improvements in the informational resources available to adoptive families.

Conclusion

*T*he importance of post-adoption services has been well established through practice and research and, perhaps most importantly, by adoptive families themselves. Quality post-adoption services are grounded on three key principles: adoption-competent services should be available to all adoptive families who need them, irrespective of their children's origins; a full array of services should be available in response to the range of adoptive families' needs; and services should be available over time as adoption-related issues arise and impact children and families – before, during and after adoptions occur. In conclusion, these principles underscore what we at Casey Family Services have learned in our 10 years of providing post-adoption services:

- That indeed, post-adoption services have helped children and families address their problems and build healthy relationships.
- That appropriate, effective post-adoption services require strong, mutually respectful relationships, communications and partnerships among community practitioners – health, mental health, educators, social services – as well as birth parents, adoptive parents and the children themselves.
- That post-adoption services and supports should extend the services and supports special needs children required prior to their adoption in order to eliminate any disincentive to adopt.

- That the solutions to adoption and post-adoption challenges require a systemic approach to generating organizational and community-level responses to the needs of these special children and their families. This systemic approach requires public investment through funds, policies and sensitive practices.
- That post-adoption services need to be delivered within a context of strengths-based, family-centered, culturally respectful and community-based services – principles that guide good social work practice with all families, children and their communities.
- And we have learned that more post-adoption services are needed to help all types of adoptive families understand the experiences and the needs of their children – and how to meet those developmental needs so that their new families can sustain a lifetime of supportive relationships and connections – true permanency.

Policy and practice changes are needed to make these principles a reality for the growing number of families with children being adopted today. There is a strong base on which to build quality post-adoption services, and Casey Family Services and the Annie E. Casey Foundation stand ready to provide ongoing assistance to strengthen communities' efforts to ensure that all adoptive families have the support they need.

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Notes