**Practice Notes #4: Post-Adoption Services**

Throughout this academic year, Practice Notes has concentrated on the theme of permanency planning in the child welfare system. The publication’s first three issues have highlighted articles and practice tools related to (1) parental visitation, (2) family reunification services, and (3) relative foster care. In this our final Practice Notes publication of the 1997-98 school year, the Center for Advanced Studies in Child Welfare will look at the research, some practice models, and concerns for practitioners in the area of post-adoption services.

**Post-Adoption Services and the Child Welfare System:**

Post-adoption services are generally underdeveloped and underfunded. According to Hal Grotevant, Professor of Family Social Science, University of Minnesota, and nationally recognized scholar in the adoption field, literature references and research data on the state of post-adoption phase are sparse. Attention is chiefly absorbed in recruitment of adoptive families and placement issues.

Post-adoption services now loom as a paramount issue in permanency planning. Older children and children with disabilities are at highest risk for adoption disruption. With the passage of the Adoption and Safe Families’ Act, 1997 (P.L. 105-89), there is an intensive effort to find adoptive family homes for these children. While studies recommend that post-adoption services be integrated into the adoption process, this practice in not uniformly implemented.

Minnesota’s Department of Human Services now requires that all non-profit private agencies that hold contracts for delivering adoption services provide post-adoption activities for 18 months after finalization of an adoption. Federal funds (Title IV B) have earmarked 20% for post-adoption services. How these resources will be made available for the crucial phase of assuring a permanent placement for a child is currently under discussion.

For information specific to your area, refer to the adoption placement agency.

---


In this report, the authors argue that the growing number of “special needs” children being placed in adoption necessitates the development of on-going services for these children and families. However, so far very few states have ongoing post-adoption service programs, and only one state requires such services by law.

Increasingly we have come to understand that adoption is not an ending but a complex beginning. Our challenge is to develop policy and practice which supports adoptive families for the long haul (p. 14).
This first section presents information related to adoptive families’ perceived needs for post adoption services following the adoption placement process.


After years of viewing the legal consummation of adoption as the final step in the process for agencies, many service providers are beginning to consider that adoption is “really a complex and usually painful process that presents an ongoing challenge to all of those involved” (p. 5). In this article, the author, a 37-year veteran adoption worker, makes a case for why post-adoption services are necessary and beneficial for preventing adoption disruption. He also presents a picture of what types of services are in greatest need.

Watson points out that of four studies conducted in the 1980s focused on “special needs” adoptions, one common finding from each study was that continuing services beyond the legalization of an adoption was a key factor in preventing adoption disruption. He indicates that services providers were finding the same to be true.

This article presents four category types of adoptions services needed:

(1) Continuation of general agency services after a child has been placed with a family by the agency. This refers to a short-term services that extend beyond the legal process.

(2) Intervention by the agency when a family is experiencing difficulties or expresses a need for help. Families have the option of re-contacting the adoption agency when issues arise for which the agency could provide information or referrals.

(3) Services initiated by the agency in a planned manner, related to developmental needs. Agency support groups, education classes for parents, as well as respite care are all in this category.

(4) Agency services that provide information to all parties in an adoption arrangement, such as biological parents, and adopted children seeking information years following the adoption.

“...adopted children always belong to two families: their family of origin, which gives them their genes, ancestors, birth, and often some early shared history; and their family of nurture, which provides their everyday care and meets their ongoing developmental needs. All the principles in an adoption must reconcile this dichotomy” (p. 8-9).

In discussing service needs of adoptive families, Watson lists some of the results of a survey conducted by Joseph Walsh of Loyola University School of Social Work. In 395 responses, or 9% of Illinois’ adoptive families of “special needs” children also receiving adoption assistance, the researcher found that:

- Half the respondents identified special education as a needed service
- Medical services were the next most needed resource; 35% of the respondents expressed this need
- Financial assistance beyond the subsidy provided followed for 33% of the adoptive parents
- 30% identified the need for family counseling
- 27% of the respondents needed mental health services for their adopted children
- Respite care was identified as a need by 26% of the adoptive parents

Seventy-one adoptive families who had adopted a child through the Texas Department of Human Services from 1983 through 1987 responded to a mail survey designed to assess their postplacement needs. The most frequently reported postplacement stresses were:

- financial difficulties, and
- the need for counseling by family members

Financial concerns were connected with higher levels of problems exhibited by the children than had been anticipated. Family members reported experiencing a higher incidence of emotional attachment problems than were reported by the adopted child following an adoption placement. Neither unresolved infertility nor problems between adopted and biological children were reported as postplacement issues.

Most respondents felt that the postplacement services provided were adequate but they also indicated that a need for more services exists.


One finding of this survey of 69 families who adopted 98 children was that the provision of agency services after legalization is a predictor of adoption success. Sixty-three percent of the families receiving such services were more successful than the thirty-seven percent not receiving services.


“This survey of 395 adoptive families with special-needs children sought to identify needed post-adoption services and gaps between perceived need and access to service. The survey sample represented 10 percent of all special-needs families in Illinois with adopted children under 18 years of age. Use of a trend analysis identified several key findings.

- Special education needs were a higher priority for children with major disabilities
- The younger the child, the greater the need for specialized medical attention
- Financial subsidies were sought more often by families with African American children than families of Caucasian children
- Neither marital status nor level of disability of the child were correlated with need for subsidies.
- Older parents expressed a greater need for additional financial assistance.
- Respite care was more important for younger parents with older children and was sought most by families in which the child had a major disability.
- Families with African American children, no religious affiliation, and lower levels of
education were less likely to be aware of services which were available” (p. 238).


“A survey of 575 adoptive families of special needs children found that almost all expressed a need for ongoing training and felt that preplacement training was necessary for adoptive parents of special need children as well” (p. 238).


This study of 125 families found that:

- respite care
- help with life planning for the adopted child &
- baby-sitting for other children in the home

were the most needed post-adoption services. Families making $30,000 - $34,999 were more likely to need support groups and child care than families in higher or lower income groups. The study also found that single parents used advocacy training more often than married adoptive parents.


This mail survey which was sent to 474 families who adopted special needs children found that the only post-adoption service determined to have a statistically significant impact on the adoptive parents’ level of satisfaction with the adoption was crisis intervention. Six post-adoption services were found to be significant in predicting adoption success:

1. crisis intervention services
2. outpatient chemical abuse treatment
3. maintenance subsidies
4. physical therapy
5. special medical equipment and
6. family counseling
The following section of Practice Notes, features some innovative models of post-adoption projects for adopted children and their families.


This article describes the Post Adoption Resources for Training, Networking and Evaluation Services Program (PARTNERS) of Four Oaks, Inc., in Cedar Rapids, Iowa. One unique feature of the program is its collaborative approach. The program works to develop collaboration between all service providers who may be involved in some way in providing post adoption services. Its primary purpose is to reduce risk of adoption interruption once children are placed. The PARTNERS team includes school representatives, human services staff, mental health professionals, and others whose work is concerned with the adoption process.

For those adoptive families who indicate a need for services, PARTNERS takes them through a five phase process:

1. screening - introduces families to the PARTNERS program and services
2. assessment - during assessment, a family interview is conducted using an ecomap & genogram to review family’s history and needs
3. treatment planning - this phase determines whether a family needs to be referred to community service providers, support services or family preservation services
4. treatment - works on a “mutually-established” set of goals and time frame
5. termination - this phase prepares families for greater independence while leaving the door open for services in the future as needed.

The article stresses that, because a majority of children being adopted currently are in a “special needs” category, ongoing services are crucial to insure these families’ success.


This article showcases a project developed by the Vermont Adoption Project and funded by the U.S. Department of Health and Human Services, called the Saturday Club for Adopted Kids. The project idea came out of a qualitative needs assessment conducted with adopted children and their adoptive parents.

The group that participated in the Saturday Club consisted of twenty-two children and youth who ranged in age from 3 to 23. The age span of when the children were adopted was three weeks to thirteen years, with a median age of 4.6 years. Three-fourths of the children were adopted through child protective services, though a few in the group were international adoptions or community agency adoptions. They were all considered “special needs” children, which was defined by factors such as age, racial or ethnic background, or medical or emotional condition. All of the school-age children qualified for special education services at their schools.

Participants were divided into three groups by age making up young, preadolescent, and young adult subgroups. Each group met on four consecutive Saturday mornings for a variety of activities designed by a team of social workers. All age groups met for a collective greeting, reviewing ground rules, an icebreaker activity, pizza lunch, and a group closing. Work groups focused on specific activities in their age groups following the icebreaker session.

One of the developments from the Saturday Club was a book written by participants called Kids Speak Out on Adoption (see the resource section of this issue for the book’s citation.) Comments in the book come directly from the children unmodified.

Responses from the children when asked what they’d learned included:

“I learned to deal with my problems instead of hiding them” (p. 244)
“Sometimes it’s fun to be adopted and sometimes it’s not” (p. 244)

(Jennings-Moroz, 1996, continued)

“I learned that I’m not the only one, and I learned to get along with other children and be brave”

Responses from parents when asked about benefits:

“I believe it gave them a chance to vent and to listen, as well as share the pain and the joy of their individual situations” (p. 245)

“Our child has more awareness now that other children are adopted, too, and more understanding of how other adopted kids feel” (p. 245)

“Just knowing that they would be more in touch with their feelings in a safe, nurturing environment with the book as a tangible result was great” (p. 246)

“If we are to develop sensitive programs and services responsive to the needs of children and families, the recipients of child protection and adoption services should be instrumental in shaping our intervention models and service delivery systems” (Jennings Moroz, 1996, p. 249).

This next section provides information about what Etter (1994) refers to as “cooperative adoptions.” This approach is designed to prepare birth parents to make responsible choices regarding children’s care and to assist those parents with the emotional adjustments when adoption is in order. The cooperative adoption process also helps children and adoptive parents anticipate and work through transitions in a manner that aims for healthy outcomes for all parties involved. In open adoptions, there is an assumption that some ongoing connection with birth parents will be maintained. Therefore, post-adoption services to birth families require attention. The following article presents a model for addressing separation trauma.
If someone is physically hurt, we can call a doctor, put on a cast, take sick leave, and talk about it.

If someone is in pain emotionally, people usually don’t know what to do.

Abusive parents are typically numb from years of pain and hurt that were not acknowledged or healed.

Anger is our society’s most acceptable expression of emotional pain.

Anger can become a lashing-out at those close or vulnerable.

The abusive parent losing a child has new grief that can easily become more anger and abuse.

Numbing pain with alcohol or drugs makes hurting others more likely.

The parent can use the new loss as a chance to start healing or fall into old patterns of abusing themselves and others.

We can assist someone in emotional pain by acknowledging their loss, then helping them plan to get support for their healing.

Find a group, church, class, or simple book that teaches healing from loss that is appropriate for this parent. Commit to seeing the parent through the first step. Emphasize that healing emotional pain can never happen all alone.

Parents will need a counselor, a friend, or a group committed to helping them do whatever it takes to heal.

Complete honesty in the safety of total confidentiality is crucial.

It is critical to allow the release of crying, shaking, or shouting when sadness, fear or anger hits.

Making a “loss history” list of one’s whole life is a start for healing old hurts.

Notice how children minimize loss.

Children know how to grieve and heal until they get stopped by adults.

Our society makes healing difficult with countless wrong messages. List them.

Healing is the biggest challenge we can face. The reward is finding joy in our lives.

“Open” adoptions assume:

- that there is value in working with even the “most difficult parents and families”
- that it is important to empower parents and families to participate in decisions about their children’s future in so far as it is possible
- that an ongoing connection with family of origin is invaluable to special-needs children.

(from Etter, 1994, p. iv.)
Post-Adoption Related Resources

African American Adoption and Permanency Planning Agency, 1821 University Avenue, Suite N 263, St. Paul, MN, provides post-adoption services. For more information, contact Jacquelyn B. Kidd at 659-0460.

For information and referral to a foster parent support group throughout Minnesota and the U.S., contact Adoptive Families of America, 645-9955.


This manual is designed for caseworkers who have been trained in the cooperative adoption mediation model and who are interested in working cooperatively with difficult clients through the adoption process. It focuses on "open adoption." The manual describes steps that can be taken to provide a smoother transition for birth parents and their children who are entering an adoptive home. For a copy of the manual, contact Teamwork at 85444 Teague Loop; Eugene, OR 97405; phone number: 541-342-2692.

Ms. Etter will be presenting at an open adoption conference in Minneapolis in October, 1998, sponsored by the National Federation for Open Adoption Education.

Children’s Home Society of Minnesota, 2230 Como Avenue, St. Paul, MN 55108-1798, 646-6393; has extensive resources and programs on post-adoption services, for adoptive parents, adopted persons, and birth parents. Resources available include books, pamphlets, videos and audio-visuals. Materials and resources pertain to domestic as well as international adoption issues.

The content of this book comes from adopted children who participated in the Saturday Club for Adopted Kids project in Vermont (see pg. 5 of this issue). It provides information from children themselves about how they are experiencing adoption.


1) the **Self Awareness Tool** is designed for parents considering transracial adoption. It is a confidential tool to assist potential adoptive parents in assessing their preparedness for raising children of a race or culture other than their own.

2) the **Training Curriculum** provides practitioners with materials for working with small groups of parents preparing for a transracial placement. Subjects it addresses are racism, identity development, family issues, community resources and other topics.

3) the **Parenting Manual** is a resource for parents who have adopted a child of another race or culture. The information in this manual comes from input from adults who grew up in transracial or transcultural adopted families.

**Correction from Practice Notes #3:**

In our last issue of Practice Notes, we stated that an adoption assistance grant is available when the child has “special needs,” but that this only applies to a relative. This is incorrect. An adoption assistance grant is available for special needs children for relatives and non-relative adoptive families.