Issues in Developing Comprehensive, Community-Based Service Systems

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Beyond Adoption
Supporting Adoptive Families of Children with Special Needs

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Issues in Developing Comprehensive, Community-Based Service Systems

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September 2000

Beyond Adoption
Supporting Adoptive Families of Children with Special Needs

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with Monica Cameron

Preface

The public often thinks of adoption as "the answer" to the needs of children who have been abused or neglected by their parents. A loving new home will meet the child's needs, and everything will be well.

In fact, however, adoption is only the beginning of an answer. Many children will struggle with the effects of abuse or neglect throughout their lives. They will continue to present emotional and behavioral challenges to those closest to them.

This *Occasional Paper* is based upon a consumer satisfaction survey of adoptive parents of children with special needs. It was conducted by the Iowa Department of Human Services in 1999. In developing the paper, however, the authors also reviewed Iowa policies and practices with respect to the state adoption subsidy program, as well as reviewing research on adoption of special needs children generally. While this paper addresses the Iowa adoption subsidy program, the authors believe it has applicability to the programs in other states, as well.

The authors thank the Iowa Department of Human Services for enabling the Center to analyze the data. Further, the authors also thank Mary Nelson, Jane Kieler, Rebecca Meyer, and Jeff Terrell from the Department and Lynhon Stout from the Iowa Foster and Adoptive Parents Association for reviewing and commenting on earlier versions of the paper. Betsy Marmaras provided the statistical analysis and Vivian Day edited and formatted the paper. Most importantly, the authors thank the adoptive parents who completed the survey and adoptive parents, generally, for the love and care they provide their adoptive children.

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Supporting Adoptive Families of Children with Special Needs

Thank you. The subsidy check is very helpful especially as a single parent. It has covered the counseling needed for ADD. We are doing great because of your program. I have been able to fulfill a life-long dream. I am a mother and my son is the greatest gift in my life!
(Adoptive Parent)

We were not counseled by anyone on drug effects on a child's brain or what to expect. We are living a very stressful life. Our son has multiple problems and we have little or no help since the adoption….I am constantly having to fight for things we need from Medicaid. I would not recommend this to anyone. We have another foster child with medical needs but are afraid to adopt her because of everything we have been through with our son. The system is not looking out for these children.
(Adoptive parent)

Introduction

Children need permanent homes. When their own parents cannot provide a safe and nurturing home for them, they deserve a home with someone who can. Adoption is often the best answer.

Yet children who have suffered abuse or neglect often come with challenging behaviors and unresolved issues. Adoption alone is not a solution to these behaviors, nor does it resolve all issues.

States are under increasing pressure to increase the adoption rates of children who have been placed into foster care. Most of these children have "special needs." States offer adoptive parents financial support and additional services for these adopted children.

In most instances, these adoptions work well. Yet, as one of the comments above suggests, a significant number may not.

This paper explores the current status of Iowa's special needs adoption experience, as seen through the eyes of adoptive parents in a consumer satisfaction survey. It also reviews the adoption literature and identifies "best practices" in supporting adoptive parents. It concludes with recommendations on how adoption support programs can be improved.

While this report concerns Iowa's special needs adoption program, it should have applicability to other states as well. The public generally views adoption in a very positive light, as the solution to a child's needs. In fact, however, it often represents only the start of a

solution – one that, without continued and adequate support, as may be needed by families, can be frustrating and even heart-breaking for adoptive parents and their adopted children.

Adopting Children with Special Needs: Requirements and Challenges

In November of 1997 the Adoption and Safe Families Act (ASFA), P.L. 105-89 was enacted by the United States Congress in reaction to concern over children languishing indefinitely in foster care. The Act streamlines a number of procedures in order to expedite permanent placement. States are no longer required to make reasonable efforts to preserve or reunify families in certain aggravated circumstances including very serious abuse, murder or voluntary manslaughter of another sibling. States are required in most cases to initiate termination of parental rights where the parent has abandoned an infant, murdered or committed voluntary manslaughter of another sibling, or seriously injured the child or another sibling. Most significantly, perhaps, termination of parental rights (TPR) must be commenced where the child has been in foster care for 15 of the most recent 22 months,[1] and permanency hearings must be held within 12 months of when the child enters foster care (and at least every 12 months thereafter) to ensure that the child is on a course leading to permanent placement. These requirements create a strict new schedule that states must follow in order to qualify for federal funding.

As a result of this federal legislation, there is increasing pressure to free children in foster care for adoption promptly and to plan for and achieve permanent placement as soon as possible. Adoption numbers nationally have continued to increase from 28,000 in fiscal year (FY) 1996 to 31,000 in FY 1997 to 36,000 in FY 1998 to an estimated 42,375 in FY 1999. (Evan B. Donaldson Adoption Institute, citing Voluntary Cooperative Information System). Some states that have seen dramatic increases include Illinois, Texas, Iowa and Wyoming. These states attribute the increase to many factors including reduced worker caseloads, streamlined court processes, state laws limiting the time children spend in foster care, administrative reforms, an increased focus on terminating parental rights where reunification is not possible, expanded recruitment of adoptive parents and the creation of adoption specialist positions. (The North American Council on Adoptable Children, 1999).[2]

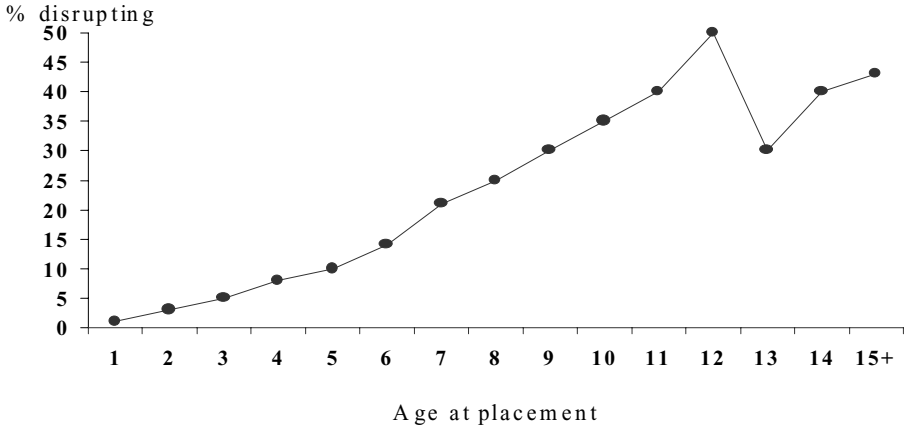
As of March, 1999, 117,000 children nationally were waiting to be adopted. (3/99 AFCARS Report.) The large majority of these children have physical, mental or emotional challenges; most are minority and are over the age of five. For example, out of 36,000 children adopted in the United States in 1998, 61% were minority children, 86% were receiving an adoption subsidy,[3] and their mean age was 6.9 years. (3/99 AFCARS Report). In Iowa, 65% of children awaiting adoption (between October 1, 1999 and March 31, 2000) were 6 years old or older (33% were 11 or older), and at least 25.2% were minority children. (DHS, July, 2000). Sixty two percent of children awaiting adoption in Iowa were diagnosed with a physical, mental, emotional or behavioral disability. (Child Welfare Outcome Report, August 2000).

Because of the special needs of these children, many of them will continue to need special services, and some are likely to continue to need such services well into adulthood and even throughout their lives. Indeed, the importance of services is increasingly supported by research linking the success of special needs adoptions to the availability of appropriate supports. One study in Great Britain noted more behavior problems among children in adoptive homes than in long term foster care and more critical and punitive parenting styles among adoptive families than among foster families. It attributed these differences at least in part to the fact that, unlike foster parents, adoptive parents lacked professional support and advice to

deal with behavior problems and consequently they felt more isolated. (Gibbons) Research also indicates that the greater the age of the child upon adoption the greater the likelihood that the adoption will disrupt. (See Table 1, below.) (Fratter, 1991). Given these higher rates of disruption, the importance of services is highlighted by one study which found that provision of agency services was a predictor of success in adoptions of older children. (Pearlman-Smith, 1989).

Table One

Age at placement and percentage of placements disrupting



Source: Great Britain data (Fratter, 1991)

The critical importance of services to the success of special needs adoptions underscores the need for periodic review of service availability and accessibility as well as for measuring the satisfaction levels of adoptive families.

Iowa's System of Supports and Services for Special Needs Adoptions

Iowa provides a number of supports and services for families adopting a child with special needs. First and foremost, state and federal Title IVE funds are used to support adoptions through several different subsidies. "Maintenance subsidies" are monthly payments to adoptive parents to assist in covering the cost of room, board, clothing and spending money. "Special care maintenance allowances" are available to children with physical, mental or emotional problems or sibling groups of three or more children. Depending on the circumstances, these allowances range from $4.94 per day to $14.80 per day and are in addition to the regular Maintenance Subsidy. Finally, "Special services subsidies" are available for specific purposes (enumerated below). Adoptive families may receive maintenance or special services subsidies or both. In order to be eligible for any subsidy, the child must have a physical, mental or emotional disability, be a minority or biracial child, be an older child (age 8 or older), be a member of a sibling group of three or more, or be a member of a sibling group of two if one meets other special needs criteria. The child also must be under the guardianship of DHS or a licensed private child placing agency. The subsidy must be necessary for the adoption to occur (i.e. the prospective parents are capable of providing a good home but the costs of special needs are beyond their resources). Subsidies are available before the adoption

is finalized ("presubsidies") as well as after the finalization of the adoption.

Maximum adoption subsidies increase with the child's age and vary with the circumstances and the child's needs. (Iowa DHS Emplyee's Manual, "Adoption Subsidies"). They are not related to the parents' income. Maximum adoption maintenance subsidies are the same as those that would be available to the same child in foster care. However, while the foster care subsidy is a fixed entitlement amount, actual adoption subsidies (up to the maximum) are "negotiated" with the adoptive parents. Ideally, the adoption subsidy worker informs the parents of all available subsidies and resources (including both maintenance and special subsidies) and examines the particular needs of the child and the family. In practice, anecdotal evidence suggests that foster parents who are adopting their foster child tend to insist on receiving the same (maintenance) amount as they did before adoption, while those who are adopting a child without first becoming foster parents (relatives, most frequently grandparents) are more likely to receive less than the maximum allowable amount.[4] Currently, no written information outlining available resources and subsidies is provided to adoptive parents during the "negotiation" process, although DHS is in the process of designing such a resource guide.

Both foster children and adopted special needs children are eligible for Medicaid. However, some of the supports available to foster children are different than those available to adopted children Notably, there is no clothing allowance for adopted children and the standard number of respite days is fewer (5 as opposed to 24). Adopted children do not receive subsidies for school fees or rehabilitative services, although some of the therapy and counseling included

Support Services for Foster Parents and Adoptive Parents

Foster parents receive the following support services:

- clothing allowance ($200 per year)
- medical coverage, transportation for medical care and mental health coverage
- funeral expenses ($650, maximum)
- school fees ($50 per calendar year)
- respite care (up to 24 days per year)
- tangible goods (building modifications; medical equipment, communication devices not covered by Medicaid; specialized educational materials not covered by education funds; child care; and ancillary services [special classes, recreation fees, in-home tutoring, and specialized classes not covered by education funds.])
- rehabilitative treatment services (therapy and counseling, supervision services, restorative living skills)[funded by state and Medicaid funds]

(Foster Care Manual)

Adoptive parents can receive many, though not all of the above supports through special service subsidies. Supports available to adoptive families include:

- outpatient counseling or therapy services
- medical services not covered by the Medicaid program (limited to an additional premium amount due to the child's special needs to include the child in the family's health insurance coverage group)
- child care as required by the child's special need
- medical transportation not covered by Medicaid and the family's lodging and meals, if necessary, when the child is receiving specialized care or the child and family are required to stay overnight as part of a treatment plan
- supplies and equipment as required by the child's special needs and unavailable through other resources
- attorney fees and court costs necessary to finalize the adoption
- 5 days respite care per year at the rate of $15 per day (funded by a $200,000 contract with the Iowa Foster and Adoptive Parents Association)
- funeral benefits at the amount allowed for a foster child

(Iowa Adoption Subsidy Fact Sheet).

in rehabilitative services can be accessed through special subsidies. Medical services not covered by Medicaid are restricted to those that can be covered through payment of a health insurance premium. However, families are responsible for any copayments or deductibles.[5]

Another significant difference is that foster parents have an assigned caseworker who remains in frequent contact with the family. Upon adoption, however, guardianship transfers from DHS to the parents and the caseworker function ends. Adoptive families then are assigned an adoption subsidy worker whose primary responsibility is to reevaluate the subsidy received by the family every two years by sending out a request for updated information/ changed circumstances. Requests for special services can be made at any time by contacting the subsidy worker, although written documentation and approval by the Adoption Program Manager is needed for any special services exceeding $500.

Children adopted in Iowa who receive subsidies are eligible to continue receiving those subsidies even after leaving the state. When a child is IV-E eligible, they are eligible for Medicaid in the state in which they reside. If they are not IV-E eligible, they continue to receive medical coverage from Iowa. It is generally easier, however, for a family to obtain medical services when the Medicaid program is in their state of residence.

In FY 1999 DHS provided subsidies to adoptive families of 2931 children with special needs at a cost of $22,175,070. (Report to the Legislature, December 15, 1999).

Additional services are available to adoptive families through the Iowa Foster and Adoptive Parents Association (IFAPA) which receives DHS funds for the purpose of providing support to foster and adoptive parents. Membership in the organization is free to all foster and adoptive parents in Iowa. IFAPA acts as a conduit of DHS funds for respite care. Five days of respite care are available per subsidized child per year. IFAPA also provides financial assistance and support to over 39 different parent (peer) support groups throughout Iowa. IFAPA members receive a newsletter every other month which serves as a means of peer support and which contains information about policy affecting foster and adoptive families. IFAPA members also can receive a Legislative Bulletin which informs them about relevant issues being considered by the Legislature. The Bulletin is available every other week during the legislative session. Another IFAPA service is the Liaison Program which provides access to a foster parent trained in peer support who serves as a source of referral, information and other assistance. Finally, IFAPA provides trainings, especially during November, which is Adoption Month.

Because DHS's database of adoptive parents is confidential, IFAPA is not able to recruit these parents directly. While DHS does attempt to notify both foster and adoptive parents about IFAPA (during initial training as well as through periodic mailings), it appears from the parent survey that at least some adoptive parents are unaware of the organization or do not understand the supports it is able to provide. While there are approximately 1263 adoptive families receiving subsidies,[6] recent IFAPA records indicate that only 596 adoptive families are members of IFAPA (including adoptive families not receiving subsidies). Thus, fewer than half of all families with subsidized adoptions are members of IFAPA.

Adoptive Parent Perspective: Responses to a Consumer Satfisfaction Survey

In an effort to assess the satisfaction levels of adoptive families of children with special needs, in October of 1999 DHS sent out surveys to all families who were currently receiving subsidies for one or more adopted children. (See Appendix One: Survey and Responses.) Out of 1263 surveys sent out to families, 533 were completed and returned. The racial and ethnic

characteristics of adopted children who were the subject of survey respondents are unclear and confusing. While 70.51% of respondents indicated that the child was Caucasian, (a figure not too divergent from the percentage of children awaiting adoption and being adopted who are white[7]), only .57% indicated that the adopted child was African-American, while fully 15% of adopted children and 17% of children awaiting adoption are African-American. (DHS Data for October 1999-March 2000). No responding parents indicated that the adopted child was Hispanic or Asian but 28.92% classified the adopted child as "other". It is unclear whether "other" was marked because the child was biracial or for other reasons. However, given the disproportionate representation of minority children in the pool of children awaiting adoption and being adopted, the additional challenges posed by interracial adoptions, and the apparent disparity between how DHS perceives the racial characteristics of adopted children and how adoptive parents perceive them, future surveys may do well to explore this issue further.

The survey indicated that, while a majority of adoptive parents are satisfied with the post-adoption support they receive from the state of Iowa, nearly one-quarter are ambivalent to dissatisfied. In addition, while survey results showed that over 90% of respondents indicated that they could maintain their child in their home with current services and subsidies, open-ended comments revealed a more complex perspective. Some respondents felt that, because of love and bonding with the child, they would keep the child no matter what, although the lack of adequate assistance imposed serious financial and emotional hardships on their families.

A more detailed analysis of who is and isn't satisfied with services reveals a number of opportunities for continued system improvement.

Analysis of Close-Ended Responses

Six separate questions were designed to assess adoptive parents' satisfaction with the State's adoption subsidy program. All were highly intercorrelated, and a composite score was developed to assess overall satisfaction. The overall results from respondents showed that 42% were highly satisfied, 30.6% were fairly satisfied, 9.3% were ambivalent, 10.3% were fairly dissatisfied and 5.6% were strongly dissatisfied. Another 2.2% did not provide adequate responses to assess satisfaction. (See Appendix Two: Consumer Satisfaction Scale.)

These satisfaction scores are generally below those found in most consumer satisfaction surveys for services received. The public generally views adoption as a very positive answer and resolution to a child need. The survey results speak to the ongoing challenges that special needs children and their adoptive parents experience.

Since the survey also asked a number of other questions related to the adoptive parents and the child, it was possible to determine whether some factors led to greater satisfaction or dissatisfaction than others. Further analysis revealed additional distinctions that highlight areas of special challenge.

Number of adopted children. Analysis revealed that, the more children that the parents adopted, the greater was the likelihood of dissatisfaction. While only 13.1% of adoptive parents who adopted only one child were fairly or strongly dissatisfied; that percentage rose to 15.8% for parents adopting two children, and 20.3% for parents adopting three or more children.

Sibling Groups. Analysis also revealed that adoptive parents of sibling groups were more likely to be fairly or strongly dissatisfied (19.1%) than those that adopted children not in sibling groups (13.9%).

Age of Child at Adoption. While adoptive parents were fairly or strongly dissatisfied in about the same small proportion when the adoption was finalized when the children were young (13.8% dissatisfied for children 0-2; 14.8% dissatisfied for children age 3-5; and 15.2% dissatisfied for children 6-8), that percentage increased significantly (to 20.3%) for parents of children whose adoption was finalized at the older ages of 9-14.

Years Since Finalized Adoption. Adoptive parents who responded that it had been one to four years since their finalized adoption had a dissatisfaction level of 12.5%, compared with 22.0% for adoptive parents who had adopted the child or children more than five years ago. This indicates that challenges faced by adoptive parents and their children may increase, rather than diminish, over time, as their children get older.

Years in placement and number of placements prior to adoption. Analysis showed little difference in the satisfaction with adoption based upon the number of years in foster care prior to adoption or the number of placements prior to adoption. Although the number of placements prior to placement in the adoptive home varied from none to eleven and the number of years in foster care prior to adoption varied from 0 to 14, there were few differences in consumer satisfaction levels based upon either time in placement or number of placements.

Education Level of Adoptive Parents. The education level of the parent completing the form had a strong correlation with satisfaction. Only 10.2% of parents with a high school diploma or less expressed dissatisfaction, compared with 21.2% with post-secondary vocational school or college experience and 17.8% with a college diploma or above. While the reasons for these differences are not clear, they are in keeping with the results of other studies which show special needs adoption success rates are inversely related to educational level of the parents. (Barth, 1988) It may be that those with higher levels of education have higher expectations of agency performance or the child's liklihood of change are less likely to see the economic subsidy as a benefit to their family.

Licensure as Foster Parent. While forty-five percent of respondents were licensed foster parents and fifty-five percent were not, there were no differences in levels of satisfaction among the groups.[8]

Child's Special Conditions. The survey also asked adoptive parents to identify any special conditions of the child, providing a list of twelve different conditions. Three related to child welfare designations of sexual abuse, physical abuse, and neglect. Four related to specific medical conditions: MR/DD, autism, fetal alcohol syndrome, and drug affected infant. Five related to behavioral issues: sexual perpetrator, reactive attachment disorder, attention deficit disorder, oppositional defiant disorder, and delinquency. On average, respondents identified 3.43 conditions, although 44 did not mark any conditions. Again, there were significant differences in consumer satisfaction depending upon the conditions that were marked. For the purpose of analysis, the child welfare categorizations were not considered as special conditions.[9] Only 9.1% of adoptive parents who marked none of the other conditions were fairly or highly dissatisfied. Meanwhile, 10.8% who marked only the medical conditions (MR/DD, autism, fetal alcohol syndrome or drug affected infant) were dissatisfied. That percentage increased to 15.5% for those marking only the behavioral conditions. For adoptive parents indicating their adoptive child had both medical and behavior conditions (173 of the respondents, or 32.2% of the sample), dissatisfaction increased to 24.2%, with another 8.7% citing mixed feelings. This analysis suggests that, as could be expected, the more numerous and challenging the conditions of the children, the less likely parents are to be satisfied with the support and services they are receiving.

Most Needed Services. While unmet service needs indicated by parents were not

analyzed in relation to satisfaction levels, they are important indicators of satisfaction. Parents indicated that the most needed unavailable services were: child care/respite care (34%)[10]; clothing allowance (30%); therapy/counseling services (26%)[11]; and orthodontic care (18%).

Analysis of Open-Ended Comments

The following reflect the most frequently occurring subject areas/concerns of adoptive parents who took the opportunity to respond in writing to open-ended questions in the survey. Numbers in parentheses indicate how many comments addressed each issue and do not represent an unduplicated count of individual respondents.[12] (See Appendix Three: Open-Ended Resp9onses to Survey Question on Special Conditions andServices.)

Parents Overwhelmed by Challenges of Special Needs Adoptions

- **A small but significant number of parents felt stressed, overwhelmed, ill-prepared and inadequately assisted**. They felt that they had not been adequately prepared and educated and/or they were not receiving adequate help, especially adequate respite care. One parent expressed the view that some children were just too difficult to be managed successfully in a home environment and that DHS should research cases more carefully and place such children in alternative care. Another comment expressed the opposite view, that with more services most children can be successfully adopted. Yet another parent, whose adoption had failed and who relinquished the children back to DHS, felt that the adoption finalization phase should be extended from 6 months to one year to permit parents to learn about the gravity of any emerging problems. Whatever the solution, it is apparent that there is a significant group of parents who feel that they are not able to cope well at this time with the (primarily behavioral) problems of the children they have adopted.(12)

Views Regarding DHS Staff and Overall Quality of Assistance Offered

- **A large number of comments were very favorable about DHS staff and the overall assistance offered by DHS.** These comments expressed appreciation for making things possible and praised the professionalism, caring and involvement of particular staff persons. (42)
- **Unfavorable comments were almost as frequent.** These comments point to workers who are perceived as threatening, unresponsive, on a "power trip", failing to provide information and resources or outright lying to and misinforming the parents. Some of the commentators express the belief that the workers are too overloaded to do their jobs well; some also refer to the multiplicity and turnover of workers as a problem. Differences in quality between counties and particular workers are also highlighted. In some instances the same individual comments favorably about one worker and unfavorably about another, suggesting that there may be real differences in the quality of staff performance (and not just perceived differences based on the attitude of the parent or the difficulty of the problems encountered.) (38)

Inadequacy of Pre-Placement Information and Training

- **Many adoptive parents expressed frustration with the difficulty of getting complete medical records and medical histories for the adopted child and/or with the failure of DHS to provide accurate and complete records of the child's**

history of abuse and other experiences. These parents felt this information was important for both the child's physical and emotional treatment Some felt that DHS workers were deliberately misleading about a child's history of abuse in order to get the child adopted. Others felt that DHS had not adequately researched a child's problems before adoption. (20)

- **Many parents expressed frustration that they were not prepared to deal with and were not adequately counseled and educated about future problems that could emerge as a result of abuse and how to deal with them or where to get help.** Others expressed the concern that such problems could emerge in the future and they wouldn't know what to do/where to go. (21)

Lack of Post-Adoption Contact and Support

- **Many parents expressed the concern that once the adoption was completed DHS "dropped them" and, except for a subsidy and Medicaid card, provided no further assistance or information about where to secure additional help.** A large number of parents clearly wanted ongoing contact and support, somewhere to go for advice, referral and services when problems emerged, an easier way to apply for subsidy increases, etc. Many felt that they had never been told about potential resources and services. Others indicated that while information was provided at one point, too much information was provided all at once for them to process and remember it, and there was no ongoing mechanism for further information and referral. Parents who tried to inquire about services often felt that they got the "run around" and were given one phone number after another. Parents suggested various approaches for ongoing contact such as a newsletter, a toll free phone number or a website. One parent also suggested that continuing education be made available to parents of special needs children. Others stressed the usefulness of support groups. (53)

Helpfulness and Adequacy of Subsidies

- **A number of parents expressed gratitude and appreciation for what the subsidy allowed them to accomplish.** Some indicated that they were single parents who could not have managed otherwise. (35)
- **A significant number of parents wished that the subsidy were larger or that it increased more with the age of the child or with the child's needs.** Some wished that it were easier to apply for subsidy increases. (30)
- **Several parents stated that the subsidies did not arrive predictably at the same time each month,**[13] and that that sometimes resulted in problems with the purchase of services or other financial strains. (3)
- **Some parents felt they had to fight for every penny of help they got.** They felt that the system overall (including both DHS and Medicaid) was hostile and unresponsive to their needs as families and did not recognize the level of stress and expense that a special needs child can place upon a family. (10)

Unmet Needs and Service Gaps

- **More money is needed for respite care.** The small amounts offered are often insufficient both in terms of hours and the ability to attract a qualified provider trained to deal with challenging children. (10)
- **Help in meeting children's medical needs is of paramount concern.** Some felt subsidies were too low; others expressed dissatisfaction with the unwillingness of Medicaid

to cover many costs or the inability to find medical providers who accept Medicaid; one parent wanted help in obtaining private insurance; another wanted assistance in paying for a nutritionist for the children's growth problems. (11)

- **Education was another area of concern identified by parents.** Some found schools very unresponsive unless a child was at least two years behind, and wanted help with tutors or private school tuition. (12)
- **In-home counseling was mentioned as an area where more services should be available.** (5)
- **A number of adoptive parents were unhappy that they were no longer receiving assistance they had received as foster parents. The lack of a clothing allowance for fast-growing children came up repeatedly in this context.** (11)
- **Older children need financial help with college and resources for job training and life skills training.** Unless the child has a physical or mental disability, subsidies stop at age 18, yet the need for subsidies often continues. (5)
- **Child care, transportation and summer camps were all mentioned as service gaps.** (7)
- **A few comments mentioned the desire for assistance in meeting the needs of a child of a different race.** One parent expressed this as the need for "cultural help"; another comment indicated that the adoptive mother didn't know how to handle the hair of her adopted child who is African-American.(2)[14]
- **Geographic location affects the quality and availability of services.** Some parents found it hard to access appropriate services in rural areas. Others noted that it was hard to get ongoing services after an interstate move (out of Iowa). Another parent who lived at Iowa's border complained that he was being required to secure services in Iowa as opposed to the much closer services available in the bordering state. (17)

The Adoption Process

- **A number of parents expressed frustration with the length and complexity of the adoption process.** They felt that the rights of natural parents took too much precedence over the best interests of children and/or that adoptive parents were made to wait much too long given the high need for placement. They felt that the communication was all one-way (i.e. they had to wait for DHS to contact them) and took too long. Some parents who had had more than one adoption experience felt that the experiences varied and some were positive and some negative. One parent expressed frustration in getting no help in finding a child under 3 to adopt. (17)

Concrete Recommendations Made by Adoptive Parents

1. Prior to and at time of adoption, provide better information to the parent about the child, including medical histories, history of abuse and training about potential conditions which could emerge later.
2. Improve communication and ongoing assistance to adoptive parents after adoption through newsletters, helplines, websites, support groups and continuing education.
3. Increase subsidies and make it easier to apply for increases.
4. Inform parents ahead of time if subsidy will be late – make arrival date of subsidy more predictable.
5. Introduce direct deposit of subsidies.
6. Fill the gaps in services (listed above) through more subsidies, a wider range of services and an easier system for accessing help.
7. Make the adoption process faster and more efficient.
8. Make available a brochure about adoption to adoptive parents so they can assist in

recruitment of other potential adoptive parents.

9. Improve adoption services for children exhibiting particularly challenging conditions. (There was a variety of advice, sometimes conflicting, on how to accomplish this. Proposals ranged from more respite care, training and other services to extending the adoption finalization stage to better screening and alternative placement for some children.)

Research, Best Practices, and Innovative Efforts in Special Needs Adoptions

A number of research efforts have identified risk factors associated with the disruption of adoptions and/or the satisfaction of the adoptive parents. Other research efforts have focused on identifying services associated with improving adoption outcomes. Based on this knowledge, several projects and initiatives have attempted to put into practice comprehensive systems of support intended to maximize the rates of successful adoptions, particularly in difficult cases where multiple risks are present.

Risk Factors and Satisfaction Levels

Research indicates that the age of the child upon adoption is one of the most significant risk factors linked to adoption disruption. (Barth, 1988; McDonald,1991; Denney, 1987). Other risk factors include behavioral or emotional (but not cognitive) disabilities and multiple prior placements. (Denney, 1987; McDonald, 1991; Festinger, 1986; Barth, 1988).

Adoptive parent characteristics are also important: those with inadequate preplacement information or overly optimistic and very high expectations are more likely to experience disruption. (Schmidt, 1988; Barth, 1988). Predictably, therefore, foster parents who adopt their foster children (and who presumably have quite a bit of first-hand experience with these children) have lower disruption levels. (Smith, 1991; Barth, 1988). One study indicated that social worker assessments of parenting skills were highly associated with the success of an adoption placement. (Rosenthal, 1988). Parental education is also associated with levels of adoption disruption, with more educated parents experiencing higher disruption levels. (Barth, 1988).

Closely linked to disruptions are the satisfaction levels of adoptive parents. The one factor that emerges repeatedly in study after study is dissatisfaction with the level of preparation provided to adoptive parents prior to adoption. (Berry, 1990; Bergel, 1990). Those parents who received the most information prior to adoption were most likely to feel that their expectations were realistic. (Brown, 1996). Given the link between realistic expectations of adoptive parents and the likelihood of success of the adoption, adequate pre-placement training appears particularly important. Another strong predictor of parental satisfaction with life, family, and children overall concerns support networks – for mothers it is spousal support, for fathers it is socializing with other adoptive families. (Sar, 1994).

The Importance of Subsidies and Services

Adoption services have been found to decrease adoption disruption (Pearlman-Smith, 1989). One study in Florida identified six postplacement services that were significant in predicting adoption success: crisis intervention; outpatient drug and alcohol treatment, maintenance subsidy, physical therapy, special medical equipment, and family counseling. (Brown, 1996). Adoption assistance can also decrease the waiting time until adoption for

children with disabilities, older children and children who need continued treatment; it can facilitate adoptions for children with previously disrupted adoptions. (Sedlack, 1992).

Parents in a number of surveys also have identified needed services. In one survey of 575 families, virtually all respondents indicated that both pre- and post-placement training was essential. (Norris, 1990). Other frequently mentioned needs include: specialized medical and educational services, medical and financial subsidies, counseling, respite and child care, assistance with life planning for the child, and support groups. (Rosenthal,1996; Marcenko, 1991; Walsh, 1991). Financial assistance is particularly important where higher levels of problems emerge than were initially anticipated. (Meaker, 1989).

From Research to Practice: Efforts to Create Adequate Systems of Support for Adoptive Families

A number of projects and initiatives throughout the country have begun building on the knowledge and research in the field in order to create comprehensive assistance systems for adoptive families of children with special needs.

Casey Family Services

The Permanency Options Initiative (POI) in the Casey Family Program's Honolulu Division is intended to improve adoption outcomes. First, prospective adoptive parents become licensed foster parents. They go through a "three to six months of training, to learn what to expect from special-needs kids, and acquire specialized, formal parenting skills. They meet experienced foster and adoptive parents. And they are asked to look inside themselves—to understand their own motives, and the way they feel about the way they were parented." Meanwhile, the search for the right parent-child match is underway, with special attention to cultural compatibility. After several months of foster care, adoption takes place. Support services continue after adoption. (Casey Family Services, Annual Report, 1997)

Casey Family Services is also the lead agency in two federal grants aimed at reducing adoption disruption:

In Connecticut a demonstration project will be working with foster parents who are in the process of adopting and with adoptive parents of children with special needs, in order to provide services such as: regular home visits; referrals to individual and group counseling; parent, adoptive children and biological children support groups; educational programs for extended families; developing supportive connections with the community; helping families form cooperatives where respite services are paid in-kind (i.e. exchange of child care for child care).

In Vermont, Casey Family Services along with five private agencies and the State are partnering to provide preventative, therapeutic and educational services to special needs and transracial families. Services will include : a continuum of post-adoption services and supports; training and technical assistance to mental health and child welfare providers; support to adoptive parent groups in providing outreach to others.

Families for Kids Who Wait (A Kellogg Foundation Initiative)

The Families for Kids Who Wait project seeks to reduce waiting times and improve permanency outcomes for children awaiting adoption. While most of the project focuses on recruitment of adoptive parents and expediting of the adoption process, some aspects also concern post-adoption supports.

Surveys and other research conducted in connection with the initiative indicate that mental health services are particularly lacking for children with severe emotional and behavioral problems. In addition, service accessibility is a concern due to lack of transportation in rural areas, inconvenient office hours, centralized services and long waiting lists. Limited-English families are at a particular disadvantage.

Communities involved with the project have recognized the need for comprehensive support services for adoptive and foster families and have begun working towards providing such services, including:

- respite care
- parent support groups
- post-adoptive service centers (one-stop)
- training for families with cross-cultural placements
- coordinated, comprehensive parent preparation and training
- post-adoption community mental health support
- adoptive family support hot-lines
- expanded training for adoptive families on issues affecting children in their care

Other needed/helpful services target the children themselves:

- improved education and health care to children in placement
- more adoption-sensitive therapists and providers
- services resource directories
- retreats and therapeutic camps for children in care
- better information for children about their adoptive families prior to adoption

The project favors training and recruiting foster parents to be adoptive parents. It also favors open adoptions.

Other creative ideas from various sites in which the project is being implemented include:

- specially trained foster parents acting as resource families to other foster families
- vouchers for families to obtain services from any provider, not just those who contract with the social services agency
- recruitment and supports for employers who provide adoption benefits
- parent networks to promote improved advocacy, support and respite care (including exchanging child care)
- publications for parents about the system processes and opportunities
- improved information for parents about their child's background
- speeding up adoptions by contracting out home-studies, responding to interested families within one week of first contact, and creating a joint training for foster and adoptive families

Parent and Provider Training Curricula from the National Resource Center for Special Needs Adoption

Recognizing that adequate pre- and post-placement training of adoptive parents as well as social workers who deal with adoption can be critical to the success of special needs adoptions, the National Resource Center for Special Needs Adoption has developed a number of curricula (which are made available to all states) for assisting practitioners working with foster and adoptive families as well as for training parents themselves. These include curricula for preparing families before adoption, assisting families after adoption, assisting families of different ethnic and cultural backgrounds and preparing families for parenting children who have been abused or neglected. (See Appendix — for listing of curricula and other training products.)

Implications for Policy

While, in the majority of cases, Iowa adoptive parents are satisfied with the adoption subsidy program, the results of the consumer satisfaction survey should dispel any myth that such adoptions work smoothly in all instances. In fact, there is significant dissatisfaction, and sometimes great dissatisfaction, with the adoption subsidy program from some adoptive parents. As the state works to improve its program, the survey responses indicate that particular additional attention should be focused on subsidized adoptions in the following areas:

- where siblings are adopted together, or there are multiple adoptions within a single family;
- as children grow up, where the challenges may manifest themselves in more stressful and difficult ways for the adoptive parents; and
- when children have multiple special conditions, particularly behavioral diagnoses.

In addition, survey results indicate that there is a need for better service information, referral and coordination, and, in some instances, for more services. Most of all, there is a need for a continuum of services and supports beginning well before adoption and continuing on seamlessly after the adoption process, for as long as needed by the family.

Both the parental responses to DHS' survey and national research and demonstration projects related to special needs adoptions point to a number of fairly specific recommendations that would address these service needs, thereby improving the satisfaction of adoptive families, reducing adoption disruption, and possibly even increasing future adoption rates.

1. **Improve the consistency and quality of staff performance.** It appears that to a high degree, customer satisfaction with the Department is directly related to the customer's experience with the DHS staff person assigned to the case. If the same names of particular staff persons appear regularly in survey answers as deserving of high praise or as causing frustration and dissatisfaction, the agency could improve its operations by reviewing the attributes of such staff to determine any patterns of success or failure. Are the individuals who consistently earn high marks with customers more experienced, better educated or trained, less overloaded or otherwise distinguishable? Any patterns which emerge could be used to improve staff training, to set up systems of mentoring between the more successful and less successful staff, and/or to consider tangible incentives for improved performance and greater retention. Regional differences may also be identified and may indicate the need for additional resources in particular locations.

2. **Expedite the adoption process and improve communication with prospective parents.** Adoptive parents feel that the process takes too long, that they don't know what is happening and that they are left without contact for long periods of time. Some model initiatives have established clear policies for contact with prospective parents (e.g. Families for Kids Who Wait, requiring follow-up within a week of a parent's contact). Others engage prospective parents in intensive training which not only prepares them for the challenges of parenting abused and neglected children but also keeps them in touch with what is occurring in their case (Casey Family Services). Ongoing periodic contact as well as training are both good strategies for keeping prospective parents engaged, informed and ready. In addition, the process itself should be reviewed (perhaps by means of periodic case reviews) in order to identify any unnecessary delays in adoption proceedings and take steps toward further streamlining.

3. **Improve the preparation and orientation of prospective adoptive parents of**

children with special needs, so that they know what to expect and where to turn for additional information as problems emerge. A significant number of persons who completed the survey indicated that they were ill-prepared for the challenges that lay ahead. Some even felt that their adoptions failed as a result, while others experienced great stress. Prospective parents need to be fully prepared for symptoms and behaviors that may emerge in the future. They need to know exactly where to turn for additional support when and if such issues arise. They must not be "talked into" an adoption – the orientation and training should assist families in making an informed decision about whether to adopt, what to expect, how to handle problems and where to seek more help. Support groups and mentoring relationships for adoptive parents should also be encouraged. While IFAPA membership would provide many of these services, a significant number of parents responding to the survey seemed entirely unaware of that organization. The increase in IFAPA staff, which is currently being implemented, may make it easier for parents to receive the support and information they need. Improvements should be measured in subsequent surveys as well as through service utilization data.

4. **Provide adoptive families with complete medical records and thorough personal histories of their adoptive children.** Many survey respondents felt that they received no help in obtaining such information and what was provided was incomplete and late in coming. Some expressed the concern that the lack of information delayed proper treatment for their children. Other parents felt that the Department had not adequately researched a child's condition and that parents were therefore misinformed about the severity and nature of presenting problems. DHS policy requires that adoptive families be provided with complete background information before a placement is made. To address this issue, DHS recently developed an Adoption Information Checklist which documents the information (background report, medical history, psychological and psychiatric reports, education reports, photographs, provider reports, lifebooks, and other materials) to be given to the family prior to placement. The adoption worker is directed to review the information with the family and give it to them. Both the worker and the family sign a form acknowledging that the information has been shared and discussed. This new practice should be reviewed to determine how well it meets the needs of adoptive parents for receiving complete records of their children.

5. **Provide ongoing contact, support, referral and training to adoptive parents after adoption.** Probably the single greatest complaint articulated by survey respondents was the failure to provide such assistance. Many parents felt that once the adoption was complete they were "dropped" and were entirely on their own. They were not aware of potentially available services (including, in some cases, financial subsidies) and they did not know to whom to turn for help. Some possible improvements in this area could include:
   - Improved information prior to adoption about potential sources of assistance after adoption.
   - Ongoing periodic contact by a worker with the adoptive family.
   - A single toll free information/hotline for all referral, information and assistance.
   - A periodic newsletter.
   - A website with referral to various programs and services.
   - Encouragement and coordination of support groups.
   - Assignment of mentors (e.g. pairing well-trained "veteran" adoptive families with newer ones.)
   - Continuing education and training for parents.
   - Specialized training and support networks for families adopting children of another race.

   To the extent some of these services are already available through IFAPA[13] and would

require few additional expenditures, DHS should critically examine why many parents appear to be unaware of them and should take concrete steps to ensure that every adoptive family is well-linked to ongoing sources of information and support.

6. **Review and consider major revisions in the "negotiation" process used for determining and adjusting the level of subsidies.**
   - Some parents felt that they needed more financial assistance but that DHS unilaterally sets the amount of assistance or denies requests for adjustments. Some parents were also confused by the fact that other adoptive families in similar circumstances seemed to receive more or different assistance. The negotiation process is based on the principle that adoption subsidies are a resource of last resort and that other assistance and resources should be utilized first. The ideal negotiation process (as described in the DHS manual) envisions a candid discussion regarding the child's needs, the family and community resources available to meet them, and the unmet need for which a subsidy is provided. In practice, however, the negotiation process holds potential for both real and perceived inequitable treatment. It depends heavily on information offered orally to the parents by DHS staff, who may be simultaneously under pressure to minimize DHS expenditures. Moreover, the outcome is likely to vary significantly depending on the persistence, confidence and independent information available to the parents.
   - While the survey did not measure this, it would be useful to compare the subsidy amounts received on average by adoptive families which were formerly foster families and those that were not. If, as anecdotal evidence suggests, foster families more frequently insist on and receive the same subsidies they received prior to adoption while non-foster parents are more likely to be "negotiated down," a systemic inequity exists. This inequity may be especially burdensome for lower-income, elderly and/or single family members who adopt (especially grandparents).
   - Information booklets regarding potential subsidies and resources are being developed by DHS and, if provided to adoptive parents prior to the adoption, would be a step in the right direction. Information of this nature could be particularly helpful if it can connect parents to agencies and advocacy groups such as IFAPA to help the family understand options available to them.
   - Because any negotiation process between an agency and an individual holds the potential for an imbalance of power and information, DHS may wish to consider a more objective process, one which would provide at least the basic subsidy level on an equal basis to all adoptive parents.
   - Any aspect of the process which does remain variable and subject to availability of outside resources should ensure that the adoptive family is fully informed about potential subsidies and supports, that outside resources are actually available in practice, and that the adoptive parent knows how to access them effectively.

7. **Reduce inequities between foster care subsidies and adoption subsidies.** A significant number of parents were concerned that they were unable to receive the same services that they had received as foster parents. Clothing allowances, respite care and rehabilitative services are particularly important areas where foster children receive more supports than adoptive children. In its report to the Legislature and the Governor, DHS estimated that the state share of costs to extend services to adoptive families that are currently only provided to foster families would range from $2,853,914 to 9,652,837, in FY2002, depending on whether adoptions finalized prior to legislation are excluded or included. (DHS Report on Adoption Services, 12-15-99). Given the importance of these services and the huge personal sacrifice that is often required of adoptive parents of children with special needs, DHS should advocate aggressively for specific appropriations which would enable the Department to eliminate the inequity between foster care supports and adoption supports.

8. **Make it administratively easier for adoptive parents to obtain subsidies and subsidy adjustments and to access services.** A number of parents felt that the process for securing subsidy adjustments was unfriendly and difficult and that the assistance they did receive had to be fought for on a continual basis. The experience of parents, however, seemed to vary considerably depending on who the worker was. Improving the consistency and quality of staff performance (#1, above) and making subsidy eligibility a more objective process (#6, above) should greatly alleviate the administrative problems – and in some circumstances, intimidation – reported by some parents. Increasing IFAPA's referral and advice capacity hopefully also will assist in this area. Additional strategies to consider for improving services are to determine why the date of subsidy arrival is unpredictable and take all steps necessary to remedy the problem, and to consider the option of direct deposits, as recommended by one parent.

9. **Assist adoptive parents in securing needed services for their children through the education and the Medicaid systems.** Many adoptive parents expressed their frustration with these systems and appeared to need help in advocating successfully for the special needs of their children. A variety of approaches may be effective, including:
   - self-advocacy training and self-help information materials for adoptive parents concerning the processes, procedures and rights involved in the education and Medicaid systems;
   - a DHS staff person assigned to assist adoptive parents who are experiencing problems in these areas; improved interagency collaboration to facilitate services for adoptive families;
   - a review of statewide Medicaid provider availability and appropriate incentives (including rate increases) to encourage greater availability of providers where needed;
   - referral of parents to advocacy services; and
   - support resources such as legal aid, parent groups, and disability rights advocacy groups.

10. **Improve support and training for adoptive families undertaking intercultural/ interracial adoptions.** Where interracial placement is to occur, additional pre-placement training for parents is appropriate. Information should include referral to ongoing support networks and resources. Every effort should be made to ensure that future periodic surveys explore interracial placement issues in greater depth – to clarify the disparity between DHS statistics regarding interracial placement and parental responses on the subject, and to identify needed services. DHS must continue to act in accordance with federal laws that require that race not be routinely used in placement decisions.

11. **Expand the availability of respite and child care.** Many parents – and particularly those experiencing overwhelming stress and most at risk of disruption – indicated that this is an especially important need, one which is not adequately met by the standard allotment of five days per year of respite care. As indicated in # 7, above, advocating for funding to increase respite care to the level offered to foster parents is critical to the solution. Additional steps may also be needed, however, including increases in provider rates for specialized child care, and investments intended to increase the number of slots for special needs children. Currently, because of the difficulty in finding respite care, not all of the state appropriation for respite care is being used. In addition to expenditures of state funds, other strategies may also be effective. For instance, greater DHS support of parent networks could lead to cooperative child care/respite care networks where adoptive parents both provide and receive respite care from each other.

12. **Provide regularly updated directories of public and private resources and services available to families with special needs children and build upon theses**

resources by investing in supports, where needed services are not available or are not adequately coordinated. Survey respondents mentioned a number of unmet needs including: counseling; clothing allowances; transportation; summer activities; financial aid for higher education; job training and life skills training for older children. Securing the funding to provide these services to the extent that they are available for foster children (see #7 above) is a critical aspect of the solution. A thorough directory of available resources would also assist adoptive parents in meeting as many of them as possible through existing community or public resources. It would also alert the Department to gaps in services so that additional resources could be dedicated to meeting the most pressing needs. DHS has recommended, and is currently developing, information guides for adoptive parents regarding available resources. Parent input should be sought in the development of these materials, to ensure that they are readily comprehensible and that they contain the information needed for parents to know all services available and the process for securing them. In addition, one-stop centers may be a model to explore (see e.g. Families for Kids Who Wait) to ensure not only that services are available but that they are also readily accessible.

13. **Improve services in cases of inter-state transfers.** It is apparent that a number of relocating families feel that they have been cut off from services or have had difficulties accessing services in their new locations. Focused counseling of such families before the move (including referral to resources in the new location), a state contact for trouble-shooting, and improved cooperation with other state programs would make it easier for families to know what to expect and where to turn for assistance. As a member of the Interstate Compact on Adoption and Medical Assistance, Iowa should already have appropriate policies in place. It is apparent, however, that these policies are not always implemented and that an information gap exists. A pointperson should be available to families who are in this situation.

14. **Improve the availability of resources and services in rural areas.** Such efforts can include: increased state subsidies/rates/incentives to rural providers; increased transportation allowances for rural families forced to travel to services; consideration of accessibility of services in matching children with families; and promotion of community and parent mutual support networks.

15. **Measure progress and improvements through ongoing data collection and regular, periodic surveys of adoptive parents.** The valuable information collected through the adoptive parent survey can be a catalyst and baseline measure for continuing program improvement. This will only be the case, however, if the above policy implications become the basis for clearly articulated goals and if the achievement of these goals is subject to continued monitoring through ongoing data collection and periodic consumer satisfaction surveys.

Endnotes

[1] States are not required to initiate TPR when the child is being cared for by a relative, when the agency has documented a compelling reason why TPR would not be in the child's best interests, or where the state has failed to provide ordered reunification services to the family.

[2] Since annual adoption figures were already increasing prior to the enactment of ASFA, it is not clear to what extent recent increases are due to the Act itself or to a combination of circumstances. It is expected, however, that, in keeping with the goals of the federal legislation, stricter timelines for termination of parental rights and for permanency planning are contributing to the rise in adoptions. The information provided by the states with the largest adoption increases confirms that the provisions of ASFA are at least in part a catalyst for these changes.

[3] Subsidies assist adoptive families of children with special needs, including physical, mental or emotional problems, minority status and older age.

[4] DHS plan to examine its records to determine what percentage of families receive less than the maximum maintenance payment. This will be further broken out by foster families and nonfoster families, which will help answer this question.

[5] A family can be simultaneously covered by Medicaid and private insurance but the private insurance is then usually the first payor and Medicaid covers only what the private health insurer will not. Medicaid will not cover deductibles and copayments not covered by private insurance. DHS indicates that should these residual payments prove to be too much for a family because of serious health problems experienced by a special needs child, special arrangements can be made to secure additional financial assistance. However, there is no standard source of assistance for such costs and a family would have to affirmatively request such assistance despite the fact that it is not a formal or advertised form of support.

[6] This is the approximate number of surveys sent out in October of 1999 to all adoptive families of children receiving subsidies at that time.

[7] Between October 1, 1999 and March 31, 2000 72.5% of finalized adoptions involved white children and 66.6% of children awaiting adoption were white. (DHS data).

[8] Except where a family member is adopting a child, a prospective adoptive family must first be licensed as a foster family. Fully 80% of adoptions finalized each year are foster parent adoptions. (DHS Report on Adoption Services, 12-15-99). Yet fewer than half of survey respondents indicated they were former foster parents. It is unclear why non-foster parent adoptions are over-represented among survey respondents or what impact that may have had on the responses.

[9] This is because the child welfare categorizations (sexual abuse, physical abuse, neglect) describe the child's history rather than medical conditions or behavioral conditions.

[10] While these were measured separately, they are so closely related that it makes sense to count them together.

[11] Again, the survey distinguished between home counseling services and therapy/counseling out-patient. However, as these are similar categories it makes sense to group them together.

[12] The comments analyzed here were found in responses to the "satisfaction" and "special condition" sections of the survey. Since each respondent made multiple comments on multiple

issues and had several opportunities to provide write-in responses on the survey, the numbers reflect the number of comments addressing particular points and not an unduplicated count of individuals.

[13] Adoption Subsidy Workers receive the request for payment approval on the first business day of the month. Families will usually receive adoption subsidy payments withing 8-10 business days, but it is dependent upon the date the adoption worker approves the payment in the FACS system.

[14] Given the confusing survey results with regard to race of adopted child (see Section III, above) and the relatively high percentage of minority (particularly African-American) children being adopted, it is possible that more parents would have expressed a need for assistance in this area had survey results with regard to the child's race been more in keeping with the percentages of children awaiting adoption and being adopted.

[15] IFAPA has five newly hired Adoption Information Specialists, who will serve as an on-going support team for adoptive parents. The staff increase may alleviate the problem of feeling "dropped," and future surveys could help determine if this is the case.

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Appendix One
The DHS Survey and Summary of Results

Instructions

Please complete the survey for parent 1, and parent 2 if applicable; if you have adopted more than one child, answer the survey regarding only your adopted child requiring the most services. Please circle the appropriate number(s) as your answer.

Demographics

1. Number of adopted children in household:_____
2. Total number of children in household: _____
3. Number of years since finalized adoption:_____
4. How old was your child at the time of finalized adoption: _____
5. Number of years your child was in foster care prior to adoption placement:_____
6. Number of placements your child has had before placement in your home: _____

7a. Race of parent 1	Caucasian	1
	African American	2
	Hispanic	3
	Asian	4
	Native American	5
	Other	6
7b. Race of parent 2	Caucasian	1
	African American	2
	Hispanic	3
	Asian	4
	Native American	5
	Other	6
7c. Race of adopted child	Caucasian	1
	African American	2
	Hispanic	3
	Asian	4
	Native American	5
	Other	6
8a. Education of parent 1	Grade School	1
	GED	2
	High School	3
	Vocational Degree	4
	Some College	5
	Bachelor Degree	6
	Professional Degree	7
	Doctoral Degree	8

8b. Education of parent 2	Grade School	1
	GED	2
	High School	3
	Vocational Degree	4
	Some College	5
	Bachelor Degree	6
	Professional Degree	7
	Doctoral Degree	8

9. Are you currently employed

a. Parent 1	Full-Time 1	Part-Time 2	No 3
b. Parent 2	Full-Time 1	Part-Time 2	No 3

10. Have you adopted a sibling group	Yes 1	No 2
11. Are your adopted child's services located nearby	Yes 1	No 2
12. Are you a licensed foster parent	Yes 1	No 2
if yes, was this child your foster child before adoption	Yes 1	No 2

Comments:

_____

_____

_____

Satisfaction

Very Well/Strongly Agree = 1 Very Poorly/Strongly Disagree = 4

1. How would you rate the quality of service you received after adoption finalization	1 2 3 4
2. To what extent has our adoption subsidy program met your needs	1 2 3 4
3. How satisfied are you with the amount of help you have received	1 2 3 4
4. To what extent have the support services you received helped you to deal more effectively with your child's special needs	1 2 3 4
5. In an overall, general sense, how satisfied are you with the adoption services you have received	1 2 3 4
6. To what extent did you get the kind of service you wanted	1 2 3 4
7. Would you encourage a friend to adopt a special needs child from our Department of Human Services	1 2 3 4

Comments:

_____

_____

_____

Services

1. Which of the following services does your child currently receive

   Other services being received:

   _____
   _____
   _____
   _____
   _____

   Clothing Allowance---------- 1
   In-Home Service---------- 2
   Home Counseling Service---------- 3
   Orthodontic Care---------- 4
   Therapy/counseling Out-Patient---------- 5
   Regular Visit with Social Worker---------- 6
   Residential Treatment---------- 7
   Childcare---------- 8
   Respite---------- 9
   Day Treatment---------- 10
   Tracking Monitoring---------- 11
   Waiver Services (MR/Ill & Handicapped, 12

2. Which services do you need but not receive

   Other needed services:

   _____
   _____
   _____
   _____
   _____

   Clothing Allowance---------- 1
   In-Home Service---------- 2
   Home Counseling Service---------- 3
   Orthodontic Care---------- 4
   Therapy/counseling Out-Patient---------- 5
   Regular Visit with Social Worker---------- 6
   Residential Treatment---------- 7
   Childcare---------- 8
   Respite---------- 9
   Day Treatment---------- 10
   Tracking Monitoring---------- 11
   Waiver Services (MR/Ill & Handicapped, 12

3. Of the services circled in question 2, mark the 3 services you would most benefit from receiving

   Other services most needed:

   _____
   _____

   Clothing Allowance---------- 1
   In-Home Service---------- 2
   Home Counseling Service---------- 3
   Orthodontic Care---------- 4
   Therapy/counseling Out-Patient---------- 5
   Regular Visit with Social Worker---------- 6
   Residential Treatment---------- 7
   Childcare---------- 8
   Respite---------- 9
   Day Treatment---------- 10
   Tracking Monitoring---------- 11
   Waiver Services (MR/Ill & Handicapped, 12

Comments:

_____
_____
_____

4. Do you live outside the state of Iowa — Yes 1 No 2
5. Do you receive subsidy payments — Yes 1 No 2
6. Are the subsidy payments adequate to meet your child's needs — Yes 1 No 2
7. Do you feel you will be able to maintain this child in your home with the current services you receive — Yes 1 No 2
   if no, could you with additional services — Yes 1 No 2
   if no, could you with additional subsidies — Yes 1 No 2
8. Would you benefit from a worker coordinating services — Yes 1 No 2
9. Do you know where to go for help with your adopted child — Yes 1 No 2
10. Was the adoption subsidy program adequately explained to you at the time of adoption — Yes 1 No 2
11. Please mark all of your child's special conditions

Sexually Abused---------- 1
Sexual Perpetrator---------- 2
MR/DD---------- 3
Autism---------- 4
Reactive Attachment Disorder------ 5
Attention Deficit Disorder---------- 6
Oppositional Deficient Disorder---- 7
Delinquency---------- 8
Drug Affected Infant---------- 9
Physically Abused---------- 10
Neglected---------- 11
Fetal Alcohol Syndrome---------- 12
Other:_____ 13

Comments:

_____

_____

_____

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_____

_____Thank You!!

Iowa Department of Human Services

Summary of Adoption Survey Results

Surveys were sent to all Iowa families who have adopted at least one child, and receive some type(s) of service from the Department of Human Services. Approximately 1263 were sent; 533 surveys were completed and returned. This is a return rate of 42%. We also have collected 50 pages of comments from the surveys.

Each family was asked to only complete the survey for their adopted child requiring the most services.

Demographics

1. The average adoptive household adopts 2.10 children, 3 did not complete this question.
2. The average adoptive family has a total of 3.23 children in their house, 12 did not answer this question.
3. Average time span from time of adoption is 4.81 years, 76 did not answer this question.
4. The average age of children at the time of adoption is 5.33 years, 167 did not answer this question.
5. On average children are in foster care for 2.80 years before being adopted, 136 did not answer this question.
6. On average our children have 2.52 placements before being placed with adoptive parents, 252 did not answer this question.
7. For all of #7, only Caucasian, African American and other were marked. 7a answers parent 1, 7b answers for parent 2, and 7c is the adopted child.

7a. 89.45% or 475 of parent 1 are Caucasian, .38% or 2 marked African American, 10.17% or 54 marked other; 2 did not answer this question.

7b. 90.77% or 423 of parent 2 are Caucasian, .21% or 1 marked African American, 9.01% or 42 marked other; 67 did not respond, this could reflect single headed households.

7c. 70.51% or 373 adopted children are Caucasian, .57% or 3 are African American, 28.92% or 153 are other; 4 did not respond.

8. The average level of education for parent 1 is some college, but no Bachelors degree; the average level of education for parent 2 is a vocational degree. 4 respondents did answer 8a, and 76 did not answer 8b; again, the lack of response to part b could be due to single parent households.

Level of education	***...Parent 1***	***...Parent 2***
a) Grade School	2.46%	1.75%
b) GED	4.16%	4.81%
c) High School	26.65%	30.20%
d) Vocational Degree	10.21%	10.72%
e) Some College	21.93%	24.73%
f) Bachelor Degree	19.28%	15.75%
g) Professional Degree	11.72%	10.50%
h) Doctoral Degree	3.59%	1.53%

9a. 74.80% or 380 parent 1's are employed full-time, 9.25% or 47 are employed part-time, 15.94% or 81 are not employed, and 25 did not respond.

9b. 57.24% or 253 parent 2's are employed full-time, 19.46% or 86 are employed part-time, 23.30% or 103 are unemployed, and 91 did not respond, in part due to single parent households.

10. 43.70% have adopted a sibling group, 9 did not respond.

11. 76.22% indicated that their services were located nearby, 62 did not respond.

12. 44.79% or 228 families indicated they were licensed foster parents. Out of these, 58.54% or 185 of the adopted children were foster children in their home before adoption. Overall, 81.96% or 259 of the children were the foster children of their current adopted family. Of the licensed foster parents, 31 of the adopted children were not foster children of their adopted family. 24 families did not respond, 12 of these non-respondents answered that their adopted child had been their foster child, and 9 of the non-respondents did not respond as to the child's foster placement before adoption either.

Satisfaction

- For this section, the questions from the survey are included for clearer interpretation of what was being answered.

1. How would you rate the quality of service you received after adoption finalization
   - 40.36% or 201 were very satisfied, 36.35% or 181 were satisfied, 14.26% or 71 were unsatisfied, and 9.04% or 45 were very unsatisfied.
   - The overall ranking was 1.92.
   - 35 did not respond.
2. To what extent has our adoption subsidy program met your needs
   - 53.91% or 276 were very satisfied, 31.25% or 160 were satisfied, 10.35% or 53 were unsatisfied, and 4.49% or 23 were very unsatisfied.
   - The overall ranking was 1.65.
   - 21 did not respond.
3. How satisfied are you with the amount of help you have received
   - 42.52% or 216 were very satisfied, 35.04% or 178 were satisfied, 14.57% or 74 were unsatisfied, and 7.87% or 40 were very unsatisfied.
   - The overall ranking was 1.88.
   - 25 did not respond.
4. To what extent have the support services you received helped you to deal more effectively with your child's special needs
   - 35.76% or 177 were very satisfied, 36.16% or 179 were satisfied, 18.59% or 92 were unsatisfied, and 9.49% or 47 were very unsatisfied.
   - The overall ranking was 2.02.
   - 38 did not respond.

5. In an overall, general sense, how satisfied are you with the adoption services you have received
   - 44.75% or 226 were very satisfied, 35.25% or 178 were satisfied, 13.47% or 68 were unsatisfied, and 6.53% or 33 were very unsatisfied.
   - The overall ranking was1.82.
   - 28 did not respond.
6. To what extent did you get the kind of service you wanted
   - 39.48% or 197 were very satisfied, 37.88% or 189 were satisfied, 14.83% or 74 were unsatisfied, and 7.82% or 39 were very unsatisfied.
   - The overall ranking was 1.91.
   - 34 did not respond.
7. Would you encourage a friend to adopt a special needs child from our Department of Human Services
   - 56.02% or 284 were very satisfied, 24.46 or 124 were satisfied, 10.06% or 51 were unsatisfied, and 9.47% or 48 were very unsatisfied.
   - The overall ranking was 1.73.
   - 26 did not respond.

Services

- 147 respondents did not circle any service being received, or that they required any service. Some additional analysis on these respondents is being considered, but for now they are not included in the set of individuals receiving or needing services.

Percent of respondents...	1. *receive*	2. *need*	3. *need most*
a) Clothing Allowance	8%	26%	30%
b) In-Home Service	8%	7%	5%
c) Home Counseling Services	5%	10%	9%
d) Orthodontic Care	19%	18%	18%
e) Therapy/Counseling Out-Patient	46%	14%	17%
f) Regular Visit with Social Worker	6%	7%	5%
g) Residential Treatment	5%	4%	4%
h) Childcare	20%	12%	15%
i) Respite	27%	17%	19%
j) Day Treatment	3%	2%	3%
k) Tracking Monitoring	2%	3%	3%
l) Waiver Services (MR, Ill & Handicapped, AIDS)	6%	4%	4%

4. 14.09% or 73 of our responding clients live out of state, 15 did not respond.
5. 93.26% or 484 receive subsidy payments, 14 did not respond.
6. 81.01% or 384 felt the subsidy payments were adequate, 59 did not respond.

7. 90.42% or 434 of the respondents felt they could maintain their child in their home with current services and subsidies. Of the 46 who felt they could not, 28 reported that they could with additional services, 26 could with additional subsidies, 18 could with either or both (unfortunately, the design of the survey does not allow distinction of whether either subsidy or service would satisfy the need, or if both are required), and 5 would not be able to regardless. 53 did not respond, and 4 who did respond that they could not keep their child did not respond to whether or not additional services or subsidies would help. It should also be noted that 5 respondents who could maintain their child without additional services still wanted more services, 17 respondents who said they could maintain their child without additional support indicated they wanted more subsidies, and 4 families wanted both.
8. 28.24% or 122 of respondents felt they would benefit from a worker coordinating services, 101 did not respond.
9. 77.53% or 376 respondents know where to go for help with their adopted child, 48 did not respond.
10. 73.59% or 365 marked that the adoption subsidy was adequately explained to them at the time of adoption, 37 did not respond.
11. On average, each adopted child has 3.43 of the following special conditions. 44 did not mark that their child has any of the following conditions.

Conditions	*number of children...*	*percent of children...*
Sexually Abused	206	39%
Sexual Perpetrator	23	4%
MR/DD	71	13%
Autism	21	4%
Reactive Attachment Disorder	139	26%
Attention Deficit Disorder	277	52%
Oppositional Deficit Disorder	148	28%
Delinquency	32	6%
Drug Affected Infant	156	29%
Physically Abused	210	39%
Neglected	318	60%
Fetal Alcohol Syndrome	138	26%
Other	89	17%

This is the extent of our analysis to date. More analysis needs to be done with finding correlation between different characteristics. If there are questions of special interest to you that you feel can be answered with further analysis of this data, please contact Rebecca Meyer at rmeyer@dhs.state.ia.us.

Appendix Two
Overall Consumer Satisfaction Score

There were six different questions that related to adoptive parent satisfaction, rankes according to four levels (very well/strongly agree = 1; very poorly, strongly disagree = 40).

1. How would you rate the quality of service you received after adoption finalization?
2. To what extent has our adoption subsidy program met your needs?
3. How satisfied are you with the amount of help you have received?
4. To what extent have the support services you received helped you to deal more effectively with your child's special needs?
5. In an overall, general sense, how satisfied are you with the adoption services you have received?
6. To what extent did you get the kind of service you wanted?

With the exception of question #4, all six of these questions were highly intercorrelated. In other words, respondents tended to respond the same way to each of the questions. In fact, the wording of the questions was very similar, and the distinctions among some of them (e.g. #2, #3, #5, and #6) represented suble nuances, at best. Some respondents did not answer all six questions.

For purposes of analysis of the closed-ended questions, the six questions were combined into one, composite score. The numeric responses were added together and divided by the number of questions that had a response. The table shows the frequency of the responses and the divisions for the five ensuring response categories.

Adoption Survey

Composite Score

Highly Satisfied to highly Dissatisfied

Scale	Valid	Frequency	Percent	Valid Percent	Cumulative Percent
	1	121	22.6	22.6	22.6
Highly Satisfied	1.17	36	6.7	6.7	29.3
1.0-1.5	1.2	2	0.4	0.4	29.7
	1.25	2	0.4	0.4	30
	1.33	30	5.6	5.6	35.6
	1.4	2	0.4	0.4	36
	1.5	32	6	6	42
	1.6	5	0.9	0.9	42.9
Fairly Satisfied	1.67	33	6.2	6.2	49.1
1.6-2.25	1.75	1	0.2	0.2	49.3
	1.8	2	0.4	0.4	49.6
	1.83	33	6.2	6.2	55.8
	2	57	10.6	10.6	66.4
	2.17	29	5.4	5.4	71.8
	2.2	2	0.4	0.4	72.2
	2.25	2	0.4	0.4	72.6
	2.33	12	2.2	2.2	74.8
Mixed Feelings	2.4	2	0.4	0.4	75.2
2.33-2.67	2.5	21	3.9	3.9	79.1
	2.6	1	0.2	0.2	79.3
	2.67	14	2.6	2.6	81.9
	2.75	1	0.2	0.2	82.1
Fairly Dissatisfied	2.8	1	0.2	0.2	82.3
2.75-3.4	2.83	11	2.1	2.1	84.3
	3	23	4.3	4.3	88.6
	3.17	9	1.7	1.7	90.3
	3.2	1	0.2	0.2	90.5
	3.33	8	1.5	1.5	92
	3.4	1	0.2	0.2	92.2
	3.5	5	0.9	0.9	93.1
Highly Dissatisfied	3.6	1	0.2	0.2	93.3
3.5-4.0	3.67	10	1.9	1.9	95.1
	3.83	7	1.3	1.3	96.5
	4	7	1.3	1.3	97.8
no response	99	12	2.2	2.2	100
	Total	536	100	100	

Appendix Three
Open-Ended Responses to Survey Question on Special Conditions and Services

The following are selected open-ended responses from families to the question on children's special conditions and services. They provide insights into to the diverse challenges that adoptive parents of special needs children face, which cannot be adequately shown without providing full comments.

The first set of responses includes all comments that expressed major concerns with the adequacy of services and supports available to meet adoptive children's special needs. As a contrast, the second set includes a number of comments expressing appreciation to the state for responding to concerns and special needs. They illustrate both the challenges that adoptive parents face and the variability of the responses they receive in meeting those needs.

These comments have been edited only to make them stylistically consistent and easier to read.

Comments from Parents: Concerns with the Adequacy of Services and Supports

1.We are doing our best, both physically and emotionally with both boys. We wish right now we could bet additional help for their growth problems. We've been paying hundreds of dollars ourselves for the nutritionist (and growth supplements), but with the price of grain, we cannot continue. We believe we can help the boys to continue to grow, but it is hard explaining to them why we cannot afford to continue.

2. This was filled out with all our children in mind, with an emphasis on the one who is in a PMIC (psychiatric medical institutions for children) because of his violent behaviors and threats to safety of our family. He will not return to our home, but we still have two of his siblings, who have been through a lot of turmoil. I have asked for additional funding to help with expenses, but was turned down. Apparently, the emotiional and daily problems were not severe enough. We are the one who live with this, twenty-four hours a day, day after day. The emotional stress is overwhelming, let alone the financial stress.

3. Our son sexually molested another child this week. We are meeting today to arrange for temporary placement for the counseling we cannot provide for him. We had a very difficult time getting someone to help. Everyone just gave us another number to call. My opinion on adoption is that I would not recommend it to anyone else!

4. We were not counseled by anyone of the drug effects of a child's brain or what to expect. We are living a very stressful life. Our son has multiple problems and we have little or no help since adoption. We are in the process of getting him worked up for the MR waiver. We have been accused of being bad parents because of his severe behaviors. I am constantly having to fight for things we need from Medicaid. I would not recommend this to anyone. We have another foster child with medical needs but are afraid to adopt her because of everything we have been through with our son. The system is not looking out for these children.

5. I feel as though once I adopted each of my special needs children, I was on my own. I have had to fight for services merely to maintain them at home. I have learned a great deal about parenting these children effectively, but not with any help from DHS. I have been threatened to have my parental rights taken away just because I tried to get help for

my children. Any adequate service I have obtained has been on my own volition. I love my children immensely and I would probably adopt again, but with each adoption I have become wiser and know more what to expect next time.

6. Many of these children border on the need for residential/group care and really drain parents and anyone else living in the home. I do not feel the system realizes the difficulty that these children place on the home. I also feel foster/adoptive parents should have more input on making decisions and advising how to work towards reaching the child's goals. After having the weekly worker in our home, therapy two or three times a month, medication treatment, and daily consistency of care for over three years prior to adoption, we still deal with recurring issues and behaviors. I am not convinced that more therapy in home visits or medication or subsidies will "fix" many of these kids. This is somewhat depressing, but truly the way it is, based on over ten years' of personal experience.

7. We did not know of our child's condition at the time of placement. In the nine months after placement, our child underwent five hospital stays, four surgeries, and a multitude of doctor visits. The hospital and clinic where our child was treated was a three hour drive from our home. We had no knowledge whatsoever of any services available for our child, and everything we have learned has been on our own. We spent the next three years in therapy (OT, PT, and special education), and we routinely visited five different doctors. Our child is now in school and doing remarkably well, but this is a lifelong condition that must be monitored. We are grateful for the subsidy, which eases some of the financial burden this has placed on our family. We also have two other children with special health needs.

8. I have adopted three boys, all brothers. We had the two younger brothers for three years as foster children. When we decided to adopt, the DHS said their brother was also available and that he did not have mental or physical problems. When they brought him to our house, he was AD/HD and was on several behavioral medications and was in therapy for being abused as a child. DHS lied through their teeth to get this boy placed. My heart is too big to stamp "reject" on the child's forehead and turn him away. Gong on what DHS told me – that this boy was as normal as possible after being in six different homes before ours – I left him on occasion to babysit his brothers. He was so slick and knew just what to say and his two brothers were so terrified of him they said nothing of him sexually abusing them when he would babysit. This went on in my home for five years. After he was moved out for two years and my middle son was away at church camp, it all came out. It was founded, but I was denied the chance to press charges! He has since abused others and bragged about messing up his brothers' lives. No, I would not recommend to anyone to adopt through DHS.

9. By legal definition, our child is nearly grown, but will probably continue to require substantial help. While we love our child, working with DHS has been one of the most frustrating and disappointing aspects of our lives. Bearing the stress and heartache of a special child should be enough. Uninformed and negligent social workers make a hard situation worse!

10. When you look to place hard-to-place children, you need to give more information about places to go for help. Some of the children we adopted need more help and staff than just the parents. We are very disappointed with the help DHS provided after we adopted our children.

11. My child currently receives sensory therapy twice weekly. There are many things I could do to modify my home to provide him with the sensory input he needs daily (and sometimes hourly), but it requires a great deal of relatively expensive modifications to the home. His present subsidy does not allow me to bear that kind of financial expense.

12. I was told many lies about the children by the social workers, so we would adopt. I was told that this probably was our only chance, and that if we did not take these kids, our social worker would not call us again if other kids became available. We took many classes before adopting, and we were told they would not place kids in our home that we could not handle. Then, when we asked the social workers to take the kids back because it was too much to handle, they said, "NO!" I was told that the adopted children would not hurt our birth children, but they did, both physically and sexually!

13. Our son has been with us three years, and he has had different therapy treatments. He steals, lies, and destroys our property; but we get only $600.00 per month! In September, he destroyed $1,700 in property and stole from us. We adopted a four year-old who is AD/HA. She was neglected and had been in six foster homes in three years. She gets $800.00 per month. We feel the fourteen year-old should receive the same, as he has more baggage. But it really does not matter. We love them both and deal with whatever the good Lord sends our way!

14. We love our adopted son, but he is quite a handful! He currently is in a child psychiatric unit to assess him for what is causing his anger outbursts, tantrums, and aggressive threats. We feel quite alone and have since our wonderful day in court. We feel as though DHS wrote us off after the adoption. We currently are foster parents, but we do not know what post-adoption services are available. We need services and we do not know who to turn to. I'll be looking forward to reading the summary in February, but please list our service options on a newsletter or website soon. Thanks!

15. I do not regret the choice to raise my child, but I have chosen not to adopt or foster parent because I know that I cannot survive the war for services again. The stress of providing care alone, without medical services, put MY life in danger more than once. Proper physical restraint techniques should have been taught me before the placement, not after the first time a knife came at me.

16. We have had a long, hard road with our with our oldest child. The other three present some challenges as well, but nothing we cannot handle. In the beginning, we received good help from sources recommended by DHS. Direct support from DHS has been less than satisfactory for our needs with our oldest children, however, and it has steadily decreased over the years and since our move (out of the state of Iowa but less than two hours away). The referrals from our social worker have taken us to doctors and therapists who have encouraged us to send our child back to DHS in Iowa. They tell us our child is a scrambled egg and we cannot fix him and there are not the kinds of help we need. The lack of financial help when residential treatment was recommended was another blow that was hard for us to take. We know the workload is overwhelming at DHS, but we often have needed and hoped for more than we received!

17. I received no help early on, when help was most needed as problems began to surface. The handling of the adoption from the beginning was a sham, as we were not presented with the whole background of the child until after adoption. I would not recommend your services to someone else, based on our experience.

18. We sill not, of course, throw our child out of the house. We will support her to the bets of our ability, but the subsidy and the services are just a portion of what she needs. As she gets older, we see more and more. The damage was done in her early years, and it is difficult to help her. The "system," as many call it, is full of paperwork and bureaucracy and very little about really helping kids. Many ex-foster and adoptive parents have gotten out, because they have become thoroughly disillusioned.

19. We have applied for respite, but I am not sure than 56 hours a year will be enough. We have applied to [program name] program for some suggestions for dealing with our child. We do not seem to be able to find anyone who understands what we are going through with her issues and behaviors.

20. My almost seven years of experience with DHS here in [name of county] has given me enough knowledge to let others know not to be affiliated with them. They have lost many foster families in the last few months due to the lack of stability in their own office and the fact they never follow policy. If you are opinionated, they threaten you with removing the children from your home. They have shown in many cases here they care nothing about the kids of foster parents, only about their own power!!

21. Not even the social workers knew what we would be up against, but we love her and will stand by her and do all in our power to help! We have a long road to go. The treatment center is quite a distance to go and it takes our time and our money. The medication and food and home sicknesses have brought on tremendous weight gain, so clothes have been an ongoing expense. We are willing to do what we need to get her needed help. She was robbed of her childhood. We want to give her back her life. Please get these children through the system more quickly. The longer they are left, the harder it is for them to recover.

22. Adoption is something I definitely would not recommend to any other person on earth, with all of the disorders we have experienced.

23. My child will always stay in my home. He is mine and very precious. I wish I knew who to call to get more services or who is in charge of him. I have moved to a different DHS region in Iowa. What does it matter what region I am in? I am in IOWA! Please do not let my child slip through the cracks. He is a neat, awesome child, especially if he is given everything he needs. Thank you for asking.

24. We had two great workers, but the rest were worthless. I can see why the good ones get burnt out. These kids never had a change. We did not get the information we needed to help them. We were in over our heads. Nothing normal worked with them. We terminated on three after five years, in the hopes the state could provide them with the intense counseling that they needed. They have remained in contact with us, and they did not receive the help they needed. We just found out that at least one was sexually abused in their foster home. DHS places a lot of kids in that home. Why aren't they notifying those kids to see who else was a victim? These kids were screwed by their birth parents and then by the system that was there to protect them!

Comments from Parents
Expressions of Appreciations for Help

1. We would not have been able to go through all we did without the help of this. This was possible through the counseling services at the beginning and through the subsidy.

2. We had a great social worker who really explained services and helped us decide what we needed to make it work!

3. We think you are doing a great job! [Names of two social workers] are excellent in the jobs they do! You are fortunate to have them on your staff!!

4. All praise should go to a very fine adoption working. [Name of social worker] was dedicated and caring. I think if we had not had the support and professionalism of this

individual, I might not have gone forward with the adoption or might not have sustained it. He is exceptionally reliable and skilled. This may not be the purpose of the survey, but I have been waiting for a chance to offer my appreciation.

5. One of the key aspects that prepared us for our adoption was our home study done through [name of worker and program]. It was a very valuable experience. We gained knowledge and confidence to prepare for our son. We are delighted to have two wonderful kids by adoption. They have made our lives full and watching them grow up is awesome!

6. Thank you. The subsidy check is very helpful, especially as I am a single parent. It has covered the counseling needed for ADD. We are doing great because of your program. I have been able to fulfill a lifelong dream. I am a mother and my son is the greatest gift in my life!

7. I love you. Thank you from me and my husband!

8. I feel I can always call on our social work, [name of social worker], the best!

9. It has been a great privilege to adopt such wonderful children. I could benefit from knowing what effects this will have on my two children when they are teenagers. With three children already and then taking on two more, the daycare subsidy has helped financially. I would like to say, "Thank you" to DHS and all the wonderful employees. I often tell my husband, if my house was bigger I would take on more children!

10. I am very pleased with the services I have at the present time. My son has benefited a lot from day care and YMCA, especially during the summer. It helps a lot with socialization skills. His therapy and counseling have helped tremendously in behavior modification. I have had advice available to me at all times when circumstances arise where I need help handling emotions, discipline, and problem solving!

11. We can now keep our oldest at home, because our adoption worker made herself available to us. She helped give us direction and, most of all, support. She did this on her very limited amount of time. Services can be very helpful, but services need to be provided by someone who has knowledge of what the special needs of the child are. Brand new workers with not experience should not be guiding adoptive parents, unless they have lived or worked with special needs children. No one really knows what it is like to live with a special needs child, until you have lived weeks with a child in crisis.

12. Our first child's adoption took place in another state. It was a roller coaster. We so appreciate how everything worked out here in Iowa. Your program was well organized to help us. Keep up the good work! God bless all of you!

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