

**Adoption Support Program
Queen Alexandra Centre for Children's Health**

**Evaluation of Client Services 2003
Final Report**

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Introduction

While adoptive families typically have positive experiences with adoption, there are some families that do not (Barth et al., 1988; McDonald et al., 2001). Families may face specific problems such as inadequate financial resources to meet the demands of adoption. In other cases, families may struggle with chronic problems such as poor adjustment to adoptees' needs, maladjusted adoptees, or conflict between adoptees and parents. When these problems cannot be resolved the end result may be the disruption of an adoption before it is finalized, or the legal dissolution of an existing adoption. Although adoption can be a source of anxiety, it is generally agreed that adoption offers the most permanent and secure home for a child (Barth & Berry, 1988; Rosenthal, 1993). Post-adoption services can help to promote understanding of adoption issues and strengthen family relations. Therefore, post-adoption services are vital in the consideration of adoption and in helping adoptive families cope with the difficulties that may arise.

It is important to determine both the types of support services needed by families after adoption and who may need such services. Researchers have examined the characteristics of adoptees and adoptive families that may contribute to post-adoption difficulties, thus highlighting which families should be targeted for support (for reviews, see Barth et al., 1988; Barth & Miller, 2001; Brodzinsky, 1993; McDonald et al., 2001; Rosenthal, 1993; Smith & Howard, 1991). It has been found that a number of factors tend to exacerbate post-adoption difficulties: child's emotional and behavioral problems, abuse and neglect experienced by child, older age of child at adoption, multiple pre-adoption placements, unrelated adoptions, higher education level of adoptive mother, and inter-racial adoptions. Post-adoption agencies aim to provide these families with services that meet their needs.

Some researchers have identified the general needs of adoptive parents. For instance, Barth and Miller (2001) grouped post-adoption services into three basic types. Education and informational services may be offered via workshops and booklets. These provide parents with information that can help them better understand their adopted child, plan for the financial costs involved in adoption, and help them seek out other available services. Clinical services are offered by trained professionals, and may include child, couple (i.e., parent), and family counseling. Finally, material services include the provision of subsidies, medical care, and respite care (i.e., a caregiver spends time with the adoptee thus giving parents a break).

Alternatively, Watson (1992) categorized post-adoption services into four types. After adoption, there may be a continuation of services provided by the agency that placed the child with the family in order to help families integrate the adoptee and to locate the sources of support they may need in the future. Intervention services may be provided upon request when families are experiencing difficulties. Agency-initiated, planned services may be offered that respond to the developmental needs of the child. Finally, services may be available to those involved in the adoption so they can seek information about each other, or make contact. Thus, it is important to recognize that there is a "continuum of need" (Commonwealth of Kentucky, 1993; p. 54).

By contrast to the services that are widely available at the pre-adoption stage, there is a dearth of post-adoption services. Most post-adoption services are often offered to particular groups of families such as those with children who have special needs, and available to others on an ad hoc basis. In addition, most post-adoption services tend to provide short-term support to adoptive families.

The development of post-adoption services has been stunted by the lack of knowledge of the differential needs of adoptive families and by the limited research on the effectiveness of post-adoption services. As Barth and Miller (2001) noted, there have been relatively few published evaluations of post-adoption services. Indeed, the findings of many evaluations are only available upon request from the researchers or sponsoring agencies. Most evaluations aim to assess the needs of adoptive families, identify characteristics of the families that are served and the services that are delivered, and measure client satisfaction. Few studies measure outcomes.

Adoption Support Program

The Adoption Support Program (ASP) at the Queen Alexandra Centre for Children's Health B.C., Canada is unique in its efforts to provide consistent, long-term post-adoption support to a general population of adoptive families. Over 300 families have used the program since it began in 1989. The ASP is committed to strengthening adoptive families, increasing awareness of adoption issues, and developing specialized services. It has a resource center that provides up-to-date information to parents and professionals on adoption issues such as building healthy families and fetal alcohol syndrome, and it provides education and training opportunities on adoption issues. In addition to providing counseling services, support groups, and respite care to adoptive families, the ASP facilitates reunions (i.e., the opening of closed adoptions), accesses psychological testing, and helps families to deal with schools, courts, and government agencies. The ASP typically provides such services in partnership with other adoption and mental health agencies. Importantly, the ASP aims to be flexible and adaptive to the needs of families who use the services such that a service will be provided upon request.

In 1996, Tanner conducted a qualitative evaluation of the ASP in an effort to determine its value to adoptive families and future directions for service provision. Several services were evaluated: resource library, counseling services (including individual and family), support networking groups (including those for children, teens, and parents), family support (including mentoring adoptees and respite care), and workshops. Overall, respondents reported being quite satisfied with the services. They said that services were "useful", "invaluable," and "effective," and that services helped to "strengthen the family," made adopted children "feel less isolated," were "essential to adopted teen's self-esteem and identity," and allowed parents to give "mutual support." Nevertheless, adoptive parents also highlighted several needs that were not being fully met. For example, they stated that respite care was too infrequent, and networking groups were offered at inconvenient times and locations. In addition, Tanner (1996) found that parents were often unaware of all of the services offered by the ASP. For example, they were unaware of the workshops that had been provided, and the availability of counseling and respite care. Finally, adoptive parents recommended several ways in which ASP services could be developed. For example, it was suggested that new services could be introduced such as a newsletter, pre-school group, a support group for non-adopted siblings, and online networking for parents.

Evaluation of Client Services 2003

In January, 2003 a survey designed to evaluate the services provided by the Adoption Support Program at the Queen Alexandra Center for Children's Health was conducted. This survey was designed and conducted by researchers at the University of Victoria on behalf of the Adoption Support Program, and was funded by the QA Foundation for Children and VIHA Child, Youth & Maternal Health Program.

The last evaluation of the ASP was conducted by Kathy Tanner in 1996. Since then, changes have been implemented, and the needs of families currently using the program may have changed. The survey gave adoptive families an opportunity to highlight their post-adoption needs and make recommendations for the future development of the ASP.

The aims of the evaluation were to:

- (a) examine adoptive parents' concerns,
- (b) identify when parents need support services,
- (c) identify the sources of support on which parents rely,
- (d) identify parents' knowledge of the availability of ASP services,
- (e) compare the relative importance parents place on different services,
- (f) measure adoptive families usage of services, and
- (g) determine the effectiveness of post-adoption services in terms of satisfaction, helpfulness, and impact.

Method

Respondents

Surveys were mailed to families on the Adoption Support Program mailing list. Forty-three adoptive parents of 68 adopted children completed and returned the survey. This represents a 25% response rate. During follow-up telephone calls 47 families were contacted, and their reason for non-response was because they were not interested in the study. Of these families, 25 agreed to provide some details about the characteristics of the family and adoptee. There were no significant differences between respondents and non-respondents in terms of the gender, age, and origin of the adoptees, and the proportion who were adopted as infants. There were also no differences in terms of the proportion of two-parent families, public adoptions, and open adoptions. Below are the demographic characteristics of the adoptive families and adoptees who responded to the survey.

Adoptive families (N = 43). The majority (79%) of adoptive families were two-parent families. Around half (52%) of adoptive mothers had finished college/university. There were on average two children (including biological, adopted, and foster) in a family. Sixty-two percent of families had adopted one child, and the remainder had adopted from two to four children. Sixty-two percent of adoptions were public and the rest were private adoptions. Seventeen percent were open adoptions. Finally, 29% of adoptions were transracial or international.

Adoptees (n = 68). Sixty percent of the adoptees were female. Half were aged 12 years or under, and the remaining were aged from 13 to 29 years. One third (33%) of adoptees were born outside of Canada in countries such as Haiti, China, Germany, Guatemala, Romania, South Africa, and Korea. Only 29% of adoptees joined the adoptive family as infants. The remaining adoptees were originally living with their biological parents or a relative, in a foster home, orphanage, hospital, or in a group home. According to the adoptive parents' reports, 21% of adoptees had experienced multiple moves prior to being adopted, and 35% had a history of abuse (i.e., physical, sexual, or emotional) or neglect prior to adoption.

Survey Design

Data was collected via a self-completion survey entitled "Evaluation of Client Services 2003." A copy of the survey is presented in the Appendix. The survey comprised four parts. Part 1 was called Family Information and asked questions about the adoptive family and the demographic details of adoptees. These questions were taken from Tanner (1996), thus enabling a comparison of the demographic make-up of ASP clients over time.

Part 2 was entitled "Adoption Support Program Information." Respondents were asked to indicate how they found out about the ASP. The 13 services offered by the ASP were listed: resources library, individual counseling, family counseling, couple counseling, counseling follow-up, adopted child groups, adopted teen groups, parent groups, respite care, facilitating reunions, education workshops, accessing psychological tests, and help at school/court/ministry. Respondents were asked to rate their usage of these services in the past two years on a 4-point

scale with each point labeled (i.e., “never”, “rarely”, “sometimes”, and “often”). Then, respondents were asked to indicate when their family needs post-adoption services. Following this, respondents were asked to rate how satisfied they were with each service, how helpful they found each service, and how important they considered each service, respectively. These ratings were made on 5-point rating scales anchored at the end points and middle point (i.e., “very dissatisfied/very unhelpful/not at all important”, “somewhat satisfied/somewhat helpful/somewhat important”, and “very satisfied/very helpful/extremely important”). If respondents had earlier indicated that they had not used the services in the past two years, they were asked to skip the corresponding satisfaction and effectiveness questions. Finally, respondents were asked to rate how use of the ASP services had changed their family situations or problems using a 7-point scale from -3 to 3, anchored at the end points and middle point (i.e., “much worse”, “no change”, and “much better”).

Part 3 of the survey was called “Helping Resources” and included questions about respondents’ knowledge of the availability of ASP services and who they turn to for post-adoption support. A list of sources of assistance was derived from Kramer and Houston (1998). At the end of Part 3, respondents were invited to write any other comments, questions, or concerns about post-adoption services.

Finally, Part 4 was entitled “Information on Each Adopted Child in Your Family,” and first asked respondents questions about their adopted children. These questions required a “yes” or “no” response. The next question listed issues that may cause concern for adoptive parents: child's behavior, child's emotional well-being, child's problems at school, child's relations with siblings/peers, parent's own parenting abilities, lack of post-adoption support, openness adoption agreements/relationships. This list of possible concerns was derived from the research reviewed in the introduction. Respondents were asked to rate their concern with each item on a 5-point scale anchored at the end points (i.e., “not a concern” and “a major concern”). (This section also contained a question asking parents how often their adopted child displayed 11 specific behaviors that would be useful to the counselors working for the ASP. The responses to this question are not presented in this report, but can be obtained from the ASP).

Procedure

Surveys were mailed to families on the ASP register in January, 2003. Each family received a package that contained a cover letter, the survey, a consent form, and a stamped, self-addressed envelope for returning the completed survey. The cover letter described the purpose of the survey, who was involved in designing the survey, and a contact number if participants had any questions. Participants were instructed to return the surveys within two weeks. The consent form assured participants’ anonymity and the confidentiality of their responses. Participation was voluntary. In March, 2003, families on the ASP register were contacted via telephone to determine reasons for non-response and how they differed from respondents.

Findings*

*Further details of the statistical analyses used can be obtained from M.K.D.

Adoptive Parents' Concerns

As Table 1 shows, there were no statistically significant differences in the concerns of parents of male and female adoptees, and parents of younger and older adoptees. However, parents of adoptees born in Canada were significantly more concerned about openness agreements and openness relationships than parents whose adopted children were from outside Canada. Parents of children who were not adopted as infants were significantly more concerned about their own parenting abilities than parents of adoptees who joined the family as infants. In addition, the former group of parents were significantly more concerned about the lack of post-adoption support than were parents of children adopted as infants.

Parents with adoptees who had experienced multiple moves prior to adoption were significantly more concerned about a number of issues than were parents of adoptees who had not experienced multiple moves (see Table 1). Specifically, the former group of parents were more concerned about their child's emotional wellbeing, and their child's relations with siblings and peers. In addition, parents of adoptees with a history of multiple moves were more concerned about a lack of post-adoption support, and about openness agreements and openness relationships than were parents whose adopted children had no history of multiple moves.

Parents of adoptees with a history of abuse or neglect reported greater concern about a number of issues than did parents of adoptees with no such history (see Table 1). The former group of parents were significantly more concerned about their child's behavior, emotional well-being, and relations with siblings and peers. In addition, parents of adoptees with a history of abuse or neglect were significantly more concerned about their own parenting skills, and the lack of post-adoption support than were parents whose adopted children had no history of abuse or neglect.

Parental Need for Post-adoption Support

A majority (57%) of adoptive parents indicated that they needed post-adoption services after a stressful or traumatic event. Nearly half (45%) of parents reported that services were needed soon after the adoption. Parents also said they needed services when their adopted child started school (26%), when their adopted child became a teenager (38%), and when he/she turned 19 years of age (17%). Finally, some parents reported needing services at other times such as for preparation of adoption and when they were fatigued.

Source of Post-adoption Support

Ten percent of adoptive parents reported turning to professionals such as an adoption agency, doctor or counselor as a sole source of support for their post-adoption needs. By comparison, 43% of parents said they sought help from both professional and personal sources such as friends

and other adoptive parents, and 33% said they sought support from all three sources: professional, personal, and the internet.

Knowledge of services. Around one third of adoptive parents said they learned of the ASP from a social worker (32%), or from the government agency that deals with adoptions (29%). Some parents were made aware of the ASP by a doctor or another adoptive parent. However, 17% of parents said that they did not know how to gain access to the services offered by ASP, and around half (49%) claimed that they were unaware of the services they were eligible to have.

Over a quarter (27%) of parents said it was difficult for them to gain access to the services offered by ASP. When asked about the convenience of these services, 21% of parents said that services were offered at inconvenient times and 28% said that services were offered at inconvenient locations. In fact, nearly half (46%) of the sample reported being unaware that they had input into the types of services offered by the ASP. Finally, nearly one-third (30%) of adoptive parents said that the services offered by ASP did not reflect their needs.

Importance and Use of Post-adoption Services

Importance. Figure 1 illustrates adoptive parents' mean ratings of the importance of the 13 services offered by the ASP. On average, all services were rated as being at least "somewhat important." The 13 services were combined into three categories for further analysis. The first category was educational and information services and was comprised of the resource library and workshops. The category of clinical and support services was comprised of individual, family, and couple counseling, counseling follow-up, and child, teen, and parent groups. Finally, the material services category was comprised of respite care, facilitating reunions, accessing psychological testing, and helping families to deal with schools, courts, and government agencies.

There were significant differences in the mean importance of the three service categories. Educational and information services ($M = 3.63$, $SD = 1.02$) were rated as being significantly more important than material services ($M = 2.55$, $SD = .97$). Similarly, clinical and support services ($M = 3.44$, $SD = 1.23$) were rated as being significantly more important than material services. There was no significant difference in the mean importance of educational and information services and clinical and support services.

Usage. Adoptive parents were asked how often they had used each of the 13 services offered by the ASP in the past two years. On average, education workshops were used "rarely" and the remaining 11 services were "never" used.

There were moderate-sized positive correlations between importance and usage of services such as individual counseling ($r = .58$), family counseling ($r = .58$), couple counseling ($r = .41$), counseling follow-up ($r = .48$), teen group ($r = .42$), parent groups ($r = .44$), respite care ($r = .44$), facilitating reunions ($r = .38$), education workshops ($r = .44$), and help in dealing with schools, courts, and government agencies ($r = .47$). There was, however, no statistically significant correlation between the importance and usage of services such as the resource library, child groups, and accessing psychological tests.

Effectiveness of Post-adoption Services

Effectiveness of the services offered by the ASP were measured via adoptive parents' ratings of the satisfaction and helpfulness of each of the 13, and via ratings of the impact that the services together had upon specific situations or problems faced by the family.

Satisfaction and helpfulness. Some of the items were not applicable as many of the adoptive parents said they had not used the ASP services in the past two years, and so the sample size was reduced for these items. In addition, the inter-correlations among ratings of satisfaction and helpfulness for individual services were high ($M r = .69$, $SD = .24$). Therefore, the satisfaction and helpfulness ratings were averaged to yield a combined score and the mean scores are presented in Figure 2. On average, adoptive parents were quite satisfied with all of the ASP services, and found them all to be quite helpful. There were no statistically significant differences in the mean combined ratings of satisfaction and helpfulness among the three service categories.

Impact. Participants were asked to indicate what impact ASP services had on specific problems or situations, using a scale from -3 (much worse) through 0 (no change) to 3 (much better). The average impact ratings were significantly different from zero, indicating that use of the ASP services had a significant positive impact on the problems and situations of adoptive families. As Figure 3 shows, use of services had a greater positive impact on adoptive parents' knowledge of where to get help, understanding of adoption, and of their adopted child, than on the child's problems at school, and the child's relations with siblings and peers.

Discussion and Recommendations

Increasing Awareness and Usage of Services

Although adoptive parents regarded most of the 13 services offered by the Adoption Support Program as important, parents rarely used these services. The lack of service usage does not necessarily indicate that parents do not need such post-adoption support. Rather, low service usage may be explained by a number of factors.

First, adoptive parents often lack knowledge of the availability of services. Parents may be unaware of their own eligibility to use services, and how to gain access to them. The fact that education workshops were widely advertised by the ASP may partly explain why they were frequently used. It is imperative that post-adoption agencies increase their visibility in the community and effectively advertise their services. For instance, the Commonwealth of Kentucky (1993) found that caseworkers reported offering services more frequently than the parents noted them being offered. Thus, parents may not necessarily hear the offers, and they may also have forgotten that some services were offered. Clearly, verbal communication on its own is an inadequate means of informing parents of the services that are available to them. Post-adoption services may be more effectively and widely advertised via the internet, public libraries, family practitioners, and public and private adoption agencies.

Second, low service usage may be explained by the fact that some services are offered at inconvenient times and locations. Inconvenience may prevent families who know about services to actually use them when they are needed. Of course, the flexibility of a program will be hampered by constraints on financial and staff resources, and it is unlikely that services can be convenient for every family. Thus, agency staff could encourage parents to seek out personal sources of support. Agencies should also encourage prospective service users who are prohibited by timing or other constraints to inform them of these reasons so that agencies can adapt to the changing needs of community members.

Third, parents may not use post-adoption services as they often seek help from alternative sources. Many parents relied on several sources of support including personal sources such as friends and other adoptive parents, the internet, and professionals such as social workers and counselors. Informal, non-agency sources of support are convenient, and families may feel more comfortable turning to people they know rather than agency staff. In addition, Harris (2002) suggests that adoptive parents may avoid services because they are unwilling to acknowledge that a problem exists with the adoption or that the problem is serious enough to require assistance. By using services, some parents may be reminded that their child is adopted, and they would rather forget that part of their past and move on. Adoptive parents may also feel fearful of contacting social services for help. Thus, post-adoption services should be provided along informal lines, with the initiative coming from the agency.

Finally, another explanation for why adoptive parents rarely use some services is that post-adoption agencies such as the ASP tend to employ a reactive rather than proactive approach to service delivery. Services are predominately offered to families upon request. Whereas this

approach is efficient, it will likely be inadequate if families do not know about the existence of post-adoption services.

Development and Targeting of Services

One of the mandates of the ASP is to be responsive to the needs of adoptive families in the development of services. However, nearly half of the parents were unaware that they had input into the development of services. This may explain why some parents felt that the services offered did not reflect their needs. Thus, it may be useful to make active efforts to gain the input of adoptive families, although this may be difficult when parents are overburdened and families are facing difficulties. Furthermore, services should be directed at the concerns of adoptive families, aim to replicate "what works", be grounded in theories relevant to understanding and dealing with adoption issues, and informed by trends in adoption practice and policy.

Concerns. It was found that parents of adoptees born in Canada were concerned about openness agreements and relationships. Parents of children who were not adopted as infants were concerned about their own parenting abilities, and the lack of post-adoption support. Parents of adoptees who had experienced multiple moves prior to the adoption reported being concerned about their child's emotional well-being, relations with siblings and peers, a lack of post-adoption support, and openness agreements and relationships. Similarly, parents of adoptees with a history of abuse and neglect were concerned about their child's behavior, emotional well-being, relations with siblings and peers, their own parenting abilities, and a lack of post-adoption support.

Parents tend to need post-adoption services at specific time points. The evaluation revealed that support is often required after a stressful or traumatic event. Further research is required to identify the nature of these events and when they may occur. More generally, services are needed soon after the adoption, and then again at significant developmental points in the child's life such as when the child starts school, and becomes a teenager and adult.

To be efficient and effective, services should be targeted at the families who need them most, at the time when they most require them, and they should aim to deal with specific concerns. In order to facilitate targeted service delivery, post-adoption agencies will need to develop and maintain comprehensive client records. During follow-up of non-respondents, it was found that families had moved address or changed telephone numbers. Furthermore, the current ASP records had only limited data on the characteristics of adoptive families. In order to help families soon after adoption, post-adoption agencies will need to work in closer collaboration with the public and private agencies that initiate adoptions.

Effectiveness. The importance of providing post-adoption services has been highlighted by the literature that documents the effect such support has on the reduction of adoption disruptions and dissolutions (e.g., Berry, 1992; Prew et al., 1990; Smith & Howard, 1994). The success of post-adoption services in having positive benefits for the psychological and behavioral functioning of families has also been revealed (e.g., Harris, 2002; Smith & Howard, 1994). Nevertheless, such outcome evaluations are rare, presumably because of the difficulties inherent in demonstrating reliable effects. Outcomes may be measured in various ways including changing incidence of adoption disruption, clinical assessments, and subjective assessments by parents.

Although the evaluation did not examine the effect of ASP services on dissolution or disruption, it did measure parents' assessments of the impact that services had on an array of specific problems. According to the parents, use of ASP services significantly improved their own understanding of adoption and their adopted child, but had less impact on improvements in the child's behavior, problems at school, and relations with siblings and peers. In addition, parents were quite satisfied with most services and found them to be quite helpful. However, parents were least satisfied with child and teen groups. Future research could examine why parents find specific services satisfactory or helpful. More research is also needed to determine which families tend to be helped and by which of the available services. The durability of the impact of services should also be measured by future research.

Theory. As Barth and Miller (2001) point out, post-adoption services should be based on theoretically sound principles regarding adoption. For instance, services should be based on theories concerning adoption adjustment such as the stress and coping model of children's adoption adjustment (Brodzinsky, 1990), biological perspectives on adoptee adjustment (Cardoret, 1990), attachment theory (see Johnson & Fein, 1991), and family systems theory (Reitz & Watson, 1992). Similarly, Smith et al. (2000) suggest that educational and counseling services should be able to deal with issues underlying child emotional and behavior problems such as separation/attachment issues and grief, identity issues, search issues, depression, and post traumatic stress syndrome.

Trends. The characteristics of adoptive families and adoptees being served by the ASP have changed very little since Tanner's (1996) evaluation. Nevertheless, the development of post-adoption services should be informed by the potential needs of adoptive families as adoption trends change over time. In an examination of adoption trends across Canada, Daly and Sobol (1993) found that from 1981 to 1990 total public adoptions (i.e., those initiated by a government agency) decreased from 4,441 to 1,731, whereas total private adoptions (i.e., those initiated by a private organization) increased from 935 to 1,105. Furthermore, the proportion of public adoptions of children under one-year decreased dramatically whereas the proportion of private adoptions of infants increased. Similarly, the proportion of public adoptions of children over one-year increased whereas the proportion of private adoptions of older children decreased. There has also been a rise in the number of international (and often consequently, transracial) adoptions, although statistical information on this issue is limited. Finally, openness has been one of the most important recent legislated policy changes in adoption practice in Canada. In around one-third of such cases the biological and adoptive parents may regularly exchange information through a facilitator.

There are several implications of these trends in adoption for the development of post-adoption services. For instance, families who adopt privately may be less prepared because unlike public adoptions, the private adoption waiting period is considerably shorter and parents typically have no parenting experience. On the other hand, older children are likely to be placed with families who adopt publicly, and these children may have emotional and behavioral problems that require greater understanding and support. The rise in international and transracial adoptions may highlight the need to help these families cope with the unique problems they may face. Open adoptions may raise anxieties among adoptive parents, and service providers should examine how they can effectively help adoptive families relate to biological families through information,

counseling, and mediation. The differences in public and private adopters are reflected in the differential importance Brooks et al. (2002) found that they placed on post-adoption services.

Limitations

Although the findings of the present study were based on a relatively small sample of adoptive parents, this reflects the fact that the ASP serves a relatively small population. While the response rate was lower than some past evaluations (e.g., 52% in McDonald et al., 2001), it was similar to many others (e.g., 24% in Commonwealth of Kentucky, 1993; 20% in Tanner, 1996). These response rates are respectable for mail-out surveys, and surveys of samples who may be overwhelmed and too busy to participate. Follow-up contact with non-respondents revealed no significant differences between them and respondents on various demographic variables. Nevertheless, future research could make efforts to increase response rates, employ alternative methods for data collection, and over-sample families with different demographic characteristics.

The present study and most past evaluations have involved adoptive parents. There is dearth of research on the post-adoption needs of adopted youth as expressed by the youth themselves. It is likely that the needs of adopters and adoptees may be different. Furthermore, both groups may have different experiences of the same service. For instance, while parents at the ASP perceived child and teen groups to be less helpful, the adoptees may have had a different perception. Although it is not always easy to research children and youth, developmental psychologists have developed techniques that can provide valid and reliable data.

Conclusions

Adoption is a promising response to children in need of permanent homes and it can also be a positive experience. In Canada there has been a great push toward promoting adoption. Society, however, also has an obligation to support adoptive families beyond the stage when adoption is legally finalized. The Adoption Support Program in B.C. has developed through close collaboration with adoptive families. Their shared experiences and challenges have helped to shape the services that are provided. In order to be responsive to the differential patterns of experiences of adoptive parents and their adopted children, and to changes in their concerns over time, post-adoption agencies must continue to identify the needs of adoptive families, and researchers must continue to explore "what works." Post-adoption agencies should not only aim to meet needs and replicate effective practices, they should also be grounded in relevant theory, observe adoption trends, and update services in light of the information gleaned from such observations. Services should be better advertised, and agency records must be comprehensive. The adequate provision of a wide range of services requires a network of community resources, and service providers must continue to engage other agencies and educate them about the unique needs of this client group. Post-adoption services can have a significant positive impact on adoptive families.

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Table 1. Means and Standard Deviations of Parental Concerns by Characteristics of Adoptees

Concerns		Characteristics of adoptees											
		Gender		Age		Canadian born		Adopted as infant		Multiple moves		Abused/Neglected	
		Male	Female	≤12	13+	Yes	No	Yes	No	Yes	No	Yes	No
Child's behavior	<i>M</i>	3.33	3.32	3.21	3.45	3.29	3.41	3.04	3.42	3.81	3.21	4.18	2.88
	<i>SD</i>	1.41	1.52	1.40	1.54	1.46	1.51	1.47	1.46	1.47	1.44	1.14	1.41
Child's emotional well-being	<i>M</i>	3.14	3.20	3.03	3.31	3.07	3.38	2.80	3.33	3.90	3.03	4.06	2.75
	<i>SD</i>	1.40	1.42	1.45	1.36	1.42	1.37	1.47	1.34	.90	1.44	.87	1.40
Child's relations with siblings/peers	<i>M</i>	2.48	2.90	2.93	2.53	2.63	2.90	2.38	2.85	3.40	2.59	3.53	2.34
	<i>SD</i>	1.17	1.31	1.17	1.33	1.30	1.21	1.28	1.23	1.13	1.23	1.02	1.16
Child's problems with school	<i>M</i>	4.54	2.78	3.81	3.18	3.74	3.05	3.11	3.59	5.42	3.03	4.93	2.75
	<i>SD</i>	6.50	1.49	5.95	1.54	5.28	1.48	1.58	5.00	9.44	1.49	7.02	1.51
Own parenting abilities	<i>M</i>	3.21	2.64	2.89	2.87	2.68	3.25	2.38	3.07	3.00	2.86	3.41	2.60
	<i>SD</i>	1.25	1.16	1.88	1.27	1.22	1.16	1.10	1.21	1.27	1.89	1.12	1.15
Lack of post-adoption support	<i>M</i>	2.13	2.58	2.54	2.25	2.19	2.76	1.75	2.62	3.12	2.20	3.41	1.82
	<i>SD</i>	1.35	1.33	1.31	1.39	1.32	1.35	1.06	1.38	1.27	1.33	1.32	1.01
Openness agreements/relationships	<i>M</i>	1.38	1.91	1.46	1.97	2.01	1.13	1.95	1.61	2.44	1.51	1.83	1.66
	<i>SD</i>	.79	1.26	.85	1.32	1.26	.41	1.47	.97	1.28	1.01	1.15	1.15

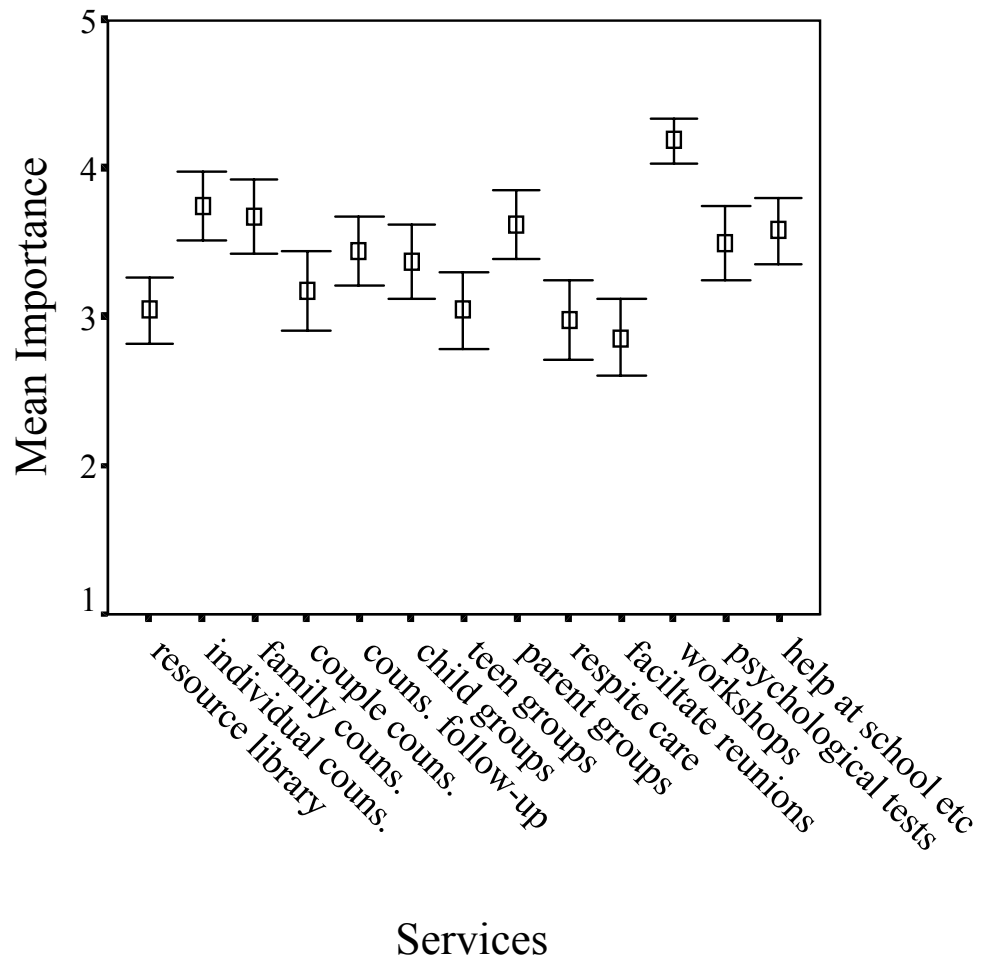
Figure 1. Mean importance of post-adoption services and the standard error of the means

Figure 2. Mean combined satisfaction with, and helpfulness of, post-adoption services and the standard error of the means

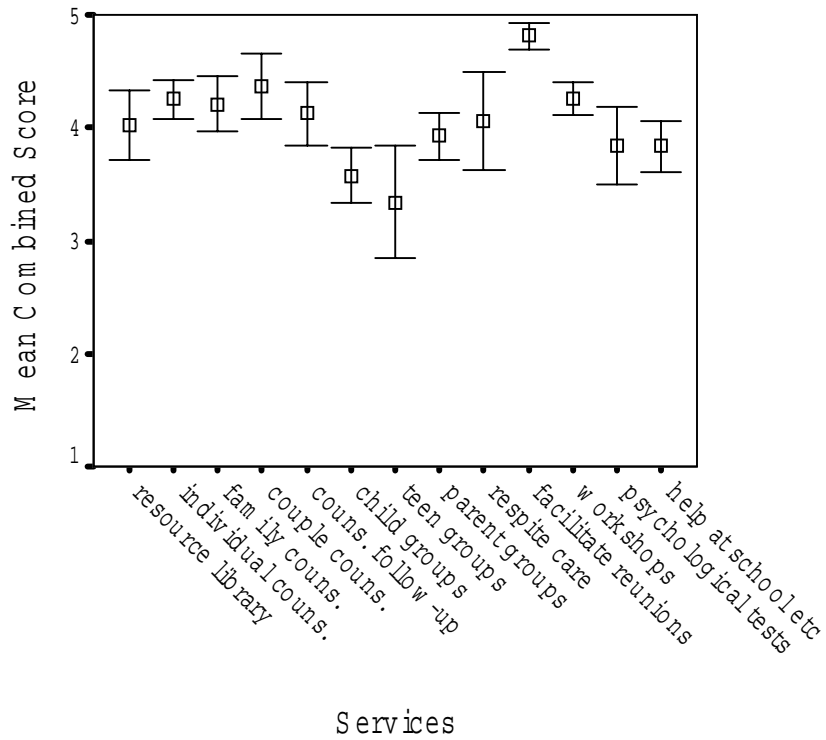
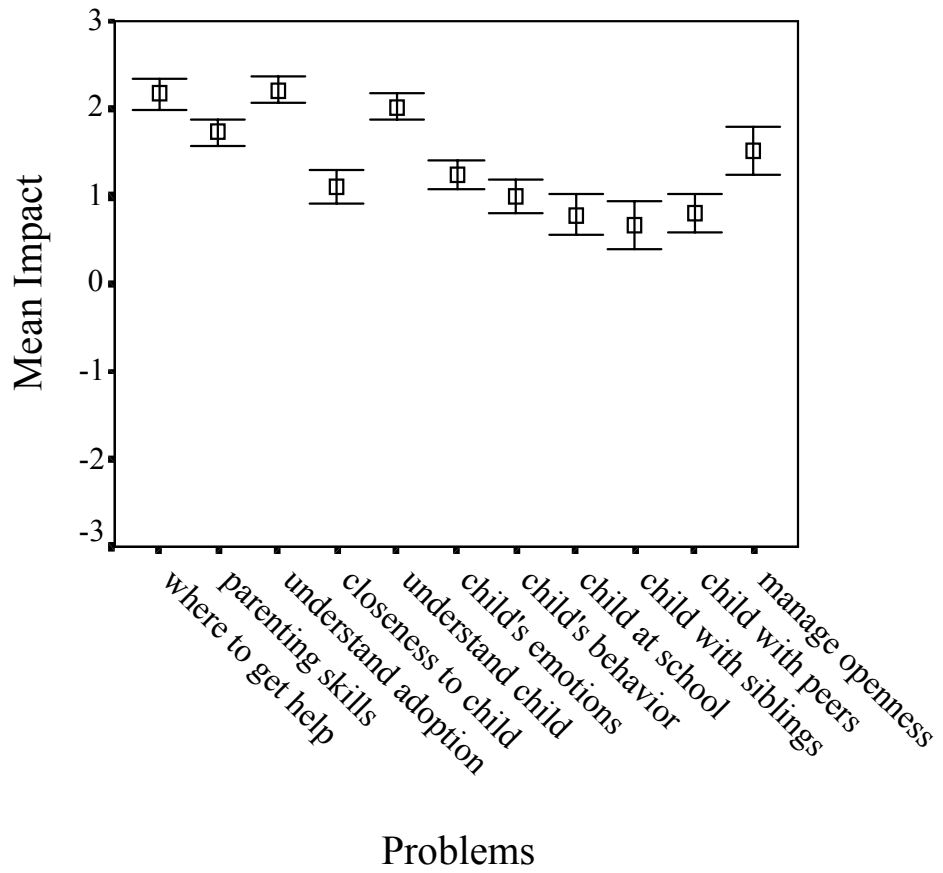


Figure 3. Mean impact of post-adoption services and the standard error of the means



Appendix

Evaluation of Client Services 2003 Adoption Support Program Queen Alexandra Centre for Children's Health

PART ONE: Family Information

1. Please indicate your relationship to the adopted child/children:

Mother Father Other (specify): _____

2. Please provide the following information about each child in your family:

	Gender (M/F)	Adopted/Foster/ Step/Biological	Birth date	Date when joined family	Country of origin
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____

3. Please check the option that best describes your family:

One parent family Two parent family

4. Which type(s) of adoption has your family experienced? (check all that apply)

Public (government) Private (lawyer, doctor)

Interfamily Step-parent adoption

Open Closed

Transracial (specify): _____

International (specify): _____

5. What is the highest level of education that you obtained?

Did not finish High School Finished High School

Took some College/University Finished College/University

Other (specify): _____

PART TWO: Adoption Support Program Information

1. How did you find out about the Adoption Support Program at the Queen Alexandra Centre for Children’s Health? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ministry of Children & Families Development | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Another adoptive parent |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other (specify): _____ |

2. How often in the past 2 years have you or your family used the following services at the Adoption Support Program? (circle a point on each scale)

	Never	Rarely	Sometimes	Often
a. Resource library	-----	-----	-----	-----
b. Individual counseling	-----	-----	-----	-----
c. Family counseling	-----	-----	-----	-----
d. Couple counseling	-----	-----	-----	-----
e. Counseling follow-up	-----	-----	-----	-----
f. Adopted child groups	-----	-----	-----	-----
g. Adopted teen groups	-----	-----	-----	-----
h. Parent groups	-----	-----	-----	-----
i. Respite care	-----	-----	-----	-----
j. Facilitating reunions	-----	-----	-----	-----
k. Education workshops	-----	-----	-----	-----
l. Getting psychological tests	-----	-----	-----	-----
m. Help at school/court/ ministry/ mental health	-----	-----	-----	-----

3. When do you or your family need to use services offered by the Adoption Support Program? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Soon after the adoption | <input type="checkbox"/> When adoptee started school |
| <input type="checkbox"/> When adoptee became teenager | <input type="checkbox"/> Following a stressful/traumatic event |
| <input type="checkbox"/> When adoptee turns 19 years | <input type="checkbox"/> Other (specify): _____ |

4. How satisfied are you and your family with the services offered by the Adoption Support Program? (circle a point on each scale)

	Very dissatisfied	Neither		Very satisfied
a. Resource library	-----	-----	-----	-----
b. Individual counseling	-----	-----	-----	-----
c. Family counseling	-----	-----	-----	-----
d. Couple counseling	-----	-----	-----	-----
e. Counseling follow-up	-----	-----	-----	-----
f. Adopted child groups	-----	-----	-----	-----
g. Adopted teens groups	-----	-----	-----	-----
h. Parent groups	-----	-----	-----	-----
i. Respite care	-----	-----	-----	-----
j. Facilitating reunions	-----	-----	-----	-----
k. Education workshops	-----	-----	-----	-----
l. Getting psychological tests	-----	-----	-----	-----
m. Help at school/court/ministry/ mental health	-----	-----	-----	-----

5. How helpful were the following services provided by the Adoption Support Program to you and your family? (circle a number on each scale or N/A if you have never used the service)

	Extremely harmful		Neither helpful nor harmful			Extremely helpful		
a. Resource library	-3	-2	-1	0	1	2	3	N/A
b. Individual counseling	-3	-2	-1	0	1	2	3	N/A
c. Family counseling	-3	-2	-1	0	1	2	3	N/A
d. Couple counseling	-3	-2	-1	0	1	2	3	N/A
e. Counseling follow-up	-3	-2	-1	0	1	2	3	N/A
f. Adopted child groups	-3	-2	-1	0	1	2	3	N/A
g. Adopted teens groups	-3	-2	-1	0	1	2	3	N/A
h. Parent groups	-3	-2	-1	0	1	2	3	N/A
i. Respite care	-3	-2	-1	0	1	2	3	N/A
j. Facilitating reunions	-3	-2	-1	0	1	2	3	N/A
k. Education workshops	-3	-2	-1	0	1	2	3	N/A
l. Getting psychological tests	-3	-2	-1	0	1	2	3	N/A
m. Help at school/court/ministry/ mental health	-3	-2	-1	0	1	2	3	N/A

6. As a result of receiving post-adoption services, how has your situation or problem(s) changed? (circle a point on each scale or N/A if you have never used service)

	Much worse			No change			Much better		
a. Knowing where to get help	-3	-2	-1	0	1	2	3	N/A	
b. Parenting skills	-3	-2	-1	0	1	2	3	N/A	
c. Understanding of adoption	-3	-2	-1	0	1	2	3	N/A	
d. Closeness to child	-3	-2	-1	0	1	2	3	N/A	
e. Understanding of child	-3	-2	-1	0	1	2	3	N/A	
f. Child emotional well-being	-3	-2	-1	0	1	2	3	N/A	
g. Child behavior	-3	-2	-1	0	1	2	3	N/A	
h. Child problems with school	-3	-2	-1	0	1	2	3	N/A	
i. Child's relations with siblings	-3	-2	-1	0	1	2	3	N/A	
j. Child's relations with peers	-3	-2	-1	0	1	2	3	N/A	
k. Feeling supported managing openness relationships	-3	-2	-1	0	1	2	3	N/A	

7. How important are the following services offered by the Adoption Support Program to you and your family? (circle a point on each scale)

	Not at all important				Extremely important
a. Resource library	----- ----- ----- -----				
b. Individual counseling	----- ----- ----- -----				
c. Family counseling	----- ----- ----- -----				
d. Couple counseling	----- ----- ----- -----				
e. Counseling follow-up	----- ----- ----- -----				
f. Adopted child groups	----- ----- ----- -----				
g. Adopted teens groups	----- ----- ----- -----				
h. Parent groups	----- ----- ----- -----				
i. Respite care	----- ----- ----- -----				
j. Facilitating reunions	----- ----- ----- -----				
k. Education workshops	----- ----- ----- -----				
l. Getting psychological tests	----- ----- ----- -----				
m. Help at school/court/ministry/mental health	----- ----- ----- -----				

PART THREE: Helping Resources

1. Have you or your family found it difficult to gain access to any of the services offered by the Adoption Support Program?

No Yes, specify which services: _____

2a. Do you know which post-adoption services you are eligible to have? Yes No

b. Do you know how to access the post-adoption services at QA? Yes No

c. Are the post-adoption services you need offered at convenient times? Yes No

d. Are the post-adoption services you need offered at convenient locations? Yes No

e. Do the post-adoption services available at QA reflect your needs? Yes No

f. Do you know you can have input into types of services provided at QA? Yes No

3. Who do you normally turn to for assistance when you or your family is experiencing problems concerning adoption? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Your spouse/partner | <input type="checkbox"/> Child's birth parent/relative | <input type="checkbox"/> Child's former foster parent |
| <input type="checkbox"/> Your own parent/relative | <input type="checkbox"/> Friend/neighbor | <input type="checkbox"/> Another adoptive/foster parent |
| <input type="checkbox"/> Your other children | <input type="checkbox"/> Adoption agency | <input type="checkbox"/> Doctor/nurse/medical specialist |
| <input type="checkbox"/> Child's teacher | <input type="checkbox"/> Therapist/counselor | <input type="checkbox"/> Adoption Support Program at QA |
| <input type="checkbox"/> Respite provider | <input type="checkbox"/> Internet, library, books | <input type="checkbox"/> Adoptive Families Association |
| <input type="checkbox"/> Minister/religious guider | <input type="checkbox"/> Special Needs Adoptive Parents | |
| <input type="checkbox"/> Other (specify): _____ | | |

4. Please note any other comments, questions or concerns you have about post-adoption services in below:

PART FOUR: Information on Each Adopted Child In Your Family

Please complete this part separately for each adopted child. More copies are on the next page. Indicate which child this information is about by circling the letter of the child from page 1 in the survey: **a b c d e f**.

1. Before joining your family, where was your adopted child living? (check all that apply)

- Joined family at birth With his/her biological parents
- In a foster home In an orphanage
- Other (specify) _____

2. Does your child have a pre-adoption history of: (check all that apply)

- Multiple moves Physical abuse
- Sexual abuse Neglect
- Emotional abuse Prenatal exposure to substances eg. alcohol (specify): _____

3. When you think about this child, how concerned are you about the following: (circle a point on each scale)

	Not a concern	A major concern
a. Child's behavior	----- ----- ----- -----	
b. Child's emotional well-being	----- ----- ----- -----	
c. Problems with school	----- ----- ----- -----	
d. Attachment issues	----- ----- ----- -----	
e. Managing child's behavior	----- ----- ----- -----	
f. Child's relations with siblings	----- ----- ----- -----	
g. Own parenting ability/skills	----- ----- ----- -----	
h. Lack of post-adoption support	----- ----- ----- -----	
i. Openness adoption agreements	----- ----- ----- -----	
j. Child's relations with peers	----- ----- ----- -----	
k. Lack of social support	----- ----- ----- -----	
l. Openness relationships	----- ----- ----- -----	