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Post-Adoption Service Needs of Families with Special Needs Children: Use, Helpfulness, and Unmet Needs

Thom Reilly
Laurie Platz

ABSTRACT. This study was conducted to explore post-adoptive service needs of families adopting special needs children. In addition, the research examined the relationship of post-adoption service utilization to positive adoption outcomes. Two hundred forty-nine ($N = 249$) special needs adoptive families representing 373 children responded to a mailed survey as part of this study. Financial, medical, and dental supports, and subsidies emerged as the most frequently cited service needs. Reports of unmet needs included: counseling services and in-home supports (respite care, daycare and babysitting services). The receipt of financial supports, other supports such as social work coordination and legal services and informal supports (support groups for parents and children) were significantly associated with higher satisfaction with parenting. Unmet service needs in the form of counseling, informal supports, other supports, out of home placement needs, financial supports, and in-home supports were associated with a lower perceived quality of relationship

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between the adoptive parent and child and a more negative impact on the family and marriage. No differences were found between former foster parents to the adoptive child and new parents to the child or on primary caregiver's characteristics such as race/ethnicity, age, marital status, and religious practice. Implications for practice and policy are discussed. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Special needs, post-adoption services, unmet needs

INTRODUCTION

The permanency planning movement ushered in by the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) has resulted in the increased numbers of children with special needs (children who are older, from racial or ethnic minorities, members of sibling groups and/or who have special emotional, behavioral, developmental and/or medical problems) being placed in adoptive placements rather than growing up in the foster care system. In addition, with the passage of the Adoption and Safe Families Act of 1997 (P.L. 105-89) (ASFA), Congress issued a mandate to states to shorten time frames for children in foster care and provide an array of permanency options so that children can have stable and permanent homes. States are required to expedite the number of adoptions of special needs children and to seek termination of parental rights for children who cannot be placed with their parents or other relatives after fifteen months in foster care. This legislation will further increase the availability of special needs children for adoption.

This shift towards more special needs adoptions has been accompanied by an increased rate of children and families experiencing post-adoptive problems as well as an increase in disrupted and dissolved adoptions (i.e., termination prior to and after legal finalization). Increased demand for these services from state and local adoption agencies are accompanying this expansion (Groze, 1996; Kramer & Houston, 1998; Smith & Howard, 1994, 1999). The ability of caregivers of special needs children to access an array of supports and services has proven to be associated with successful adoptive experiences (Groze,

1996; Rosenthal, Groze & Morgan, 1995; Smith, Howard & Monroe, 1998).

Research on the post-placement needs of families adopting special needs children suggest that families face significant stressors and challenges as they attempt to meet the needs of these children (Kramer & Houston, 1998; McDonald, Propp & Murphy, 2001; Rosenthal, Groze & Morgan, 1995). The child welfare literature has documented characteristics of the child, characteristics of the adoptive family, and agency practices as having predictive value associated with healthy and successful adoptive experiences. Child characteristics shown to influence positive adoption outcomes include age, number and severity of behavior and emotional problems, and membership in a sibling group (Groze, 1996; McDonald, Propp, & Murphy, 2001; Rosenthal & Groze, 1994). Adoptive family characteristics include socioeconomic status, education, ethnic group, having a strong religious belief, and parental expectations (Groze, 1995, 1996; Rosenthal & Groze, 1990). Agency practices include barriers to post-placement services, insufficient pre-adoptive training, and incomplete information on the child (Groze, 1994, 1995). Positive outcomes for special needs adoptions have been measured in several ways, including parental satisfaction (Gerard, 1994), perceived quality of relationship between parent and child (Rosenthal & Groze, 1992) and the overall impact of the adoptive child on the family and marriage (Rosenthal & Groze, 1992).

Service needs of adoptive families have been documented by several recent studies. McDonald, Propp, and Murphy (2001) found that the services most needed by a sample of 159 special needs adoptive parents included support or self-help groups, respite care services, advocacy services, support for siblings, emergency assistance, and crisis intervention. Kramer and Houston (1998) identified several unmet needs from a study of 40 parents in the process of adopting special needs children including access to agency staff, counseling, child care, respite care, financial support and informal support. Rosenthal, Groze and Morgan (1995) found that medical and financial adoptive subsidies emerged as the greatest service needs from a sample of 562 families. Respite care was found to be the largest unmet need. Finally, Walsh (1991) identified the greatest service needs from his study of 402 families as special education services, medical services, family counseling, financial assistance and respite care. He also found that respite care constituted the largest unmet need of the families.

In order to cope with these stressors and challenges, special needs families rely on a host of available resources in the community such as

emotional support (i.e., interpersonal assistance), information support (i.e., on the background of the child and location and availability of community resources) and concrete aid (i.e., financial, medical, educational) (Groze, 1996). In addition, families report a need for support groups with other adoptive parents and informal contact with other special needs families (Erich & Leung, 1998; Groze & Rosenthal, 1993). Many families report these needs increasing over time (Smith, Howard & Monroe, 1998). Kramer and Houston (1998) have suggested that special needs adoptive parents access an array of formal and informal supports and resources in their neighborhood, community and/or social institution.

As the number of special needs adoptions increases, it is imperative to monitor the post-adoptive service needs of these families. This study was conducted to: (1) explore the post adoptive service needs of families adopting special needs children; and (2) identify the relationship between positive adoption outcomes and whether or not a family's service needs were met. The positive adoption outcomes examined were: parental satisfaction, quality of parent-child relationships, perceived overall impact of the child's adoption on families and, perceived overall impact of the child's adoption on marriages (where applicable).

METHODS

Participants and Procedures

Eligible participants included all families in the state of Nevada receiving adoption subsidies and/or who had an adoption subsidy agreement in place for a special needs adopted child (N = 609). Adoption subsidy agreements can include the provision of financial, medical, and/or service assistance. Surveys were mailed to these families in January 2000. A pre-paid return envelope was included in each mailing. No identifying information was collected, allowing for completely anonymous responses. For the purpose of sending reminder postcards to encourage participation, a number was assigned to each envelope to track which families had completed the survey. Two follow-up mailings were sent to families not responding to the survey. Data collection ended in May 2000. Two hundred and forty-nine (249) of 609 eligible families responded on behalf of 373 of 936 eligible children (response rates = 41% of families, representing 40% of Nevada special needs adopted children).

Measures

The survey instrument was pre-tested with social workers from the state child welfare agency and foster and adoptive parents.

Needs and Satisfaction with Services Inventory. Caregivers were presented with a list of thirty-five (35) community services adapted from a study by Rosenthal, Groze, and Morgan (1995). These included several items addressing the topic of counseling (parenting skills, adoptive issues, separation issues, abuse issues, sexual issues, child development, child's future, individual therapy, family therapy, and to prevent outside placement); medical (routine medical care, medical care for a disability, dental, home health/nursing); financial (subsidies, other financial supports such as: health insurance, medical subsidies and social security benefits); informal social support (time with other adoptive parents and children, master adoptive parents, support groups for parents and children); in-home services (respite care, homemaking services, daycare); out-of-home placements (emergency shelter care, foster care, group care, psychiatric hospitalization) and other (social work coordination, legal services, special education services, tutoring). For each service, the respondents indicated whether they ever needed the service. Those reporting a need were asked if they actually received the service and to rate that service on a response scale from 1 (not at all helpful) to 5 (extremely helpful).

Positive Adoption Outcomes

Four composite scales were used to determine positive adoption outcomes of parental satisfaction, the quality of relationships between parents and their children, and the impact of the child's adoption on the family, and marriage (where applicable).

Parental Satisfaction. Satisfaction with parenting was adapted from a subscale of the "Parent-Child Relationship Inventory" (Gerard, 1994). Ten statements were rated by the caregiver on a scale from 1 (strongly disagree) to 4 (strongly agree). Sample items included the following statements: "I get a great deal of satisfaction from having children" and "I would really rather do a lot of other things than spend time with my child." The sum of these ratings reflects opinions and attitudes regarding the parenting experience. The internal consistency coefficient falls at an acceptable level (Cronbach's alpha = .70).

Quality of Relationship with Child. The quality of caregivers' relationships with their children is a composite score of their responses to

five (5) items addressing the following issues: trust, respect, communication, regular and mutually enjoyable time spent together, and their overall estimation of how well they get along. The five statements were adapted from Rosenthal and Groze (1992) and were rated on a scale from 1 (poor) to 4 (excellent). The measure's internal consistency reliability coefficient was very good (Cronbach's $\alpha = .89$)

Overall Impact of the Child's Adoption on Family and Marriage. These measures were obtained by asking caregivers to rate separately the impact of the child's adoption on their family and their marriage. The response scale included a three-point scale consisting of mostly positive, positives and negatives about equal, and mostly negative.

RESULTS

Characteristics of respondents were as follows: The majority of primary caregivers were female (87.4%), White not of Hispanic descent (86.1%), married or living with a partner (78.1%), and their ages ranged from 25-73 with an average of 44.9 (SD = 8.08) years. Most had attended some college (38.9%), were employed full-time (42.0%), and had an annual household income of \$60,000 or more (28.6%). This majority resided in single family homes (85.9%), in Southern Nevada (44.8%). They were active in their religious or spiritual beliefs (41.5%), were prior foster parents to their adopted children (57.7%), and had primarily adopted these children after becoming acquainted with them through the foster care system (39.7%). The majority of special needs adopted children were male (51.5%), White, not of Hispanic descent (57.5%), and were adopted individually—not as part of a sibling group (54.5%). Their ages at the time of entry into the home ranged from newborn to 14 years with an average of 3.14 (SD = 3.03) years, and at the time of the survey from 7 1/2 months to 29 years with an average of 9.67 (SD = 4.23) years. The full diversity of caregiver respondents and adopted children is illustrated in Table 1. Ethnic backgrounds of parents and children suggest numerous cross-cultural adoptions.

A comparison can be made between families who participated and families who failed to respond to the survey. As is evident in Table 2, those responding to the survey appear to be representative of the sample as a whole.

Needs and Satisfaction with Services Inventory

The 35 items previously defined on the Needs and Satisfaction with Services Inventory were coded for need, use, and helpfulness (see Ta-

TABLE 1. Sample Demographics

Demographic Characteristics	Primary Caregivers (Total N = 249)		Spouse or Partners (Total N = 193)		Adopted Children (Total N = 373)	
	N	%*	N	%*	N	%*
Gender						
Male	31	12.6	159	83.7	183	51.5
Female	215	87.4	31	16.3	172	48.5
Race/ethnicity						
Asian/American	1	.4	2	1.1	5	1.4
African/American	27	11.0	15	7.9	65	18.1
Hispanic/Latino	4	1.6	4	2.1	13	3.6
Mixed race/ethnicity	5	2.0			58	16.1
Native American	3	1.2	2	1.1	3	.8
White not of Hispanic descent	205	82.3	166	87.8	207	57.5
Other					9	2.5
Education						
Some high school	7	2.8	5	2.6		
High school diploma	29	11.7	26	13.7		
Attended some college	96	38.9	74	38.9		
College graduate	49	19.8	40	21.1		
Graduate school	35	14.2	20	10.5		
Technical, vocational, or trade	27	10.9	23	12.1		
Other	4	1.6	2	1.1		
Religious or spiritual practice						
Not active	63	25.6	65	33.9		
Active	102	41.5	71	37.0		
Very active	81	32.9	56	29.2		
Employment						
Part-time	26	10.6	7	3.7		
Full-time	103	42.0	130	68.1		
Self-employed	36	14.7	22	11.5		
Retired	15	6.1	13	6.8		
Student	4	1.6	3	1.6		
Not employed for pay	35	14.3	8	4.2		
Other	26	10.4	8	4.2		
Family Characteristics	N	%*				
Annual income from all sources						
Up to \$14,999	10	4.1				
\$15,000 to \$24,999	18	7.5				
\$25,000 to \$34,999	31	12.9				
\$35,000 to \$44,999	55	22.8				
\$45,000 to \$59,999	54	22.4				
\$60,000 and above	69	28.6				
Don't know	4	1.7				

TABLE 1 (continued)

Demographic Characteristics	Primary Caregivers (Total N = 249)		Spouse or Partners (Total N = 193)		Adopted Children (Total N = 373)	
	N	%*	N	%*	N	%*
	Money at the end of the month					
Not enough money	56	23.6				
Just enough money	148	62.4				
More than enough money	33	13.9				
Type of family residence						
Single family home	213	85.9				
Farm or ranch	13	5.2				
Apartment	8	3.2				
Duplex, condo, townhouse, etc.	11	4.4				
Other	3	1.2				
Location where family resides						
Northern Nevada	50	20.2				
Southern Nevada	111	44.8				
Rural Nevada	15	6.0				
Out of state	72	29.0				
Sibling group membership						
Adopted single children					201	54.5
Adopted siblings					168	45.5
Type of adoption for each child						
Foster parents					210	57.7
Relative					27	7.4
New parents					127	34.9
Age	Mean	SD	Mean	SD	Mean	SD
Age of child at time of survey	44.93	8.08	45.94	8.18	9.67	4.23
Age of child at entry to home					3.14	3.03
People supported on annual income	4.79	2.33				
Number of children in the home	3.09	2.25				

*Percentages do not include missing data

ble 3). Needed services included the number and percent of the sample that responded that they needed the service. Received services included the number and percent of those needing the service who received it. Helpful services included the number and percent of the sample that received the service and found it helpful. The most needed services reported by adoptive families on behalf of their individual children (N = 373) include: other financial benefits (health benefits) (78%); financial subsidies (73%); dental care (65%); routine medical care (63%); and individual counseling (52%). There were significant reports of unmet needs. After parents were asked if they needed a service, they were

TABLE 2. Respondent and Nonrespondent Characteristics

	Survey Sample		Survey Nonrespondents	
	N	%	N	%
<i>Primary caregiver</i>				
Race/ethnicity				
White	205	83.7	273	76.0
Black	27	11.0	97	16.0
Latino	4	1.6	12	2.0
Other/mixed	9	3.6	37	6.0
<i>Child</i>				
Race/ethnicity				
White	207	57.5	335	60.0
Black	65	18.1	123	22.0
Latino	13	3.6	39	7.0
Other/mixed	75	20.8	61	11.0
Gender				
Male	183	51.5	268	48.0
Female	172	48.5	291	52.0
Type of adoption for each child				
Foster parent	210	57.7	347	62.0
Relative	27	7.4	45	8.0
New parents	127	34.9	168	30.0
Sibling group membership				
Yes	168	45.0	240	43.0
Age at entry to home	3.1 yrs.		4.1 yrs.	
Age at finalization	5.2 yrs.		5.8 yrs.	

asked if they ever received it. Only 28% indicated they received respite care services; 33% received in-home daycare (baby-sitting); 34% obtained a support group for adoptive parents; and 38% were able to obtain daycare out of home. The least helpful services included: emergency shelter care (44%), out-of-home placement (52%), drug/alcohol services (54%), and counseling to prevent outside placement (62%).

The Needs and Satisfaction with Services Inventory was then collapsed to form the following subscales: counseling, financial, informal social supports, in home support, out of home support, and "other" (social work coordination, legal services, special education services, tutoring). Each of these variables was coded for unmet service needs, received services, and helpfulness. Table 4 contains a summary of these findings. Financial and medical supports were the most frequently reported services that were received. Counseling and in-home supports were reported as the most frequent unmet need. Out-of-home service

TABLE 3. Need, Use, and Helpfulness of Adoption Services
(Total N = 373 on Behalf of Individual Children)

Service	Needed		Received		Helpfulness	
	N	%	N	%	N	%
Other financial support	292	78.3	251	86.0	238	94.8
<i>Financial subsidy</i>	274	73.5	243	88.7	232	95.5
Dental care	242	64.9	195	80.6	177	90.8
<i>Routine medical care</i>	233	62.5	211	90.6	192	91.1
Individual counseling: child	193	51.7	136	70.5	105	77.3
<i>Respite care</i>	184	49.3	51	27.7	43	84.3
Educational assess.	182	48.8	150	82.4	129	86.0
<i>Informal time/adoptive parents</i>	168	45.0	88	52.4	74	84.2
Counseling: parenting	167	44.8	111	66.5	96	86.4
<i>Family counseling</i>	166	44.5	94	56.6	71	75.5
Psychological eval.	159	42.6	107	67.3	88	82.3
<i>Special ed. curriculum</i>	153	41.0	125	81.7	104	83.2
Counseling: adoptive	147	39.4	86	58.5	76	88.3
<i>Daycare: in-home</i>	147	39.4	48	32.7	43	89.5
Counseling: child dev.	144	38.6	90	62.5	76	84.5
<i>Daycare: out-of-home</i>	140	37.5	53	37.9	45	84.9
Speech therapy	131	35.1	106	80.9	94	88.7
<i>Counseling: separation</i>	126	33.8	82	65.1	68	82.9
Support group: adoptive parents	126	33.8	45	35.7	39	86.6
<i>Counseling: child's future</i>	123	33.0	51	41.5	32	62.7
Time for child with other adopted children	121	32.4	60	49.6	48	80.0
<i>Time with master adoptive parents</i>	113	30.3	31	27.4	27	87.1
Legal services	107	28.7	70	65.4	61	87.2
<i>Counseling: abuse issues</i>	105	28.2	75	71.4	62	82.7
Social services coordination	104	27.9	57	54.8	47	82.5
<i>Support group for adopt. child</i>	96	25.7	22	22.9	18	81.8
Tutoring	95	25.5	32	33.7	22	68.7
<i>Counseling: sexual issues</i>	94	25.2	62	66.0	49	79.1
Housekeeping services	86	23.1	16	18.6	13	81.4
<i>Physical therapy</i>	82	22.0	70	85.4	60	85.7
Medical care for disability	78	20.9	55	70.5	48	87.3
<i>Daycare for a disabled child</i>	60	16.1	15	25.0	13	86.6
Counseling to prevent out-of-home placement	49	13.1	21	42.9	13	62.0
<i>Home health care</i>	46	12.3	15	32.6	14	93.3
Psychiatric hospitalization	43	11.5	23	53.5	16	69.5
<i>Out-of-home placement</i>	42	11.3	21	50.0	11	52.4
Emergency shelter care	36	9.7	18	50.0	8	44.5
<i>Drug/alcohol services</i>	28	7.5	13	46.4	7	53.9

TABLE 4. Needs and Satisfaction with Services Inventory Composite
(Total N = 373 on Behalf of Individual Children)

Service	Percent Who Experienced Unmet Needs	Percent Who Received Services	Helpfulness to Those Receiving Services
Financial	14.48	78.55	95.64
Medical	19.48	72.67	78.54
Counseling	50.13*	69.17*	77.94*
Other	34.58	67.29	83.48
Informal	34.85	30.56	83.94
In-Home	48.79	23.59	75.96
Out-of-Home	8.58	11.26	66.81

* Variables in this table are composites. For example, counseling represents 10 aspects of counseling rated individually for each child. A child may have needed, received, and found helpful one type of counseling need, while still having unmet needs for another. Individual ratings of each service are listed in Table 3, and breakdowns of composites are detailed on pages 54 and 56.

needs were viewed by caregivers as the least helpful of the composite scores (67%).

Positive Adoption Outcomes

Further analysis was performed using the six subscales: counseling, financial, informal social supports, in home support, out of home support, and “other” (social work coordination, legal services, special education services, tutoring) as related to positive adoption outcomes. Positive adoption outcomes included parents’ satisfaction with the adoption, the quality of their relationships with their children, and the perceived overall impact of the adoption experience on their families and marriages (where applicable). Two separate multivariate analyses of variance (one each for unmet needs and received services) were performed on two dependent variables measuring positive adoption outcomes: parental satisfaction, and quality of the parent-child relationship. Independent variables were Needs and Satisfaction with Services Inventory subscales (unmet needs vs. no unmet needs): counseling, financial, informal social supports, in home support, out of home support, and “other.” Chi square analysis was used to examine differences in impact of the child on the family, and on the marriage (as applicable).

With the use of Wilks’ criterion, the combined DVs were significantly affected by unmet counseling needs ($F = 2, 332 = 3.41, p < .03$),

receiving informal support services, ($F = 2, 329 = 3.11, p < .05$), receiving financial services ($F = 2, 329 = 4.67, p < .03$), and receiving “other” services ($F = 2, 329 = 3.14, p < .04$). A trend emerged between unmet needs for in home support services and the combined Dvs ($F = 2, 332 = 2.56, p < .08$). Significant between-subjects effects are reported below and under positive adoption outcomes and in Table 5.

Parental Satisfaction. Eighty-seven percent (87%) of ratings of satisfaction with parenting (per child, $N = 373$) expressed attitudes consistent with good parenting.

- There was a significant difference for receiving informal support services ($F_{1, 371} = 6.22, p < .02$). Those parents who received informal support services reported higher satisfaction with parenting.
- There was a significant difference for receiving financial support services ($F_{1, 371} = 5.44, p < .02$). Those parents who received financial support services reported higher satisfaction with parenting.
- There was a significant difference for receiving “other” support services ($F_{1, 371} = 5.50, p < .02$). Those parents who received “other” support services reported higher satisfaction with parenting.

TABLE 5. Positive Adoption Outcomes

Adoption Outcome	Variable	p <
<i>Parental Satisfaction</i>	> receiving informal support services	< .02
	> receiving financial support services	< .02
	> receiving “other” support services	< .02
<i>Quality of Relationship</i>	< unmet counseling needs	< .02
	< unmet in-home services needs	< .03
<i>Impact on Family</i>	< unmet counseling needs	< .001
	< unmet informal support needs	< .001
	< unmet out of home placement needs	< .03
	< unmet financial services needs	< .01
	< unmet in-home support needs	< .01
	< unmet “other” needs	< .01
<i>Impact on Marriage</i>	< unmet counseling needs	< .01
	< unmet informal support needs	< .001
	< unmet financial services needs	< .03
	< unmet “other” needs	< .01

Quality of Relationship with Child. Seventy-seven percent (77%) responded that the quality of their relationship with their individual children (total N = 373) ranged from good to excellent.

- There was a significant difference for unmet needs for counseling services ($F_{1, 371} = 6.44, p < .02$). Parents with unmet counseling needs reported significantly lower quality of relationships with their children.
- There was a significant difference for unmet needs for in-home services ($F_{1, 371} = 4.99, p < .03$). Parents with unmet in-home service needs reported significantly lower quality of relationships with their children.

Impact on Family. Sixty-six percent (66%) of families (total N = 249) said that the overall impact of the adoption on their family was positive.

- Parents reported that the child's adoption had a more positive impact on the family when they had: no unmet counseling needs (37.8% mostly positive, $\chi^2 = 22.71, p < .001$), no unmet informal support needs (48.9% mostly positive, $\chi^2 = 36.74, p < .001$), no unmet outside placement needs (60.5% mostly positive, $\chi^2 = 7.11, p < .03$), no unmet financial services needs (58.4% mostly positive, $\chi^2 = 10.51, p < .01$), no unmet in-home care needs (36.8% mostly positive, $\chi^2 = 9.37, p < .01$), or no "other" needs (45.9% mostly positive, $\chi^2 = 10.03, p < .01$).

Impact on Marriage. Overall, forty-nine percent (49%) of married parents (Total N = 170) reported that the overall impact on their marriage has been mostly positive, while 10% reported mostly negative.

- Parents reported that the child's adoption had a more positive impact on the marriage when they had: no unmet counseling needs (32.9% mostly positive, $\chi^2 = 10.77, p < .01$), no unmet informal support needs (43.5% mostly positive, $\chi^2 = 26.07, p < .001$), no unmet financial services needs (51.8% mostly positive, $\chi^2 = 7.67, p < .03$), or no "other" needs (42.4% mostly positive, $\chi^2 = 10.08, p < .01$).

DISCUSSION

Despite the challenges associated with adopting children with special needs, the majority of adoptive parents in this study reported good

adoption outcomes. Not surprising, financial and medical supports were the most frequently reported service needs. It was encouraging to find that the majority of caregivers were able to obtain these needed services. That is not to say that there were not significant unmet needs. Individual unmet needs included in-home supports such as respite care and baby-sitting and informal supports in the form of support groups for adoptive parents. When categories were collapsed, counseling services emerged as the largest unmet categorical need.

Child welfare agencies are in the position to develop effective strategies in meeting these gaps in services. The need for in-home supports for special needs adoptive parents is one of the most consistent findings in the child welfare literature (Kramer & Houston, 1998; McDonald, Propp, & Murphy, 2001; Rosenthal, Groze, & Morgan, 1995; Walsh, 1991). Given the pronounced behavior problems and disabilities of many of these adopted children, it is often difficult to find respite care and baby-sitting services. Specialized and trained providers are often needed to meet this need. Child welfare agencies need to develop a master listing of in-home and out-of-home respite services that are available to these families. In addition, informal supports in the form of adoptive parents can provide important assistance to these families. Child welfare agencies need to take the lead in developing and nurturing these informal supports. Informal supports can be especially important because the scope and availability of formal services (especially post-adoptive services) are often limited. The availability of counseling services that can meet the unique needs of special needs adoptive families are often lacking in many communities. Child welfare agencies need to take the lead in developing the expertise in the community and sponsor specific training and seminars for community mental health providers.

The receipt of certain services such as financial support (subsidies, health insurance), "other support" (social work coordination, legal services) and informal support (support groups for parents and children, time with other adoptive parents) were associated with higher parental satisfaction. While subsidies do not begin to cover the cost of raising a child, subsidies are of critical importance to adoptive parents (Groze, 1996). Child welfare agencies need to continue to promote policies that support enhanced subsidies, ensure that subsidy agreements are in place for all families adopting special needs children and attempt to make the application for these services less complicated and bureaucratic (Groze, 1996; Smith & Howard, 1999; Smith, Howard, & Monroe, 1998). The finding regarding other services such as social work coordination support the notion that adoption agencies need to have specific post-adop-

tion positions available to work with families who adopt special needs children (Kramer & Houston, 1998). As previously mentioned, adoption agencies must do more to link adoptive families to other families who have adopted and to assist with the formation of support systems for parents and children. These types of informal social support can serve as an important resource for families and assist them in dealing with the stressors that are often associated with raising a special needs child (Kramer & Houston, 1998).

Unmet needs in the form of counseling, informal supports, out-of-home placement needs, financial services, in-home supports and "other" needs were associated with a lower quality of relationship between the adoptive parent and child and a more negative impact on the family and marriage life. Child welfare agencies must not only develop a wide range of post adoption services but also promote and advertise these services to the community. These services need to be available through a cadre of state/county run programs, non-profit groups and faith-based institutions. Furthermore, providers of these services must receive special training on the needs of special needs children and families (Smith, Howard & Monroe, 1998). The lack of formal and informal resources for families adopting special needs children can cause significant stress that can severely impact the success of these adoptions.

It was interesting to note that the services deemed the least helpful had to do with out-of-home placement services. While child welfare agencies are understandably reluctant to facilitate the placement of children in out-of-home settings due to many factors including the limited number of these placements, it is critical to offer assistance to these families. The availability of both in-home supports and counseling may assist some families in coping with the behaviors and problems associated with the need for out-of-home care.

It was surprising to find, that contrary to other research (Nelson, 1985; Smith & Howard, 1991), no differences were found between former foster parents and new parents to the adoptive child on any of the adoption outcomes. This finding may indicate that despite the challenges in adopting special needs children, new parents can be as effective as former foster parents. Adoption recruitment efforts may want to increase their efforts in targeting families in the larger community to adopt special needs children.

In light of this discussion, it is important to consider the limitations of this study. First, data collection methods in this study relied on self-reports of adoptive parents, which are susceptible to response bias. Second, the special needs adoptions were being handled by one large

state-operated child welfare agency in the west. The extent to which families in other states have similar or different experiences around their adoption experience is not clear. Many states are now contracting out to private agencies to perform special needs adoption. Third, the data do not capture the duration or severity of unmet need. Finally, the current sample of participants, while appearing to resemble the non-respondents in terms of income, educational level, ethnicity, and marital status, may not be fully representative of the non-respondents. It is possible that respondents were more verbal, more comfortable expressing their opinions, or more open to the benefits of research than the non-respondents. Despite its limitations, this research offers important insights for intervention efforts on behalf of special needs adoptive children and their families.

CONCLUSION

Families adopting special needs children require a wide range of post-adoptive services. The provision of these service needs is the responsibility of the states governing adoption and the agencies providing these services. The Adoption and Safe Families Act has increased the availability of special needs children for adoption. Unmet service needs will seriously undermine the quality and stability of these placements. Identifying service needs and gaps in service delivery are critical to ensuring safe, healthy, and successful adoptive experiences.

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