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# Underserved Adoptive Families: Disparities in Postadoption Access to Information, Resources, and Services

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# INTRODUCTION

## Vulnerable and Underserved Populations

The term *vulnerability* is synonymous with powerlessness, helplessness, and susceptibility. Individuals, families, groups, or communities experiencing circumstances or conditions that limit access to information, resources, or services are those most vulnerable and in need of advocacy. Vulnerability is typically associated with a number of factors, including, but not limited to, the following: age; race; ethnicity/culture; gender; citizenship; disability; sexual orientation; emotional, psychological, and physical health; geography; and socioeconomic status. When the needs of vulnerable groups are discounted or ignored, rarely do adequate services to address their distinctive needs follow. As a result, the vulnerable become underserved.

In this paper, we introduce the concept of "underserved adoptive families" and discuss its nature and reach by using a national survey data set of families that have adopted children from the U.S. foster care system. We identify "underserved adoptive families" as families that have adopted children from foster care and indicate a need for post-adoptive services, but whose service need(s) are not met by the state. We argue that this is an important child welfare system concept because post-adoptive services serve a key function in the state's mandate to ensure child safety, permanence, and well-being. Post-adoptive services are intended to prevent traumatic and costly adoption failures in which the child reenters the foster care system before finalization (disruption) or after finalization (dissolution). Because placement instability in foster care often occurs as the result of a breakdown in the child–foster caregiver relationship (Leve

et al., 2012; Smith, 2014a), we contend that this vulnerability extends to the child–adoptive family relationship as well.

The act of adopting does not preclude adoptees or adoptive families from experiencing the negative consequences of child maltreatment. The body of research exploring the long-term effects of maltreatment on neurobiological development suggests that persistent brain and neurological vulnerabilities affect the child's success at home and in school and social spheres (Leve et al., 2012). Depending on the age of the child at the time of the adoption, it is unlikely that the child received adequate services to address trauma. When this is the case, it is not a question of "will" the child experience difficulties, but "when?" As problems emerge, it is imperative for the child's success that adoptive parents have access to adequate information, services, and resources to address issues that threaten the stability of the family and the subsequent retraumatization of the adopted child.

## The Inherent Vulnerability in Adoptive Families

Children in foster care are arguably one of our nation's most vulnerable populations. When adoptive families take on the lifelong commitment to parent a foster child, they increase the risk for vulnerability within their family. From a bio-ecological perspective, change in the child's environment (i.e., from foster care to an adoptive home) is not sufficient to alter the course of his or her development. Consideration must be given to the biological (Rutter, Silberg, O'Connor, & Simonoff, 1999) and neurobiological factors that increase the child's risk for externalizing behaviors. Current research in this area indicates that adverse experiences, such as child maltreatment, fundamentally and permanently modify the critical neural systems responsible for learning, memory, and

self-regulation (Debillis, Spratt, & Hooper, 2011; Miskovic, Schmidt, Georgiades, Boyle, & Macmillan, 2010). With this available knowledge, it is unrealistic for child welfare agencies to expect adoptive families to remain intact without access to a continuum of evidence-based services developed to address the multitude of complex issues that may arise.

Children adopted from foster care have significant needs associated with the history of maltreatment and the permanent severing of relationships with their biological families (Hartinger-Saunders, Trouteaud, & Matos-Johnson, in press-b; Smith, 2014a). It is estimated that between 46% and 90% of children in the child welfare system experience multiple adverse or traumatic incidents (Lau et al., 2005; Smith, Howard, & Monroe, 2000). Compared with the general population, children in foster care experience a higher incidence of neurobiological, cognitive, developmental, emotional, physical, and behavioral issues (Leve et al., 2012; Carbone, Sawyer, Searle, & Robinson, 2007).

## The Child's Impact on Adoptive Families

Behavioral problems increase stress levels among caregivers (Chamberlain et al., 2006). Without sufficient support, caregivers' stress levels remain high (Fisher & Stoolmiller, 2008), a situation that is often associated with poor parent–child interactions and an increased risk for adoption dissolution (McGlone, Santos, Kazama, Fong, & Mueller, 2002). Conversely, low levels of parental stress have been found to decrease maladjustment in adopted children (Grotevant, Wrobel, van Dulmen, & Mcroy, 2001).

Psychiatric disorders, which are nearly three times higher in abused children (Briggs-Gowan, Horwitz, Schwab-Stone, Leventhal, & Leaf, 2000), increase the risk for placement disruptions (Chamberlain et al.,

2006). Evidence from the field of neuroscience further links a history of placement instability with a disturbance in the hypothalamic–pituitary–adrenal (HPA) axis, which regulates the child's stress response system (Dozier et al., 2006; Fisher, Gunnar, Dozier, Bruce, & Pears, 2006). When a child is unable to regulate emotions in the context of environmental stress, the child's psychosocial development (Fisher, Mannering, Van Scoyoc, & Graham, 2013) and the child–caregiver relationship may be compromised (Oosterman, de Schipper, Fisher, Dozier, & Schuengel, 2010).

## Underserved Adoptive Families

Because of the pervasive, long-term effects of trauma, adoptive parents are faced with handling unique challenges related to childhood trauma when they make the decision to adopt a child from foster care (Zill & Bramlett, 2014; Smith, 2014a). Furthermore, adoptive parents and adoptees go through similar emotional experiences related to the adoption process (e.g., transitioning to a new family structure, developing emotional bonds), so that stress increases within the household (Y Sanchez-Sandoval & Palacios, 2012). The finalization of an adoption may diminish the state's legal obligation to the adopted child, but finalization itself does not ensure that adoptive parents are adequately supported or prepared to deal with complex problems when they arise (Hartinger-Saunders, Trouteaud, & Johnson, in press-a). Subsequently, a lack of preparation, training, and supportive services for adoptive families before and after the adoption are associated with adoption failures (Coakley & Berrick, 2008). Regrettably, the quantity and quality of post-adoption services available to address these challenges remain vastly insufficient (Livingston, 2010; Smith, 2014a; Smith, 2014b).

## Post-adoption Service Need and Access

Historically, adoptive families have struggled to find post-adoption services that assist in caring for the adopted child. Specialized post-adoption services were initiated in the late 1980s and 1990s (Smith, 2013). While the number of services available has increased, many services have been terminated, scaled back, or offered on a limited basis in the wake of funding constraints (Smith, 2013; Smith, 2014a).

Few studies have investigated the effectiveness of post-adoption services (Vandivere & McKlindon, 2010; Barth & Miller, 2001) beyond client satisfaction. Studies have shown that adoptive families, regardless of how long ago the adoption was finalized, identify similar needs for services and support (Anderson, 2005). The California Longitudinal Adoption Study is one of the first to document the increased need for post-adoption services as time progresses. The study found that clinical service use among adoptive families increased from 9% at wave 1 (two years after adoption) to 31% at wave 3 (eight years after adoption), and that general post-adoption service use (e.g., support groups) increased from 31% at wave 1 to 81% at wave 3 (Wind, Brooks, & Barth, 2007). These findings further support the contention that the needs of adoptive families do not end at finalization. The needs of adopted children and their families often emerge over time, rendering post-adoption service time frames of 3 to 6 months unrealistic (Smith, 2014a).

## Barriers to Obtaining Services

Although adoptive parents need post-adoption services, studies have consistently shown that they do not always access services (Hartinger-Saunders et al., in press-b; Brooks, Allen, & Barth, 2002; Howard & Smith,

1993). While adoptive families cannot be mandated to receive post-adoption services, once the services have been accessed, the families typically report that they are helpful (Avery, 2004; Brooks et al., 2002; Smith et al., 1998). However, there are a number of identified barriers to accessing services.

Ryan, Nelson, and Seibert (2009) conducted one of the first studies to explore the barriers that prevent adoptive families from accessing treatment and support services after placement, from the perspective of adoption professionals. They identified the following as barriers: (1) inadequacy of available clinical support services; (2) lack of communication between the worker and the adoptive family about what services exist; (3) worker turnover, which limits the offer of additional services; (4) adoptive parents' unawareness that they can access services after finalization; and (5) an uneven distribution of services (Ryan et al., 2009).

Thus, the literature on post-adoption services generally agrees that such services are crucial to the long-term health and well-being of adoptees and adoptive families, yet in short supply for many of the families that need them. Gaps exist, however, in the body of knowledge concerning what types of families experience the greatest unmet needs for such services, and what the consequences are of leaving those families' needs unmet.

The purpose of this study is to determine the scope of underserved adoptive families in a national, online sample of adoptive parents who have adopted a child from foster care. We further examine whether traditionally marginalized groups (i.e., based on age, gender, race, marital status, income, etc.) are disproportionately represented among underserved adoptive families in the sample. The study also explores

whether underserved adoptive families have needs different from those of other adoptive parents in the study, and whether they disproportionately experience barriers to accessing services.

### Study Hypotheses

The authors hypothesize that (1) adoptive families are underserved, (2) traditionally marginalized demographic groups will be disproportionately represented among underserved adoptive families, (3) underserved adoptive families that need services will be less likely to have access to services, and (4) underserved adoptive families will be more likely to experience barriers to accessing services.

## METHODS

### Data

The data for the study come from the 2012 National Adoptive Families Study (NAFS), a survey originally granted Institutional Review Board (IRB) approval on October 5, 2011, and administered from January through March 2012. Multiple studies of adoptive families (Hartinger-Saunders et al., in press-a, in press-b) have been conducted with the use of NAFS data. NAFS participants include parents in the United States who have legally adopted at least one child from the U.S. foster care system. The NAFS instrument measures family characteristics, family experiences, and various parent and child outcomes associated with adoption from the foster care system. Although most NAFS variables are derived from closed-ended survey questions, several open-ended questions are also included in the data set.

### Sample

NAFS data come from an online convenience sample of 437 respondents who were recruited through various sources, primarily adoption-related organizations that promoted the survey on their official websites and through other forms of social media. Respondents came from all 50 states. In order to ensure that the survey was not perceived to be government-sponsored or -monitored, the NAFS was not promoted by any public or private adoption agencies.

All NAFS participants provided electronic informed consent. Once a potential respondent clicked on the survey link, the respondent was presented with a description of the study and an informed consent agreement. Participation in the study was completely voluntary. Respondents who agreed to the informed consent proceeded with the survey voluntarily and were instructed to close the browser window at any time if they wished to terminate participation in the voluntary survey.

The NAFS uses a within-household "nearest birthday" random selection method for questions pertaining to an adopted child among families that have adopted more than one child from the U.S. foster care system. NAFS questions pertain only to children adopted from the U.S. foster care system, regardless of when the child was formally adopted and whether or not the adoptee is still in the family home. The sample also includes families that adopted a child from the U.S. foster care system but are no longer parents of the child because the adoption was later dissolved and the child returned to foster care. Respondents were allowed to participate in the NAFS regardless of whether or not the agency through which they worked was public or private because some states allow private agencies to arrange foster care adoptions on the state's behalf.

Several steps were taken in order to ensure that respondents provided accurate, honest data. First, although potential respondents knew that the

survey was about adoption, they were not told exactly what criteria would qualify them for the survey. Browser cookies were used to prevent – and later IP logging was used to check for – multiple entries from a single participant. The final data set was also checked for inconsistent survey response patterns and "speeders" who completed the survey too quickly to have read the questions carefully. On average, the survey took 10 minutes to complete. Those who completed the survey were offered a $5 e-gift card for Amazon.com.

Standard measures of sample adequacy, such as the response rate, cannot be computed for the NAFS because it was a convenience rather than a probability sample. The sampling method also prevents NAFS parameter estimates from being used to generalize to the larger population of parents who adopt from foster care. Table 1 in the "Results" section shows the extent to which NAFS respondents differed in regard to various demographic and adoption criteria from those in other adoptive family survey data sets.

**Measures**

*Needing and accessing post-adoptive services.* Adoptive parents were provided with a list of 14 post-adoption services and asked, "In parenting this child, what services did you feel were needed? – Select all that apply." Adoptive parents were asked to refer to the same list and then asked, "Which services did you actually access?" The post-adoption services were as follows: (1) adoption resource library, (2) social skills training for the child, (3) specialized treatment for trauma for the child, (4) case management, (5) parent training, (6) substance abuse treatment, (7) crisis intervention, (8) financial assistance, (9) educational advocacy, (10) respite care, (11) support groups for parents, (12) referral services, (13)

counseling/mental health services for the child, and (14) counseling/mental health services for the parents.

*Underserved family status.* For each of the 14 post-adoption services listed on the survey, respondents were coded as either (a) needing the service and having accessed it, (b) needing the service but not having accessed it, (c) not needing the service but nevertheless having accessed it, and (d) neither needing nor accessing the service. For this study, an "underserved adoptive family" is one in which the respondent indicates at least one instance of category b – needing a specific post-adoptive service but not accessing it.

*Barriers to accessing post-adoption services.* Adoptive parents were provided with a list of 7 possible barriers the family may or may not have encountered in attempting to access post-adoption services. Respondents were asked, "Which of the following are barriers you encountered to receiving services? – Select all that apply." The list began with the option, "I did not experience any barriers to receiving the services I needed." The 7 barriers that followed were these: (1) I was unaware of where to find services; (2) I was unaware of what services to look for; (3) I did not want to ask for help; (4) the services I did access were not helpful; (5) I could not afford the services available; (6) my child was uncooperative; and (7) my spouse/significant other was uncooperative. Barrier 7 was excluded from analysis because fewer than 1% of the respondents indicated a "yes" response to this item.

## RESULTS

### Demographics

This study involves data on all 437 respondents who participated in the NAFS. Very few population parameters are known among families that

adopt children from the U.S. foster care system, but two other data sets are sufficiently similar to the scope of the NAFS to warrant comparison – the National Survey of Adoptive Parents (NSAP) (Vandivere, Malm, & Radel, 2009) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) (U.S. Department of Health and Human Services, 2012). It is particularly important to compare NAFS data against other data sets because NAFS uses a convenience sample. Both of these comparison data sets have limitations in comparisons with NAFS respondents, a topic more thoroughly discussed in other studies (Hartinger-Saunders et al., in press-a, in press-b).

Table 1. *Comparison of Descriptive Statistics in Adoptive Family Data Sets*

| | NAFS | NSAP | AFCARS (2011) |
|---|---|---|---|
| Race (child) | | | |
| White | 48% | 37% | 45% |
| Black | 32% | 23% | 23% |
| Hispanic | 11% | 15% | 21% |
| Other | 9% | 24% | 19% |
| Race (adoptive parent) | | | |
| White | 79% | 73% | — |
| Black | 8% | 27% | — |
| Hispanic | 5% | 5% | — |
| Other | 6% | — | — |
| Gender | | | |
| Male | 47% | 57% | 51% |
| Female | 53% | 43% | 49% |
| Age of child at adoption | | | |
| 0–2 years | 38% | 6% | 27% |
| 3–4 years | 12% | 9% | 22% |

| | | | |
|---|---|---|---|
| 5–9 years | 29% | 30% | 31% |
| 10–12 years | 14% | 19% | 11% |
| 13–14 years | 3% | 14% | 5% |
| 15–17 years | 4% | 23% | 4% |
| Family structure | | | |
| Married | 87% | 70% | 68% |
| Relationship to child before adoption | | | |
| Foster parent | 40% | 42% | 54% |
| Relative | 6% | 23% | 31% |
| Nonrelative | 27% | 40% | 15% |
| Education of adoptive parent | | | |
| Less than high school | — | 7% | — |
| High school graduate | 29% | 22% | — |
| More than high school | 72% | 70% | — |

Abbreviations: NAFS, National Adoptive Families Study; NSAP, National Survey of Adoptive Parents; AFCARS, Adoption and Foster Care Analysis and Reporting System.

Sources: Hartinger-Saunders (2014); Vandivere, Malm, & Radel (2009); U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2012).

Table 1 shows that across more dimensions than not, NAFS respondents are similar demographically and by family structure to respondents in both the NSAP and AFCARS data sets. Notable points of divergence from the NSAP and AFCARS data sets suggest that NAFS data likely underrepresent black adoptive parents (although not black adopted children), overrepresent married parents, and underrepresent parents who are biological relatives of the adopted child. Hartinger-Saunders et al. (in

press-a) discuss reasons why a demographic weight for the sample is methodologically inappropriate for NAFS data.

## Underserved Adoptive Families

Conceptually, families that adopt children from the U.S. foster care system can fall into one of four post-adoption service "need" categories based on the overlap with post-adoption service "access." These four categories are the following: (1) parents who report that no post-adoption services have been needed; (2) parents who report that services have been needed and all of the needed services have been accessed successfully; (3) parents who report that services have been needed and some – but not all – of the needed services have been accessed successfully; and (4) parents who report that services have been needed, none of which have been accessed successfully. Figure 1 shows that NAFS respondents are nearly equally divided among these four categories.

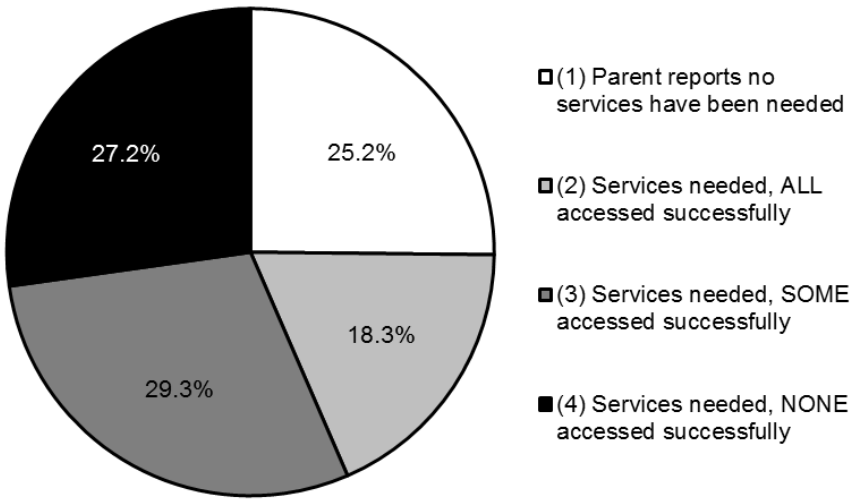

*Figure 1.* Services needed and accessed successfully and unsuccessfully.

Groups 3 and 4 combine to indicate "underserved adoptive families" because at least one post-adoption service that the family needed was not accessed by the family. In the NAFS, 56.5% of families are underserved according to this definition, about half of which have never accessed a single post-adoption service that the family needed. Likewise, just under half of underserved families have been able to access at least one post-adoption service needed by the family.

Figure 2 shows the extent to which underserved adoptive families do and do not access the services they report needing. The figure indicates that more than two-thirds (69.2%) of underserved adoptive families failed to access two or more of the services that they say they needed. Looking at instances of successful service provision, on the other hand, the figure shows that 41.7% of underserved adoptive families successfully accessed two or more post-adoptive services that they needed.

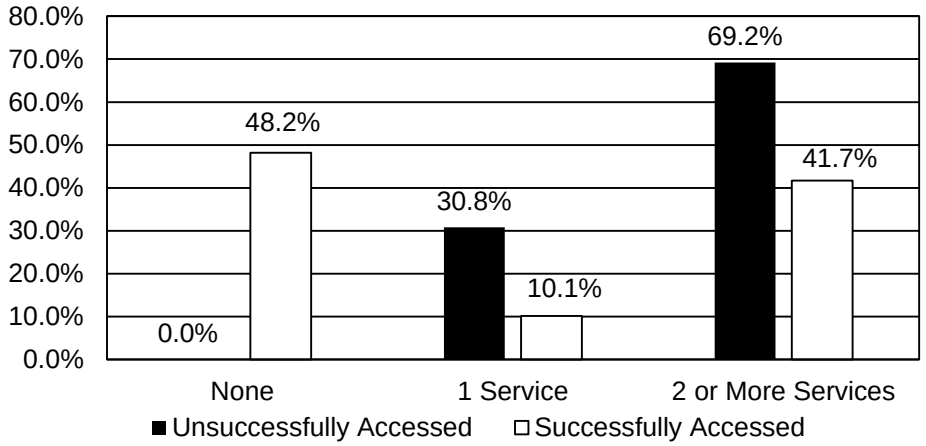

*Figure 2.* Needed post-adoption services that were successfully and unsuccessfully accessed by underserved adoptive families.

**Traditionally Marginalized Groups**

We used independent samples *t* tests to determine whether or not underserved adoptive families differed markedly across various demographic and familial traits. The results are presented in Table 2. All the variables included in the table have either continuous or dichotomous distributions (0, no; 1, yes), with the exception of income. In the NAFS, income is measured on a 10-point ordinal scale. Although imperfect, we believe that a *t* distribution is adequate for testing mean differences along this income scale.

The table highlights that nonwhite families (which include Hispanics in the NAFS sample), families that adopt older children, families that are considered kinship placements, and families that adopt from private agencies are more likely to be underserved. However, lower-income families are *less* likely to be underserved.

Table 2. *Demographic and Familial Differences Between Underserved Adoptive Families and Other Adoptive Families*

| | Underserved Adoptive Families | | Other Adoptive Families | | |
|---|---|---|---|---|---|
| | M | SEM | M | SEM | *t* value (df=435) |
| Male adoptive child | .478 | .032 | .462 | .037 | –.032 |
| Nonwhite child | .530 | .032 | .532 | .036 | .025 |
| Nonwhite parent | .287 | .029 | .147 | .026 | –3.509*** |
| Parents married | .858 | .022 | .847 | .026 | –.320 |
| Income | 6.545 | .106 | 6.181 | .115 | –2.297** |
| Age of child at initial placement | 4.830 | .255 | 2.683 | .273 | –5.698*** |

| | | | | | |
|---|---|---|---|---|---|
| Related to adopted child | .081 | .017 | .026 | .012 | –2.450** |
| Adopted through private agency | .243 | .027 | .156 | .027 | –2.225** |
| Years since adoption occurred | 5.393 | .335 | 4.185 | .278 | –2.647** |
| Parent age at initial placement | 35.200 | .472 | 36.457 | .531 | 1.760* |

Abbreviations: M, mean; SEM, standard error of mean; df, degrees of freedom.

* $p<.10$, ** $p<.05$, *** $p<.001$.

## Services Needed and Barriers to Access

Figure 3 displays various data points about the 14 post-adoption services included in the NAFS. The dark shaded bars indicate the percentages of underserved families that needed each service but were not able to access it. Three post-adoption services were needed, but not accessed, by more than 30% of underserved adoptive families: support groups for adoptive parents (36.4%), respite care (temporary nonparental supervision of the adopted child) (32.4%), and social skills training for the adopted child (30.8%). All of the post-adoptive services tested were needed but not accessed by at least 10% of underserved adoptive families.

The light shaded bars in Figure 3 show the percentages of all adoptive families in the NAFS that accessed each service, regardless of need. These data points indicate how commonly various post-adoption services are rendered, irrespective of family need. The figure shows that the most commonly rendered post-adoption services include counseling and mental health services for the adopted child (34.3%), financial assistance (33.4%), parent support groups for adoptive parents (28.4%), and parent training (27.5%).

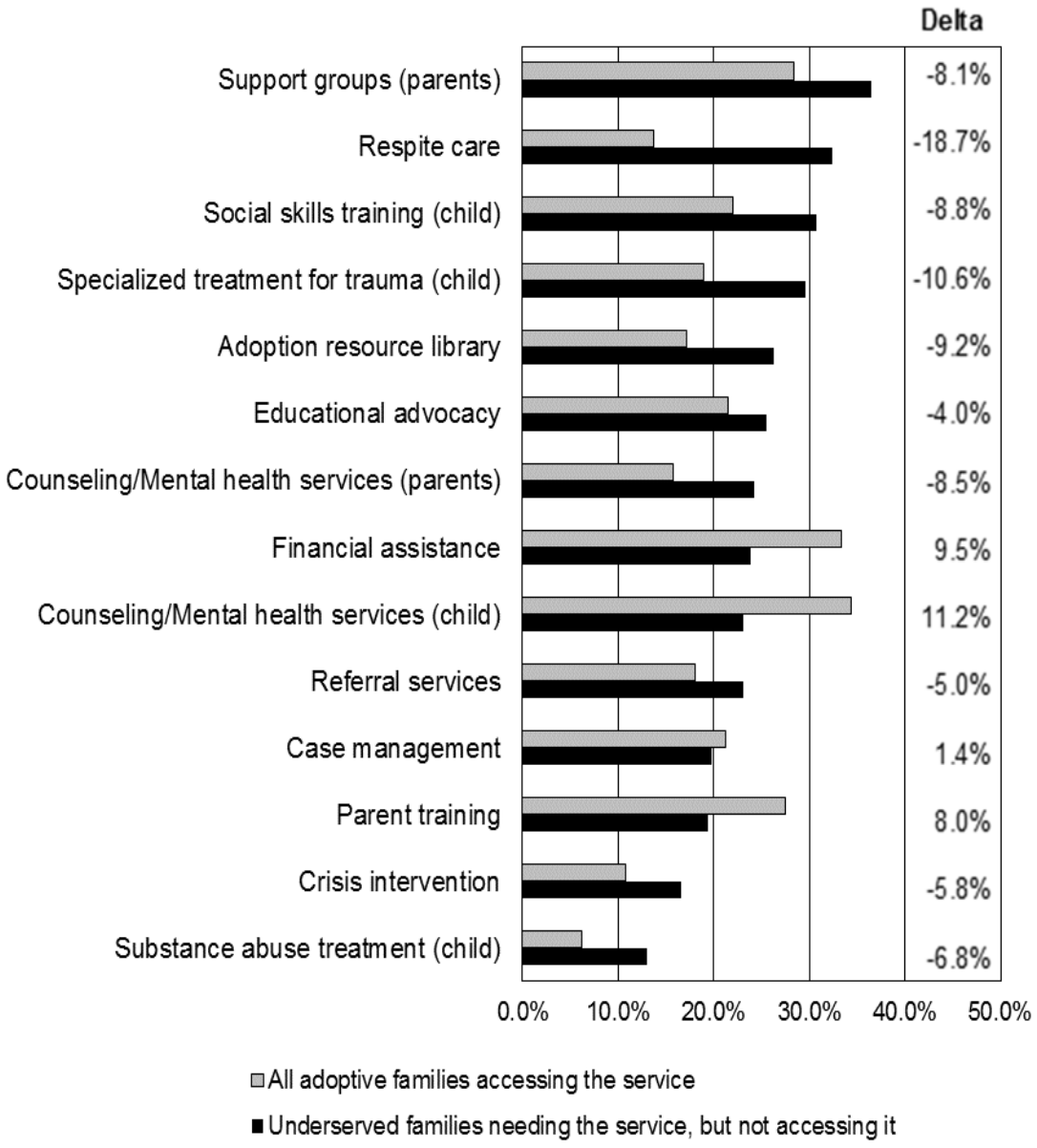


*Figure 3*. Services needed but not accessed by underserved families, compared with services accessed overall.

The divergence between these two percentage values for each service (the difference, or delta, between the light and dark shaded bars,

presented at the right side of the figure) also produces a useful value for analysis. Specifically, the delta values in Figure 3 show that underserved families frequently need two post-adoption services – respite care and specialized treatment for the child's trauma. Nonetheless, they are rendered disproportionately by the state.

Table 3 helps us understand what types of barriers keep underserved adoptive families from accessing the services they need. Again, we used independent samples *t* tests to determine whether or not underserved adoptive families differed from other adoptive families, in this case according to the rate at which each barrier was encountered. Each barrier listed in Table 3 was measured through a dichotomous variable (0, no; 1, yes).

Table 3. *Barriers to Accessing Post-adoption Services, by Underserved Adoptive Family Status*

| | Underserved Adoptive Families | | Other Adoptive Families | | *t* value |
|---|---|---|---|---|---|
| | M | SEM | M | SEM | (df=435) |
| Experienced *no* barriers | .158 | .023 | .653 | .035 | 12.27** |
| Unaware of where to find services | .296 | .029 | .068 | .018 | –6.16** |
| Unaware of what services to look for | .291 | .029 | .100 | .022 | –5.02** |
| Did not want to ask for help | .109 | .020 | .037 | .014 | –2.82* |
| Past services were not helpful | .291 | .029 | .042 | .015 | –7.04** |
| Could not afford services available | .186 | .025 | .032 | .013 | –5.08** |
| Adopted child was uncooperative | .182 | .025 | .026 | .012 | –5.22** |

Abbreviations: M, mean; SEM, standard error of mean; df, degrees of freedom.

* $p<.05$, ** $p<.001$.

Underserved adoptive families were less likely than other adoptive families to say that they had experienced “no barriers” to accessing services they needed: 15.8% compared with 65.3%. Significant mean differences are found across each of the barriers in the table. Looking just at the tested barriers occupying rows 2 through 7 of the table, the largest mean difference between underserved adoptive families and all other adoptive families is for “past services were not helpful.”

## DISCUSSION

### Adoptive Parents as Underserved

As hypothesized, the results of this study suggest that many adoptive families are underserved and therefore highly vulnerable. Findings revealed that almost 60% of NAFS participants were underserved as defined by the study, which means that they experienced at least one instance when they needed a post-adoption service but did not access it. Furthermore, an alarming 70% of underserved adoptive families failed to access *two or more* services they needed. Thus, the typical experience of underserved adoptive families in the NAFS sample was to have multiple post-adoption needs, and to experience limited or no success accessing services for them. Other studies document high rates of accessing post-adoption services (Smith, 2014a), but the NAFS is the first data set to measure rates at which services are needed but ultimately not accessed.

This study also hypothesized that traditionally marginalized demographic groups would be disproportionately represented among underserved adoptive families. The data show limited support for this hypothesis. Among underserved adoptive families, nonwhite adoptive parents are significantly more likely to be underserved, which is consistent with traditionally marginalized groups based on race and ethnicity. This effect

does not extend to marital status, race of the adopted child, or gender of the adopted child.

Income, however, distributes in the opposite direction from what we hypothesized, whereby lower-income adoptive families are *less* likely to be underserved. It is possible that lower-income families go into the adoptive process having a higher degree of familiarity with state services and therefore are more adept at accessing post-adoption services from the state. Another possible reason for this effect is that higher-income families experience shame in association with accessing state services. Further research is needed to clarify the relationship between family income and access to post-adoption services.

The data also indicate that families adopting older children are more likely to be underserved, which is consistent with findings from Smith (2014a). This is not surprising because limited services are available, yet it is troubling because disruption and dissolution rates are vastly higher among older children than younger children. Additionally, older children may refuse or resist services. In the NAFS, 18.2% of adoptive families list an "uncooperative adopted child" as a barrier to accessing needed post-adoption services. Furthermore, families experiencing an uncooperative adopted child as a barrier to services adopted at a mean age of 7.4 years, compared with a mean age of 3.4 years for families that did not list this as a barrier [$t(431)=-6.96$, $p<.001$].

Kinship adoptive families that are biologically related to the child are also more likely to be underserved, although in the NAFS these families are underrepresented and therefore comprise fewer than 10% of underserved adoptive families. Regardless of underrepresentation in the sample, the data clearly indicate a higher likelihood of an adoptive family of kin being underserved. Howard and Smith (2003) found that kinship adopters

reported fewer child behavior problems and service needs. However, it is unknown whether kinship adoptive families reported fewer issues to avoid continued state intervention, or whether the kinship relationship produces more favorable outcomes. In contrast, Ryan, Hinterlong, Hegar, & Johnson (2010) reported that kinship families conveyed more undesirable assessments of their family's current functioning. Additional data are required to understand this relationship fully.

Families that adopt through a private agency rather than directly through the state were more likely to be represented among underserved adoptive families. However, it is unlikely that all families can choose to use a private agency for foster care adoptions because this practice varies based on state policies. Thus, caution should be exercised in interpreting results involving this variable. Nevertheless, this finding supports the generalized critique of privatized government services – that private agents are inherently less motivated to support the public welfare functions of government.

**Service Need and Access**

Interestingly, all services in this study were needed but not accessed by at least 10% of the sample. This study's findings were consistent with those of previous studies that identified support groups and respite care as commonly unmet needs (McDonald, Propp, & Murphy, 2001; Kramer & Houston, 1998). As in other studies, respite care was identified as one of the largest unmet needs (Rosenthal, Groze, & Morgan, 1995). Among the underserved adoptive families in the NAFS sample, 32.4% needed respite care and did not access it. This is essential information for child welfare policy makers because unmet need for respite care is a predictor of adoption instability and has been shown to have a negative effect on the

adoptive family unit (Howard, Smith, & Ryan, 2004). Accessing respite care has been associated with fewer crisis-driven placement disruptions, greater optimism on the part of parents about their ability to care for their child, and reduced caregiver stress (Bruns & Burchard, 2000). Unfortunately, although adoptive parents identify respite care as helpful, it is hard for most families to access this service (Livingston-Smith, 2010).

This study is the first to demonstrate that trauma-specific post-adoption services belong in the list of commonly unmet needs among underserved adoptive parents. Trauma-specific post-adoption services require a competent adoption professional with knowledge of trauma and the child welfare system (Smith, 2014a; Smith, 2014b). In the NAFS, about 28% of all adoptive families accessed specialized treatment for the child's trauma. However, close to 30% of the population of underserved adoptive families that needed it did not access it. There continues to be a deficit in the number of adoption-competent professionals with this expertise (Livingston-Smith, 2010; Ryan et al., 2009) despite what we now know about trauma and adoption.

**Barriers to Services: Missed Opportunities**

As hypothesized, underserved adoptive families were more likely to report "barriers" to accessing services. The findings indicate significant mean differences between underserved adoptive families and other adoptive families in experiencing barriers. Only 16% of underserved families perceived "no barriers," compared with 65% of other adoptive families. The most common barriers to obtaining services for underserved adoptive families were the following: being unaware of where to find services (27%), being unaware of what to look for (29%), and perceiving past services as not helpful (29%). It is interesting to note that *not knowing*

*what services to look for* and *not knowing where to look for services* were also barriers to services for adoptive families identified by adoption professionals (Ryan et al., 2009). Although this finding suggests congruency between adoptive families and adoption professionals around service barriers, advocacy or corrective action to resolve the issues in practice has been minimal.

Although the scope of this study did not allow an examination of reasons why underserved participants perceived services as "not helpful," acknowledging the perception is critical nonetheless. Livingston-Smith (2010) highlighted a number of reasons why adoptive parents found post-adoption services unhelpful, including that service providers (1) made the family feel as if it was to blame, (2) failed to validate the family's experiences, (3) suggested that the family give the child back to the state, and (4) failed to provide the adoptive parents with adequate information about the child's history. We find troubling evidence in the current study that poorly executed post-adoption services are far more commonly experienced by underserved adoptive families (29%) than by others (4%). This "bad first impression" effect likely starts or accelerates a downward trend of mistrust in state post-adoption services.

**Study Limitations**

The moderate sample size is a limitation of this study. However, data on adoption outcomes are difficult to obtain because child welfare agencies have limited oversight once adoptions are finalized. Although the NAFS had survey participants from all 50 states, the sampling methodology is not representative, and therefore the results are not generalizable.

Recruitment strategies for the NAFS may have limited the sample to adoptive parents with access to computers, the Internet, and social media

sites. The self-report nature of the survey is also a limitation. As in all retrospective surveys, asking participants to recall past information about the child before the adoption and after the adoption also has its limitations. Because adoptive parents rely on agency personnel to communicate the child's history based on administrative records, they may not always be provided with current or accurate information.

Other study limitations include the study measures. The list of post-adoption services was compiled from other studies on post-adoption service need and use, and services were not explicitly defined for participants. Therefore, participants may have selected a service that most closely matched the service they needed or accessed. Furthermore, the list may not have been fully inclusive of all available post-adoption services in each state.

## Implications for Practice

One of the key responsibilities of the social work profession is to challenge social injustice and ensure that needed information, services, and resources are accessible to help vulnerable and oppressed populations meet their own needs (NASW, 2008). Social work has been at the forefront of the field of child welfare field for well over 100 years. However, this study is one of the first to identify adoptive families as vulnerable and bring awareness to their underserved status.

In light of this finding, the social work profession, in partnership with child welfare organizations, needs to become a stronger advocate for underserved adoptive families. Partnerships should focus on maximizing *quality* resources and addressing the disparities in access to appropriate resources and services for adoptive families. Outreach is a viable option

for traditionally underserved populations and should be considered as a method of service delivery to improve access.

The need to increase the number of quality post-adoption services is essential and has been well established in the literature. However, an overhaul of the processes involved in the delivery of post-adoption services is unavoidable. Reconceptualizing the role of child welfare agencies in the lives of adoptive children and families is imperative. Post-adoption services should not be viewed as a last resort for families in crisis, but as the first line of defense in supporting and nurturing families to ensure permanence. Improving post-adoption services and increasing access to families should not be perceived as an added responsibility for the agency to bear, but rather considered as part of the agency's original commitment to children who are removed from their biological families.

The culture of adoption and post-adoption services within child welfare agencies requires a substantial transformation. Agencies need to establish a proactive, not a reactive, service delivery model. Additionally, the perceived stigma associated with seeking post-adoption services needs to be addressed. Livingston-Smith (2010) highlights the benefit of getting adoptive parents to reframe seeking help as a strength, indicating that it may encourage them to address emerging issues before they spiral out of control. Good social work practice begins with strong engagement skills. Adoption professionals who take the time to develop rapport with adoptive families can significantly increase the likelihood of their seeking help in the future. When adoptive families make the decision not to access post-adoption services because they were perceived as *not helpful* in the past, the child welfare system has missed critical opportunities to intervene.

Because the other barriers most commonly reported by underserved adoptive families were "being unaware of where to find services" and

"being unaware of what to look for," the field may want to consider using technological advances in mobile applications to give adoptive families (and adoptees) immediate access to informational and preliminary resources. Although online methods and mobile technology have been widely used to provide an alternative approach to care for other populations, they have not been used with adoptive families (Hartinger-Saunders et al., 2015).

Adoptees cannot afford to endure an adoption disruption, or still worse, an adoption dissolution. Post-adoption services should be designed as if they "will" be needed and accessed. There is danger in implementing a post-adoption services model that is reactive. When adoptive families make the decision to seek out help, we need to be prepared to respond with viable options that are sensitive, related to their specific needs, and effective. Public child welfare agencies should be on the forefront of designing and implementing post-adoption services to address the unique need of children adopted from the child welfare system. Post-adoption service workers should be highly trained and viewed as an integral part of the child welfare team, committed to the safety, permanence, and well-being of children.

More often than not, statistics show that adoption is a positive experience that offers children an alternative to growing up in abusive and neglectful homes. However, we cannot lose sight of the adoptive families and adoptees struggling with the process. Research on adoption disruption and dissolution is difficult to obtain, yet some studies suggest that 10% to 25% of adoptions disrupt and 1% to 10% dissolve completely (Hartinger-Saunders et al., in press-a) . Nevertheless, child welfare practitioners and policy makers cannot focus on these numbers when determining whether or not the field of post-adoption services needs improvement. As we have

seen in the NAFS and previous studies, adoptive families are struggling live in silence for extended periods of time and for various reasons. This does not mean that they do not have significant needs or require services. In fact, the literature tells us quite a different story. A large body of literature supports the long-term, permanent deficits that abused children will endure. An adoption disruption or dissolution may be the only mechanism for some families to finally obtain the necessary and appropriate services for the child. This is a costly strategy (financially and emotionally) for the child, family, child welfare agency, and community. Adoption should not be viewed as an end in and of itself. Even though adoption is considered a favorable outcome for child welfare agencies, it is not a single “event” for adoptees and their families; it is a lifelong process.

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