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# Special Needs Adoption: Characteristics of Children Who Wait

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**SPECIAL NEEDS ADOPTION :**  
**CHARACTERISTICS OF CHILDREN WHO WAIT**

MASTER'S THESIS

of

Sandra K. Taylor Nelson

Augsburg College

Department of Social Work

Spring, 1994

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MASTER OF SOCIAL WORK PROGRAM  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

**CERTIFICATE OF APPROVAL**

This is to certify that the Master's Thesis of Sandra K. Taylor Nelson has been approved by the examining committee for the thesis requirements for the Master of Social Work Degree.

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**\*\*\*\*\* DEDICATION \*\*\*\*\***

This thesis is dedicated to my parents,

Jim and Edie Taylor,

who made it possible for me to attend

college in the first place;

to my husband,

Doug Nelson,

who showed me so much support over the past two years;

and, finally, to myself,

for keeping my eyes on the goal.

## ABSTRACT OF THESIS

### Special Needs Adoption : Characteristics of Children Who Wait

Sandra K. Taylor Nelson

Spring, 1994

Children who have been removed from their birth parent(s)' care, due to abuse, neglect, or other maltreatment are generally placed in one of several out-of home placement arrangements. The birth parents of many of these children subsequently have their parental rights terminated, and these children then become wards of the State. For this thesis, case records of seventy children who are wards of the State of Minnesota receiving services from the Hennepin County Children and Family Services Department Adoption Program, were reviewed for the purpose of gathering descriptive information about this population. This study found that number of placements, length of time waiting for an adoptive resource, and numbers of diagnoses, labels, and services were greater for the older children in this population. The findings suggest a need for minimizing the number of placement transitions which children must make, as well as a need for targeted, specialized recruitment of potential adoptive parents.

## TABLE OF CONTENTS

CHAPTER		PAGE
I.	Introduction to the Study	1
II.	Literature Review	7
	A. Disruption in Adoption	7
	B. Characteristics of Out-of-Home Placement/ Special Needs Adoption Populations	12
	C. Identifying Special Needs Common to Children in Out-of-Home Placement	18
	D. Conclusions	23
III.	Methodology	25
	A. Research Design	25
	B. Variables	27
	C. Sample	29
	D. Measurement/Data Collection	30
IV.	Findings	34
	A. Demographic Findings	34
	B. Out-of-Home Placement Findings	35
	C. Special Needs Findings	43
	D. Qualitative Findings	47
V.	Discussion and Implications for Practice	50
	A. Demographic Findings	50
	B. Placement Status Findings	52
	C. Special Needs Findings	56
	D. Qualitative Findings	59
	E. Summary	60

VI.	Limitations	62
	A. Sample	62
	B. Data Collection	62
	C. Data Analysis	63
VII.	Conclusion/Recommendations	64
	A. Practice	66
	B. Training	68
	C. Research	69

**APPENDICES**

Tables/Demographic Findings

- 1.1 Age group representations
- 1.2 Sex representations
- 1.3 Race group representations

Tables/Placement Status Findings

- 2.1 Current placement status
- 2.2 Current placement with siblings
- 2.3 Current permanency plan
- 2.4 Permanency placement with siblings
- 2.5 Length of time in out-of-home placement
- 2.6 Number of placements represented by age groups
- 2.7 Number of placements represented by race
- 2.8 Length of time available and waiting for an adoptive resource

Tables/Special Needs of Children

- 3.1 Frequency of diagnoses represented by age groups
- 3.2 Frequency of diagnoses represented by race
- 3.3 Numbers of diagnoses, labels, and services

Supplemental Information

- A. Consent form
- B. Data collection form
- C. Authorization from Hennepin County
- D. Authorization from Institutional Review Board

Bibliography

## Chapter I : INTRODUCTION TO THE STUDY

In every community, social workers in the child welfare field work to recruit and place children in appropriate out-of-home placements, when abuse, neglect, or other maltreatment necessitates the child's removal from their birth family's care. Typically, the social service plans for these families detail specific steps which are to be taken in order for the children to be reunited with their birth families. While these families are in the process of meeting - or failing to meet - the case plans, the children are generally placed in foster care with relatives, if deemed appropriate and available, or in other licensed foster care placements. Efforts are made for children to have the least number of foster care placements possible, although circumstances frequently occur which necessitate a change in the child's placement. Sometimes, children's behaviors pose too great of a challenge for some foster parents to endure, while, in other unfortunate cases, children are found to be abused and/or neglected in their foster homes, thus necessitating the change in placement. For a variety of reasons, birth parent(s) may work towards meeting the objectives identified in the case plan for up to several years. If the parent(s) are not complying with the case plan or have abandoned their child(ren) in foster care, the Child Protection Social Worker will often petition the court to terminate the parental rights of those parent(s) to their child(ren).

When termination of parental rights occurs, the children's cases are usually assigned to the Adoption Program for guardianship services, as the children are now wards of the State and in need of permanency



planning services. If relatives and foster parents are not available or appropriate adoptive resources for the child, a plan will be made to identify a new adoptive resource. Occasionally, the identification of a potential adoptive resource can occur in a minimal amount of time, although, most of the time, recruitment efforts of some degree are required. In Hennepin County's Adoption Program, social workers' recruitment efforts often begin with utilization of the Minnesota Waiting Children's Book, a magazine-format listing of children waiting for adoptive families. Typically, a child's picture will be accompanied by a one to two paragraph overview of the child's placement history, special needs, and interests. Most of these descriptions include mention of medical and/or psychological diagnoses which have been given to the child. Many children have two or three diagnoses listed, with Attention Deficit Disorder and Fetal Alcohol Syndrome being commonly mentioned diagnoses. If the book is not effective for recruitment, a waiting child may be shown on the "Thursday's Child" television segment or have their photo and description in the newspaper. Again, mention of the child's diagnoses is common in these recruitment efforts.

Some of the children who are being serviced by the Adoption Program are in placement without siblings, while many are placed with any number of siblings. The goal for permanency is usually adoption, with siblings whenever possible. Occasionally, when a child is being serviced by the Adoption Program, the agency determines that adoption is not the best plan for the child, rather, long-term foster care in their current foster home or a transfer of legal guardianship to relatives may be more suitable for the child. This is generally done with older children who have expressed their desire to live with certain caregivers in a

non-adoptive arrangement, or for those children who would be more damaged by a move out of their current living arrangement.

This researcher's interest in conducting this study grew from this researcher's experiences working in both the Foster Care Licensing and Adoption Programs of Hennepin County Children and Family Services Department. Of particular interest to this researcher, initially, was an exploration of how labels and diagnoses impact out-of-home placement for these children. Before embarking upon such an ambitious project, however, the researcher resolved that it was necessary to gain more descriptive information about the children being serviced in the Adoption Program. With so many factors influencing a child's out-of-home placement experiences, the researcher determined that data collection should address many general areas, with an added, more significant focus on age, race, diagnoses, and behavioral labels. This study is meant to serve as a foundation, which has yet to be established for this specific Adoption Program, and from which much further research could be born. While the emphasis on the aforementioned variables of age, race, diagnoses, and behavioral characteristics is meant to enlighten the field, further examination of the multitude of potential correlations of variables impacting out-of-home placement should be undertaken.

#### **\* RESEARCH QUESTIONS**

Because of the descriptive nature of this study, the specific research questions to be addressed are numerous. First, what are the demographic characteristics - age, sex, and race - of this specific study population? What are the current placement arrangements of this

population? What are the current permanency plans for these children? How long have these children been in out-of-home placement living arrangements? How many of the various types of out-of-home placements - shelter care, foster care, and preadoptive - have these children been in, and how many of these placements have disrupted? Do these numbers vary among different racial and age groups? On average, how long have these children been available and waiting for an adoptive resource to be identified? Does this vary by age and race? What clinical - medical, psychological, psychiatric - diagnoses are represented among this population? Does this vary when age and racial groups are specifically examined? What is the average number of diagnoses which these children have, and does this vary among specific age and racial groups? What behavioral descriptors/labels have been used to describe these children, and does this vary by age and race? How many labels do these children have, on average, and does this vary by age and race? What is the number and type of services, to address their special needs, which this population is currently receiving, and does this vary by age and race? What were the precipitating factors of any out-of-home placement disruptions which these children experienced? According to the children's social workers, how have the children's diagnosed conditions and behavioral labels impacted out-of-home placement outcomes, specifically, finding an adoptive resource for the child? These are the questions which will be addressed in the forthcoming pages.

Again, this research will focus on children currently being serviced by the Hennepin County Children and Family Services Department Adoption Program, a number which currently totals approximately 200 to 225 children. Any significant conclusions which can be drawn from this

research will hopefully impact service delivery to these children, who constitute just a minute proportion of the many children in out-of-home placement throughout this country. This research, along with any research focusing on children in out-of-home placement, is critical for those children being serviced under this umbrella, as well as those who work in child placing agencies; however, the findings of such research far extends the area of child placement. Schools, medical facilities, day care centers, mental health centers, and law enforcement agencies will likely have a significant involvement with children in out-of-home placement, or in the process by which children initially enter out-of-home placement. For this reason, for the children who are currently in or will someday be in out-of-home placement, for the social workers who play a key role in this process, and for the parents - biological, foster, and adoptive - the implications of this research for social work practice will hopefully be significant and beneficial. In the forthcoming pages, this researcher will detail the steps taken to complete this study as well as the findings which resulted from this undertaking. Chapter Two is a review of the literature relevant to this study, categorized by literature related to adoption disruption, characteristics of out-of-home placement and special needs adoption populations, and understanding special needs common to the children in the study sample.

Chapter Three focuses on the methodology of this study, specifically, the research design, variables, sample, and data collection. Chapter Four focuses on the findings of this research study, categorized in four sections of demographics, out-of-home placement, special needs, and qualitative findings. Chapter Five is a discussion of these findings and

their implications for social work practice. Chapter Six is a discussion of the limitations of this study as identified by the researcher, and Chapter Seven is a conclusion to the study, with recommendations for further research.

The appendices include fourteen tables which represent the findings in statistical form. The bibliography is also included at the end of this text.

## Chapter II : LITERATURE REVIEW

Much of the literature related to special needs adoptions has focused on studies of disruption in adoption or characteristics of the children adopted or families who adopt. There are also numerous studies related to adoption and children with special needs, which lends significantly to the development of the research at hand. The existence of research aimed at addressing the relationship between children's diagnoses and various out-of-home placement outcomes appears to be minimal. In the forthcoming pages, the researcher will summarize several studies and pieces of literature which fall into three general categories: disruption in adoption, characteristics of out-of-home placement populations and special needs adoptions, and special needs common among children in out-of-home placement.

### DISRUPTION IN ADOPTION

Festinger defines adoption disruption as, "The removal of a child from an adoptive placement before the adoption has been legalized" (p.1, 1986). Festinger makes reference to several studies and how they have evolved over time to address new topics of interest in the field of adoption, such as how adoption was impacted by the increase in placements of children with significant special needs (1986). While the focus of adoption studies is typically on the disruptions of special needs adoptions, Festinger emphasizes the need for research in the area of characteristics of those children whose placements disrupt (1986).

Boneh, 1979, examined eight years of case records in the Massachusetts Department of Public Welfare, comparing disrupted placements and finalized adoptions (in Festinger, 1986). Boneh, 1979, was able to distinguish the following factors as among those which were positively related to adoption disruption : the child's physical, emotional, or cognitive impairments; the child's older age; and greater length of times to find an adoptive resource and make an adoptive placement (in Festinger, 1986). As in the Boneh study, Festinger concludes that, when studies do take into account characteristics of the children being adopted, the children's age and disability are consistently correlated with disruption (1986).

Festinger uses longitudinal methods to study a cross-section of children, 482 who were placed alone and 415 who were placed as part of sibling groups, and who have been identified by the Child Welfare Information Service, Inc. (1986). Within one year after each of these children were placed for adoption, approximately 8.2 percent of the placements disrupted (Festinger, 1986). With regards to the characteristics of the children whose placements disrupted, sex and race were insignificant, while age and special needs appeared to be significant (Festinger, 1986). For the children whose placements disrupted, 92.3 percent were considered as having one or more impairments/disabilities, while 72.4 percent of the children whose adoptions were finalized were considered to have one or more of these problems (Festinger, 1986). Of the children with identified problems, over seventy-three percent of those with disrupted placements were considered to have moderate or severe problems, as compared to just forty percent of the adopted children (Festinger, 1986).

A study by the Illinois Department of Children and Family Services also focused upon the characteristics of disrupted versus successful adoptions (Bourguignon, 1989). One of the key variables of the study, "special needs children," was defined as children, "...With physical handicaps, emotional problems, a history of earlier trauma and prior placements, or a combination of such conditions," including those who have experienced varying degrees of abuse and neglect which has impacted their functioning in a number of ways (Bourguignon, p. 3, 1989). Disruption is defined, as in the previous study, as an adoptive placement that ends before it has been legally finalized (Bourguignon, 1989). The Illinois study consisted of a sample of thirty children, twenty of whom were part of "successful" adoptions and ten of whom were no longer in the adoptive placement, thus categorized as disrupted placements (Bourguignon, 1989). Findings indicated that a history of abuse or neglect was an insignificant variable, while number of previous placements, an average of 2.4 for the success group and 3.3 for the disruption group, seemed more significant (Bourguignon, 1989). Parents' interpretations of the children's behaviors were measured using the Louisville Behavior Checklist, which showed that four scales : aggression, infantile aggression, antisocial behavior, and academic disability were higher among the disruption group as compared to the success group (Bourguignon, 1989). Although these parental perceptions were significant, children in both the disruption and success groups were comparable with regards to psychosocial characteristics (Bourguignon, 1989).

The researcher in the aforementioned study concluded that the insignificance of the child's history and psychological condition was



inconsistent with previous research focused on disruptions, suggesting that, in this study, the adoptive parents' ability to accept the child's behaviors may have been the determining factor in whether or not the placement disrupted (Bourguignon, 1989). This study indicates, then, that the adoptive parents' response to the child's behavior may be more of a predictor of disruption than the child's behaviors alone (Bourguignon, 1989). The researcher also makes the recommendation that the common practice of "matching" a child with an adoptive family by presenting the child's history/needs in terms of "psychological labels" should be replaced with explaining the child's history/needs with a developmental model, in order to give the family a more realistic picture of the child (Bourguignon, p. 60, 1989).

Berry and Barth summarize other researchers' works before describing their methods and findings in, "A Study of Disrupted Adoptive Placements of Adolescents" (1990). The focus of Berry and Barth's research was twofold: first, to identify characteristics of individuals adopted as adolescents, and, second, to distinguish factors related to disruption of those adoptions (1990). A total sample of ninety-nine children, age twelve or older at the time of adoptive placement, was used for this study, and adoption workers were asked to complete demographic information and data on these children's special needs (Berry & Barth, 1990). An overall adoption disruption rate for this sample was calculated to be 24.2 percent (Berry & Barth, 1990). Sixty-seven percent of the children in disrupted adoptions were identified as having special needs, with medical issues, developmental disabilities, and emotional/behavioral problems making up a majority of that percentage (Berry & Barth, 1990).

In The psychology of adoption, Brodzinsky and Schechter discuss numerous factors which impact adoption. In their chapter which focuses on disruption, the authors provide an extensive summary of factors which were determined to have or not have a correlation to adoption disruption in each of nine noteworthy studies in this area (1990). With regards to the relationship between the child's sex and adoption disruption, seven of the nine studies showed that there was no correlation, while two studies cited male sex status as being correlated to disruption (in Brodzinsky & Schechter, 1990). With regards to race, six of the seven studies which examined this variable showed that there was no correlation to disruption, while one study found that minority race status was correlated with adoption disruption (in Brodzinsky & Schechter, 1990). In examining the variable of child's age at the time of entry into foster care, the three studies in this area all found that there was a correlation between older age at time of entry and adoption disruption (in Brodzinsky & Schechter, 1990). Four studies explored the relationship between the number of placements a child had and adoption disruption, and all four found that more placements were correlated with disruption (in Brodzinsky & Schechter, 1990). All nine of the studies sought to determine the relationship between the child's age at the time of adoptive placement and adoption disruption, and all findings indicated that older age was linked to disruption (in Brodzinsky & Schechter, 1990). The six studies which examined the relationship between sibling placement and adoption disruption produced mixed results, with three studies finding a correlation between placement with siblings and disruption, two studies indicating a correlation between placement without siblings and disruption, and one study finding no

correlation with either variable (in Brodzinsky & Schechter, 1990). Finally, under the category "number of problems," six studies aimed to determine any correlations, and all six found that more problems (of the adopted child) were correlated with adoption disruption (in Brodzinsky & Schechter, 1990).

#### CHARACTERISTICS OF OUT-OF-HOME PLACEMENT POPULATIONS / SPECIAL NEEDS ADOPTIONS

Rosenthal received survey responses from 799 families regarding their adoption of special needs children (1991). In analyzing the survey results, adopted children with vision, hearing, or physical impairments were compared to adopted children with learning disabilities, developmental disabilities, and behavioral problems (Rosenthal, 1991). Although the study was aimed at comparing and contrasting adopted children with physical impairments and emotional/behavioral disturbances, there is limited discussion of the children's needs in the findings of this study. The study focuses on descriptive statistics related to these children, such as those placed with siblings in the physically handicapped group numbered 23 percent, compared to forty-one percent of the non-physically handicapped group of adoptees (Rosenthal, 1991). The percentages of children who had experienced previous adoption disruptions was twelve percent in both the physically handicapped and non-physically handicapped groups (Rosenthal, 1991).

Wimmer and Richardson looked specifically at the adoption of children with development disabilities in their 1990 article published

in Child Welfare. In this article, developmental disabilities were defined as chronic disabilities which could be attributed to, "...a mental, physical, or severe emotional impairment or combination of these that is manifested before the age of twenty-two and is likely to continue indefinitely" (Wimmer & Richardson, p. 563, 1990).

This study resulted from an effort to recruit adoptive families for developmentally disabled children through the Virginia Department of Social Services, with funding via a grant from the U.S. Department of Health and Human Services (Wimmer & Richardson, 1990). A result of this project was that forty-one children with development disabilities were adopted among forty families within a thirty-one month time period (Wimmer & Richardson, 1990).

After assessing this specific adoption project, Wimmer and Richardson were able to point out several factors which appeared to be obstacles to adopting developmentally disabled children (1990). Some of these obstacles were the great effort needed to recruit appropriate adoptive families, lack of funding, lack of support for adoptive parents, and lack of adequate training for staff (Wimmer & Richardson, 1990). The researchers' recommendations for increasing the pool of adoptive resources for waiting, developmentally disabled children include widespread community education, targeted recruitment, and adequate training for families (1990).

A similar project and study was developed by the Ohio District II area of child welfare services, in cooperation with the United States Department of Health and Human Services, with efforts aimed at placing children with handicaps in adoptive homes (U.S. Department of Health &

Human Services, 1980). This three year demonstration project not only helped determine where services needed to be expanded for children with special needs, but also resulted in the placement of fifty-nine children (U.S. Department of Health & Human Services, 1980). The fifty-nine children who were placed ranged in age from six and a half months to fifteen years old, with nine being in the infant age range, fourteen being preschool age, twenty-nine being grade school age, and seven being teenage (U.S. Department of Health and Human Services, 1990). Fifty-three of the children were Caucasian, two were African American, and four were biracial, while thirty-six of those placed were male and twenty-three were female (U.S. Department of Health and Human Services, 1990). Regarding the special needs of the children who were placed, nine had physical handicaps, eight had developmental delays, eighteen had emotional problems, nineteen had multiple handicaps, and the remaining five were siblings to special needs children and were of minority race (U.S. Department of Health & Human Services, 1989). The fifty-nine children were placed after extensive recruitment efforts were targeted specifically towards finding adoptive families for these particular children (U.S. Department of Health & Human Services, 1990). Within the three year period, eight disruptions occurred in non-finalized adoptive placements, which was calculated to be a 13.5 percent overall disruption rate (U.S. Department of Health & Human Services, 1990). With regards to these disruptions, six of the eight involved, "...healthy, normal, physically appealing children," whom, while they had no outward manifestation of a physical or mental impairment, all had significant emotional needs which the adoptive parents were unable to, or unskilled at, managing effectively

(U.S. Department of Health & Human Services, p. 35, 1990). In the other two disruptions, as well, the adoptive families found themselves less prepared to cope with the children's special needs than they had originally thought (U.S. Department of Health & Human Services, 1990).

In the mid-1970s, the Children's Defense Fund embarked upon an extensive study which was aimed at gaining a better understanding of the data regarding children in out-of-home placement, as well as how public responsibility, in the form of policies, legislation, etc., was meeting or failing to meet these children's needs (Children's Defense Fund, 1978). While much of their findings are geared towards this public responsibility component, demographic data gathered in their research can serve as a comparison to some of the findings being gathered in my research. The study sample was derived from 140 counties, within the U.S., twenty-seven with populations over 300,000 and 113 with populations under 300,000, in the United States (Children's Defense Fund, 1978). Of the children who were in out-of-home placements being monitored by child welfare agencies, forty-eight percent were white, thirty-two percent were black, thirteen percent were Spanish-speaking, one percent were Native American, and six percent were of other racial/ethnic heritage (Children's Defense Fund, 1978). Of the more than twenty-seven thousand children for whom information was available regarding out-of-home placement, nine percent were in relative homes, four percent were in adoptive homes, sixty-three percent were in foster homes, one percent were in shelter homes, and twenty-three percent were in other placement settings (Children's Defense Fund, 1978). With regards to length of time in out-of-home placement, nine percent had

been in out-of-home placement for less than three months, nineteen percent for three months to one year, twenty percent for one to two years, nineteen percent for two to four years, thirteen percent for four to six years, and twenty percent for more than six years (Children's Defense Fund, 1978). Data regarding the number of moves each child has had indicated that forty-three percent had no moves, twenty-three percent had one move, fifteen percent had two moves, nine percent had three moves, five percent had four moves, and four percent had five or more moves (Children's Defense Fund, 1978). A significant finding in this research was that, due to poorly kept records and excessive social worker caseloads, information about many, many children - their races, length of time in out-of-home placement, current placement whereabouts, and so on - was not even attainable, thus making it difficult to determine the actual status of children in out-of-home placement in this country (Children's Defense Fund, 1978).

Although the focus of Goldberg's 1989 study of adoption was transracially adopted children, the researcher drew from a plethora of pre-existing research studies which lend to the understanding of many dynamics in the field of adoption. Goldberg discusses the theoretical frameworks of her research as being threefold, one of which, in particular, is applicable to this research project. Goldberg refers to this specific theoretical framework as the psychodynamic, drawn from the work of Brinich, 1980; Kaye, 1982; Nemovicher, 1960; Schechter, 1964; Schechter, Carlson, Simmons, and Work, 1964; and Sorosky, Baran, and Pannor, 1976, and aimed at studying human behavior, "from idiographic and idiopathic, rather than nomothetic perspectives" in an attempt to

shed some light on the relationship between, "adoptive status and adoptee psychopathology" (Goldberg, p.3, 1989).

From Clothier, 1943; Schechter, 1964; and Walsh and Lewis, 1969, Goldberg concludes that research focused on the psychodynamic aspect of adoption was done, in part, to help understand why adopted children constitute such a significant proportion of those receiving clinical services (1989). In order to gain some insight into the prevalence of adoptees among the clinical population, it is necessary to determine what the non-adoptee, child/adolescent population averages with regards to mental health issues/needs. According to Graham and Rutter, 1985, and Weiner, 1982, an estimated twenty percent of adolescents, "...Experience clinically significant developmental disturbances that interfere with their ability to function" (in Goldberg, p. 9, 1989). Vandenberg, Singer, and Pauls find that between four and ten percent of school-aged children are affected by hyperactivity (in Goldberg, 1989). Kazdin, 1987, similarly finds that four to ten percent of children have conduct disorders (in Goldberg, 1989). Finally, an important study by Robins et al., 1984, is cited for assessing the occurrence of psychiatric disorders among a sample of 9543 children, and finding that the most common disorders in adolescence were alcohol abuse and dependence (in Goldberg, 1989). These previous studies are important to cite, in that they help create a picture of what the non-adoptee child/adolescent population looks like for the purpose of comparison with an adoptee child/adolescent population.

Some researchers have gone a step further and studied the adoptee and non-adoptee groups for the very purpose of comparison. Zill, 1985, found that, among the twelve to seventeen year old age group, twenty



percent of adoptees had received mental health services, as compared to only 8.5 percent of the non-adoptees group (in Goldberg, 1989). Block, Block, and Gjerde, 1986; and Hetherington, Cox, and Cox, 1979, found that, among children, males were more affected by environmental disruptions and conflicts than were girls, and that this was frequently manifested in the boys in a variety of externalizing disorders (in Goldberg, 1989). On the other hand, Quay, 1987, noted significantly higher rates of arrest and conviction among male adolescents, while females more frequently displayed internalizing disorders, such as depression and anxiety (in Goldberg, 1989). Other critical findings among the research in the field of adoptions include Schechter et al., 1964; and Tossieng, 1962; who estimated that the percentage of adoptees among those receiving psychiatric services ranges from a low estimate of two percent to a high estimate of twenty-three percent (in Goldberg, 1989). In addition, Klein, 1982; and Wilson, 1985; found that adoptees constituted approximately nine percent of all adolescents in psychiatric hospitalizations (in Goldberg, 1989). Finally, Brodzinsky, 1984, compared six to eleven-year-old adoptees with non-adoptees in the same age group and found that, "Male adoptive status was significantly associated with externalizing behaviors, including hyperactivity, aggression, uncommunicative behavior, and delinquency," while, "Adoptive female status was associated with depression, social withdrawal, and cruelty, in addition to hyperactivity, aggression, and delinquency" (in Goldberg, p. 17, 1989).

#### **IDENTIFYING SPECIAL NEEDS COMMON TO CHILDREN IN OUT-OF-HOME PLACEMENT**

Diane Malbin discusses the importance of accurate and early identification of Fetal Alcohol Syndrome in children in a chapter of the 1993 book, Fantastic Antone succeeds! Experiences in educating children with fetal alcohol syndrome, edited by Kleinfeld and Wescott. Malbin begins her chapter with describing the difficulties in parenting a child with Fetal Alcohol Syndrome/Effect without the proper identification and diagnoses, similar to the difficulties one would encounter in trying to maneuver about in one city with the map of a different city (1993). Malbin points out that the majority of people with Fetal Alcohol Effect are not so identified, but, rather, are commonly identified as having Attention Deficit Disorder, Attachment Disorder, learning disabilities, or as being simply oppositional or lazy (1993). The aforementioned diagnoses and labels are certainly present among the children in out-of-home placement who are the focus of this study, leading to the question of what is the prevalence of children with FAE being misdiagnosed with another condition? Malbin, again, stresses the necessity in accurate and early diagnosis, explaining that, children with Fetal Alcohol Effect, because they typically look physically normal, are at significant risk for "psychosocial failure," as people generally chalk their differences up to willful behavior which needs to be punished (p. 269-270, 1993).

Streissguth et al. conducted follow-up assessments of adolescents/young adults who had been previously diagnosed as having Fetal Alcohol Syndrome; this being the first known FAS study of this type (1991). The motivation to conduct this study came in part from a need to better understand the manifestations of this condition, which

now outnumbers Down's syndrome and spina bifida to become the leading known cause of mental retardation in this country (Streissguth et al., 1991). The follow-up assessments were conducted when the individuals were twelve years old or older and consisted of an intellectual exam, an academic exam, physical measurements, photographs, medical records review, and a social-behavioral profile completed in interviews with the primary caretaker (Streissguth et al., 1991).

The sixty-one individuals studied ranged in age from twelve to forty years old at the time of the follow-up; seventy percent were diagnosed with Fetal Alcohol Syndrome, while thirty percent were diagnosed with Fetal Alcohol Effect (Streissguth et al., 1991). Significant findings of this study include that the facial abnormalities common in children diagnosed with FAS seemed to have faded gradually over time in this older population, while eighty percent of the individuals still exhibited some abnormalities of the philtrum, lips, and/or teeth (Streissguth et al., 1991). The average IQ score for the sample was sixty-eight, with a range from twenty to 105 being noted (Streissguth et al., 1991). With regards to educational/vocational status, six percent of the sample were in non-special educational classes without supplemental assistance, twenty-eight percent were in special education classes, fifteen percent attended neither work nor school, and nine percent worked in sheltered workshop settings (Streissguth et al., 1991). Daily living skills were found to be at a mean age level of nine years, with socialization skills at a mean age level of six years (Streissguth et al., 1991). Of particular significance to the research study at hand, almost one-third of the sample were never raised by their biological mothers, rather, they were adopted or abandoned at birth (Streissguth et al., 1991).

This study concludes with acknowledgment of its limitations and recommendations for future services to those diagnosed with FAS or FAE, including the need for early diagnosis to help lessen some of the secondary psychopathologies present in the sample (Streissguth et al., 1991).

Besharov incorporates information from various researchers into his descriptive article, "Crack Children in Foster Care" (1990). Besharov calculates that an estimated one to two percent of all live births result in babies being born to crack-addicted mothers, which is approximately 40,000 to 80,000 infants (1990). Besharov asserts that the number of children in foster care has dramatically increased in the geographic areas hardest hit by crack use, and then explores the challenges that exist with placing these children in out-of-home care, the overrepresentation of minority children in placement, and the lack of quality foster parents (1990). While this article does not focus primarily on research findings, it does help one picture what the scope of the issue of crack-exposed children looks like and how this problem impacts the community, including the child welfare system (Besharov, 1990).

A behavior which is less common than Fetal Alcohol Syndrome or Prenatal Exposure to Cocaine, but that appears consistently among the descriptions of children in out-of-home placement is firesetting. Firesetting, in this researcher's experience, is one of the most unmanageable or incomprehensible behaviors of a child, in the perceptions of foster and adoptive parents. Sakheim et al. compared a

differentiating between low and high-risk firesetters, explaining that children who may demonstrate a firesetting behavior but who are not impulsive, do not have impaired judgment, have relationships with others, understand consequences, and do not have aggressive disorders or schizophrenia, are likely not a persistent, severe firesetter and should not be regarded as such (Sakheim et al., 1991).

Sakheim et al. is an important piece of research among those which are relevant to the characteristics of special needs children in out-of-home placement, in that it identifies significant correlations to substitute caregivers, towards whom the child may project their feelings about a biological parent. In addition, important information is given with regards to distinguishing between low and high-risk firesetters, which is relevant to the issue of labelling children's behaviors.

## **CONCLUSIONS**

The aforementioned research studies and other articles indicate that special needs vary, but are quite prevalent, among groups of older adoptee children. The reviewed literature shows that children have varying degrees and types of physical, mental, and emotional needs, which, along with histories of abuse/neglect and multiple placements and large sibling groups, can complicate finding or maintaining successful adoptive placements.

The descriptive literature pertaining to special needs which are common among children in out-of-home placement is essential for understanding the etiology and manifestations of these conditions at various stages in children's development. In addition, this literature

can provide some explanation as to what skills and knowledge are needed by potential adoptive parents if they are to successfully parent special needs children.

In conclusion, the literature which was reviewed in the areas of special needs adoptions, adoption disruptions, and understanding children's special needs was extensive and informative, although it failed to specifically address one significant component of the research at hand - common diagnoses and behavioral labels among children in out-of-home placement. Those variables will, however, be explored in the upcoming pages of this research.

### Chapter III : METHODOLOGY

#### RESEARCH DESIGN

This research, will describe several characteristics of the children in out-of-home placement whom are receiving services in the Hennepin County Children and Family Services Department Adoption Program. This research is primarily descriptive, as the extensive data which is being gathered is that which, to the researcher's knowledge, has not been compiled within this particular Adoption Program, and regarding this specific population of children. The component of this research which intends to focus on children's diagnoses and behavioral labels is somewhat exploratory, in that the existing research which the researcher located thus far has taken children's "special needs" into account, to the extent that children are grouped into categories based upon the general conditions of physical handicaps, mental handicaps, and/or emotional problems. None of the existing research which the researcher has encountered thus far has considered specifically the number of clinical diagnoses and labels which will be included in this research, however. Much of the data which was collected in this research is demographic, and descriptive as related to variables of importance in a child's out-of-home placement experience, such as numbers of various placements, length of time in out-of-home placement, and so on.

The motivation of this study developed from the researcher's experiences working in both foster care and adoptions at a public, county-level social services agency. In addition to witnessing many

children being referred repeatedly for foster homes with no success, and thus being forced to pass their days in shelter facilities, the researcher was consistently disappointed with the manner in which foster homes were identified for children in need of placement. A foster care referral form is typically used to locate a potential foster care resource, and this form relies heavily on a checklist of behaviors/conditions which the child presents. Most often, then, foster care licensing workers must rely on the information on this form alone when approaching foster parents with a potential placement. These social workers are frequently unable to access more detailed information about the child, and is forced to pass along labels or behavioral descriptors to potential foster parents.

In the field of adoptions, similar practices may occur, albeit in a less urgent timeline, particularly when attempting to recruit an appropriate adoptive resource for a waiting child. A recruitment magazine-format book, distributed to child placing agencies and families waiting to adopt, typically includes a waiting child's picture with a brief description of the child, a description which is often heavily loaded with labels and diagnoses given to the child over time. This description is meant to give a potential adoptive family a realistic picture of the child, although, from personal experience, the researcher finds that it is a fine line which separates the realistic from the predominately negative description. Thus, the motivation for this research was a desire to see more specifically, the extremes and the averages with regards to children's out-of-home placement experiences, as well as what labels and diagnoses are significant among this population, and among subgroups, such as racial heritage and age groups.



## VARIABLES

Before proceeding with more details of the methodology, it is necessary to identify and define the key variables to which the researcher will frequently refer. For the purpose of my research, age will refer to the child's age at his/her last birthday, while race will refer to the racial heritage with which the child identifies, including both races of a biracial child, if this is how the child is identified. Out-of-home placement will refer to living arrangements which children came into after removal from their birth parent(s) was necessitated, and will include foster care, foster care with relatives, shelter foster care, preadoptive and finalized adoptive homes. Foster care refers to agency-licensed homes which are intended to provide temporary care to children until they can be reunited with birth parents or are moved into another permanent home. Shelter foster care includes both shelter facilities and shelter homes, in which children wait for an interim foster home to be identified. Preadoptive homes refer to placements which are intended for the purpose of adoption, but which are not yet legalized, and finalized adoptive homes are those which are legalized. Current placement status will refer to the child's current living arrangement, away from birth parents(s) and being monitored by the Adoption Program social worker assigned to the child's case. Current permanency plan refers to the current permanent living arrangement which is the goal for the child, and towards which the social service case plan is geared. Siblings, unless otherwise specified, will, in this research, refer to biological siblings or half-siblings of the

children who are part of the study sample. Disruption refers to an out-of-home placement which is ended, before initially planned, by the caregivers or agency, while adoption disruption is specifically defined by Bourguignon as, "...an adoptive placement that terminates prior to legal finalization" (p. 5, 1989).

In this study, labels will be defined as the characteristics used to describe children in the process of seeking appropriate out-of-home placement resources. These labels are frequently coined by social workers whose responsibility it is to place these children, and these labels can be transmitted either through written or verbal communication to colleagues, potential foster/adoptive parents, and others, during the placement process. Examples of labels which may be given to a child include "aggressive," "sexually active," or "firesetter."

For the purpose of this research, I will define diagnoses as those terms used by physical/mental health or education professionals to describe a child who is presenting with specific symptoms, characteristics, behaviors, or conditions. Ideally, a professional would make this diagnosis based upon learning from their education and practical experience, combined with the use of tools such as the Diagnostic and Statistical Manual III-Revised. Some diagnoses which are commonly given to children in out-of-home placement include Fetal Alcohol Syndrome, Attention Deficit Disorder, and Reactive Attachment Disorder.

State ward children in out-of-home placement, in this study, will refer specifically to those children who are ages birth to eighteen years old and whose biological parents have had their parental rights

terminated in a juvenile court process. These children typically first entered the child welfare system when allegations of abuse, neglect, or other maltreatment necessitated a removal from the birth parents' care.

#### **SAMPLE**

In this research, data collection forms will be used to retrieve information from the child welfare case records of the sample population. The sample population consists of children, ages birth to eighteen, whose parents' parental rights have been terminated, thus making the children wards of the State of Minnesota. The sample population will be children whose cases are currently assigned to the Adoption Program of Hennepin County Children and Family Services Department, for the purpose of receiving guardianship services. These children represent a range of racial/ethnic backgrounds and socioeconomic classes and are male and female. Because these children are receiving services from Hennepin County, their birth parents were Hennepin County residents at the time of the child's removal from the birth parents' care. At the present time, the children can be living in various out-of-home placement situations, including relative foster care, non-relative foster care, preadoptive or adoptive homes, shelter foster care, or residential treatment centers, and can potentially be living in any geographic location.

For the purpose of selecting the study sample, a list of currently opened cases (opened as of March 10, 1994) in the Adoption Program of Hennepin County Children and Family Services Department was obtained. This list was arranged alphabetically by social workers'

optional, open-ended questions to be asked of social workers regarding each case represented in the study sample. This researcher examined the records of those cases which were selected as part of the study sample, completing a data collection form for each case represented in the sample population. Each social worker, whose cases were part of the sample, was also given the option of providing the information for the data collection to the researcher in a verbal format, rather than having the researcher collect the needed data through a review of the case record. Social workers and social work supervisors whose cases were reviewed were given consent forms (see Appendix) outlining the purpose of the study and what was being asked of them. This consent form stated that approval from the Hennepin County Children and Family Services Department had been obtained, in order for the researcher to gather this data for my thesis research. The consent form also explained that the social workers' participation in answering items fifteen and sixteen of the data collection form was optional. Once data collection began, each of the eighteen social workers/social work supervisors opted to provide the needed information for the study in a verbal format rather than have the researcher independently review each case record, citing, among other reasons, that it would probably be much easier and less timely for them to do so than for the researcher to try to retrieve the needed data independently. Each of the eighteen social workers/social work supervisors also signed the consent form and chose to answer items fifteen and sixteen of the data collection form. Had I retrieved any of the needed data from case records independently, I would have also arranged for follow-up "interviews" with the social

workers, in order to gather information, if any, which I was unable to gather from the record(s) independently.

This data collection instrument was designed by the researcher and was intended to address the various research questions at hand. Each item on the data collection form was related to significant demographic data or to the research questions, which were designed to provide useful and accurate information to enlighten the social work field about the population being studied - children in out-of-home placement. The specific diagnoses and labels used on the data collection form were drawn from the Hennepin County Children and Family Services Department foster care referral form, the Minnesota Waiting Children's Book of children waiting for adoptive families, and from input by the researcher's coworkers and colleagues. This is not meant to be a mutually exclusive list of children's potential diagnoses, as there can be hundreds; rather, the list is meant to include most of the diagnoses/conditions which are commonly represented among the children in out-of-home placement population. In addition to the list of diagnoses/conditions which I compiled, an "other" category was included, in order for additional diagnoses or labels which a child may have been given to be specified.

In the process of analyzing the data, it was necessary for this researcher to figure percentages and averages based upon demographic and other obtained information. These figures will be presented in the forthcoming chapter on findings, as well as in numerous tables and charts at the conclusion of this research. All findings are presented in an order consistent with the data collection form. In

addition, some variables were grouped into bivariate analyses, in order to show potential relationships between those variables. For example, race and age groups were each analyzed in relation to numbers and types of diagnoses and behavioral labels, average number of various out-of-home placements, average length of time available and waiting for an adoptive resource, and average number of services with which the child is involved. For the purpose of these analyses, race was divided into all races which were represented among the study sample, with all biracial children grouped into one category referred to as "biracial." In addition, ages were broken down into four groups: birth to four years old, five to nine years old, ten to fourteen years old, and fifteen to eighteen years old.

## CHAPTER IV : FINDINGS

Findings were determined after responses were coded on a key data sheet. Total numbers of responses for each item on the data collection form were calculated, as well as percentages. Statistical averages were calculated when applicable. Due to the descriptive nature of this study, findings will be explained for each item of data which was collected on the data collection form. In addition, findings of some variables were analyzed in bivariate correlations, and will be represented as such in this chapter.

### DEMOGRAPHIC FINDINGS

The total sample size for which data collection was obtained was seventy children, who had open guardianship cases with the Hennepin County Children and Family Services Department Adoption Program as of March 10, 1994.

The age range which was represented among the sample was five months of age as the youngest child and sixteen years old as the oldest child, based upon children's ages at their last birthday. The mode age, or most frequently reported age, was six years old, while the mean or average age was 7.09 years. The total represented ages of this sample were categorized into four age groups : 0-4 years old, 5-9 years old, ten to fourteen years old, and 15-18 years old (see Table 1.1). Fifteen children, or 21.4 percent of the total sample, fell into the 0-4 year old age group; thirty-eight children, or 54.3 percent of the total

sample, fell into the 5-9 year old age group; sixteen children, or 22.9 percent of the total sample fell into the 10-14 year old age group, and one child, or 1.4 percent of the total sample, fell into the 15-18 year old age group (see Table 1.1).

With regards to sex, thirty-nine children, 55.7 percent of the sample, were reported as male; while thirty-one children, 44.3 percent of the sample, were reported as female (see Table 1.2).

There were seven possible responses for race listed on the data collection form; however, no children in this sample were reported as being Asian American, Hispanic/Latino, or "other." Findings indicate that thirty-two children, 45.7 percent of the sample, are reported as African American; eight children, 11.4 percent of the sample, are American Indian; twelve children, 17.1 percent of the sample, are reported as Biracial; and eighteen children, 25.7 percent, are reported as Caucasian. Among the twelve children identified as Biracial, one is identified as being of Asian American and Caucasian heritage, which is 1.4 percent of the total sample; eight are identified as being of African American and Caucasian heritage, which is 11.4 percent of the total sample; two are identified as American Indian and Caucasian, which is 2.9 percent of the total sample; and one child is identified as being of African American and American Indian heritage, which is 1.4 percent of the total sample (see Table 1.3).

#### **OUT-OF-HOME PLACEMENT DATA**

Information gathered about children's out-of-home placement experiences were intended to be thorough with past, current, and future placement experiences or plans taken into account.



The current placement status data indicates that twenty-five children, 35.7 percent of the total sample, are presently in foster care; one child, 1.4 percent of the total sample, is in long-term foster care; one child, 1.4 percent of the total sample, is in shelter care; no children are in legal custody arrangements; thirty-five children, fifty percent of the total sample, are in preadoptive placements; seven children, ten percent of the sample, are in finalized adoptive placements; and one child, 1.4 percent of the total sample, was in an "other" arrangement. This last figure refers specifically to a child who has been reunited with her birth mother, and is living with her, although parental rights were already terminated. (See Table 2.1)

In addition to data which was gathered on current placement status, information was also obtained as to whether or not the children in the sample were presently placed with or without siblings, and, if with siblings, the number of siblings was also obtained. Forty-two children, sixty percent of the total sample, were in current placement with siblings. Of these, twenty-seven children, 38.6 percent of the total sample, were currently in placement with one sibling; fourteen children, twenty percent of the total sample, were in current placement with two siblings; one child, 1.4 percent of the total sample, was in current placement with three siblings; and no children were in placement with more than three siblings. In addition, twenty-eight children, forty percent of the total sample, were not in current placement with any biological siblings. (See Table 2.2)

placements. Two children, 2.9 percent of the total sample, had been in five shelter placements. One child, 1.4 percent of the total sample, had been in six shelter placements, and one child, 1.4 percent, had been in seven shelter placements. No children were reported as having been in more than seven shelter foster care placements, while data was unknown for two children, 2.9 percent of the total sample.

The average number of shelter foster care placements was calculated for each age and racial group. The average number of shelter foster care placements for the total sample is 1.5. For children ages 0 to 4, the average number of shelter placements is 0.5, while the average number of shelter placements for five to nine year olds is 1.5. For the age group of ten to fourteen year olds, the average number of shelter foster care placements is 2.1. The one child in the fifteen to eighteen year old age group had six shelter placements. Among the racial groups represented in this sample, the average number of shelter foster care placements is 1.3 for African American children, 2.3 for American Indian children, 1.3 for Biracial children, and 1.7 for Caucasian children.

The foster care placements experienced by the seventy children in this sample were tallied on a range from zero to "more than nine". One child, 1.4 percent of the total sample, had no foster care placements; twenty-seven children, 38.6 percent, had one foster care placement; twenty-one children, thirty percent, had two foster care placements; nine children, 12.9 percent, had three foster care placements; seven children, ten percent, had four foster care placements; one child, 1.4 percent, had five foster care placements;

two children, 2.9 percent, had six foster care placements; no children had seven or eight foster placements; and, lastly, two children, 2.9 percent of the total sample, had more than nine foster care placements.

The average number of foster care placements for the total sample of seventy children is 2.3. The average number of foster care placements is 1.3 for children who are 0 to four years old, 1.9 for children who are five to nine years old, 3.9 for children who are ten to fourteen years old, and four for the one child in the fifteen to eighteen year old age group. (See Table 2.6) Based upon findings for the four represented racial groups, the African American children had an average of 2.0 foster care placements, the American Indian children had an average of 2.5, the Biracial children had an average of 2.9, and the Caucasian children had an average of 2.2 foster care placements. (See Table 2.7)

In addition to data regarding the number of foster care placements which each child had, information was gathered as to the number of disrupted foster care placements, if any, which the children in the sample have had. Forty-three children, 61.4 percent of the sample, had not experienced any disrupted foster care placements. Sixteen children, 22.9 percent of the sample, had experienced one disrupted foster care placement. Five children, 7.1 percent, had been in two disrupted foster care placements. Four children, 5.7 percent, had been in three foster care placements which had disrupted. One child, 1.4 percent, had been in four disrupted foster care placements. No children in the sample were reported as having more than four disrupted foster care placements, while data regarding disrupted foster care placements was unknown for one child.

The average number of disrupted foster care placements for 0 to four year olds is zero, for five to nine year olds is 0.5, and for ten to fourteen year olds is 1.4, while the one child in the fifteen year old age group had three disrupted foster care placements. Among the represented racial groups, the average number of disrupted foster care placements is 0.5 for African American children, 0.8 for American Indian children, 0.9 for Biracial children, and 0.6 for Caucasian children.

Data gathered about the number of preadoptive placements experienced by the children in this sample indicates that twenty-three children, 32.9 percent of the sample, have been in zero preadoptive placements. Forty-three children, 61.4 percent, have been in one preadoptive placement. Four children, 5.7 percent, have been in two preadoptive placements, and no children in this sample have been in three or more preadoptive placements.

The average number of preadoptive placements for 0 to four year olds is 0.7, for five to nine year olds is 0.7, and for ten to fourteen year olds is 0.8. The one child in the fifteen to eighteen year old age group had one preadoptive placement. Among the represented racial groups, the average number of preadoptive placements is 0.5 for African American children, 1.1 for American Indian children, 0.8 for Biracial children, and 0.8 for Caucasian children.

Sixty children, 85.7 percent of the total sample, have never experienced a disrupted preadoptive placement. Ten children, 14.3 percent of the total sample, have experienced one disrupted preadoptive placement, and no children in this sample have experienced two or more preadoptive placements.

The average number of disrupted preadoptive placements among the various age groups was zero for the 0 to four year olds, 0.1 for the five to nine year olds, 0.4 for the ten to fourteen year olds, and zero for the one child represented in the fifteen to eighteen year old age group. Among the four represented racial groups, the average number of disrupted preadoptive placements was 0.03 for the African American children, 0.3 for the American Indian children, 0.4 for the Biracial children, and 0.1 for the Caucasian children.

Length of time children have been available and waiting - or waited - for an adoptive resource to be identified was calculated first for the entire sample and then based on age and race group breakdowns. Eleven children, 15.7 percent of the total sample, had no wait for an adoptive resource after they were considered available for adoption. Nineteen children, 27.1 percent, had or have been available and waiting for an adoptive resource for less than six months. Fourteen children, twenty percent, had or have been available and waiting for an adoptive resource to be identified for seven to twelve months. Nine children, 12.9 percent, had or have been available and waiting for thirteen to twenty-four months. Nine children, 12.9 percent, had or have been available and waiting for twenty-five months to three years. Six children, 8.6 percent, had or have been available and waiting for more than three years but less than four years. No children had or have been available for more than four years but less than five years. One child, 1.4 percent, had or have been available and waiting for more than five years but less than six years. One child in the sample, 1.4 percent, had or have been available and waiting for more than six years.

The average length of time which the children in this sample had or have been available and waiting for an adoptive resource to be identified is 16.2 months. This data was also analyzed based upon age groups. For the 0 to 4 year old age group, the average length of time which those fifteen children were available and waiting - or waited - for an adoptive resource to be identified was 7.7 months. For the thirty-eight children who fell into the five to nine year old age group, the average length of time was 12.9 months. This figure more than doubled for the sixteen children in the ten to fourteen year old age group, with an average length of time being 28.3 months. The figure also increased significantly for the fifteen to eighteen year old age group, which is represented by just one child in this sample, whose average length of time is thirty-six months.

With regards to the length of time children of various races were available and waiting - or waited - for an adoptive resource, the thirty-two children who are identified as African American in this sample waited for an average of 16.4 months, just slightly more than the average for the total sample. The average length of time for the eight American Indian children in this sample was 17.5 months. The twelve children identified as Biracial waited the greatest length of time - 22.5 months. Finally, the eighteen Caucasian children in this sample waited - or were waiting - for the shortest average length of time - 9.6 months.

Data was gathered on twenty-nine clinical diagnoses and an "other" category, as to what conditions were represented among this sample. The five most represented diagnoses among this sample includes prenatal exposure to chemicals, with forty percent of the

children having this condition. 37.1 percent of the sample are diagnosed as having Emotional/Behavioral Disturbance. Developmental delays are common to 27.1 percent of the study sample. Attention Deficit Disorder with Hyperactivity and Fetal Alcohol Effect are each represented among 24.3 percent of the sample. Only brain injury, Antisocial Personality Disorder, terminal medical conditions, and Tourette's Syndrome were completely unrepresented among the seventy children in this sample.

Data regarding diagnoses was analyzed, as well, within each of four age groups and four represented racial groups. The two most frequently reported diagnoses among the 0 to 4 year old age group are prenatal exposure to chemicals, represented among sixty percent of this group, and the "other" category, represented among forty percent of this group. Among the five to nine year old age group, prenatal exposure to chemicals was again significantly represented, among 36.8 percent of this group; while, Emotional/Behavioral Disturbance was represented among 34.2 percent of this group. Among the ten to fourteen year old age group, Emotional/Behavioral Disturbance is represented among fifty percent; while Depressive Disorders are represented among 37.5 percent of this group. Because only one child is represented in the fifteen to eighteen year old age group, most common diagnoses cannot be figured for this group. This one child, however, is diagnosed with Depressive Disorder, developmental delay, Fetal Alcohol Effect, mental retardation, and schizophrenia.

With regards to the four racial groups, the most commonly represented diagnoses among the African American children in this sample are prenatal exposure to chemicals and Emotional/Behavioral

Disturbance, represented among 37.5 and 28.1 percent of this group, respectively. Fetal Alcohol Effect and developmental delay are each represented among seventy-five percent of the American Indian children in this sample. With regards to the children in this sample who are identified as Biracial, "other" diagnoses, Emotional/Behavioral Disturbance, and prenatal exposure to chemicals are each represented among 33.3 percent of this group. Among the children identified as Caucasian, Emotional/Behavioral Disturbance and developmental delays are represented among fifty and 44.4 percent of the sample, respectively.

The average number of diagnoses which each child has was calculated for the total sample, among the age and race groups. For the seventy children in the sample, the average number of diagnoses per child is 3.4. Among the 0 to four year old age group, the average number of diagnoses is 2.8 per child. Among the five to nine year old age group, the average number of diagnoses per child is 3.4. Among the ten to fourteen year old age group, the average number of diagnoses per child is 3.8. The one child represented in the fifteen to eighteen year old age group had five diagnoses.

The average number of diagnoses represented among the African American children in this sample is 2.3, among the American Indian children is 6.1, among the Biracial children is 3.3, and among the Caucasian children is 4.2 diagnoses.

The behavioral labels/descriptors from the data collection form provided fourteen responses, in addition to an "other" category. The five most commonly represented behavioral descriptors among the total sample are "hyperactive," which was indicated for 37.1 percent;



"aggressive," which was indicated for 34.3 percent; "noncompliant," which was indicated for 28.6 percent; "sexual acting out," indicated for 24.3 percent; and "withdrawn," indicated for 24.3 percent.

The average number of behavioral labels/descriptors, based on the total sample of seventy children, is 3.1. Among the various age groups, the average number of behavioral labels/descriptors is 1.9 for the 0 to four year old group, 3.0 for the five to nine year old group, 4.4 for the ten to fourteen year old group, and 6.0 for the one child in the fifteen to eighteen year old group. Among the four represented race groups, the average number of behavioral labels/descriptors is 2.4 for the African American children, 5.1 for the American Indian children, 3.2 for the Biracial children, and 3.4 for the Caucasian children.

Data was collected regarding the types and numbers of services which are being received by the seventy children in this study sample. Services were categorized as "Mental Health Services," "Medical Services," "Special Educational Services," and "Other," with specifications as to what type of services within each category was being received. A child could be receiving services in more than one category, or receiving more than one type of service within a category(ies) as well. Thirty-eight children, 54.3 percent of the total sample, are receiving mental health services, consisting specifically of individual and family therapy, evaluations and assessments, and psychiatric hospitalizations. Twenty-seven children, 38.6 percent, are receiving medical services for special needs, with medication monitoring, treatment for specific conditions, and assessments being the specific types of services

received. Thirty-four children, 48.6 percent, are receiving special educational services, specifically, speech therapy, occupational therapy, early intervention programming, various levels of special educational programming, and programming specific to behavioral needs. Five children, 7.1 percent of the total sample, are receiving other services, specifically, personal care attendant services and specialized day care.

The average number of services being received for the total sample of seventy children is 1.6. Among specific age groups, the average number of services being received is 0.9 for 0 to 4 year olds, 1.7 for five to nine year olds, 2.0 for ten to fourteen year olds, and 4.0 for the one child in the fifteen to eighteen year old age group. (Table 3.3). Among the represented racial groups, the average number of services being received is 1.4 for African American children, 2.9 for American Indian children, 1.5 for Biracial children, and 1.6 for Caucasian children. (See Table 3.3).

### **QUALITATIVE FINDINGS**

Two optional, open-ended questions were asked of all social workers regarding their cases which were represented in this study. My cases were deleted from this portion of the data-gathering, as answering these subjective questions could bias the findings. Thus, the size of the sample for which this information was gathered is sixty-seven children. One of the open-ended questions referred to what the social worker could identify about the precipitating factors to any disruptions which the children have had. Responses were similar enough that they could be

grouped into several categories. For the majority of the children, 62.7 percent, this question was not applicable, according to the social workers. For 19.4 percent of the sample, children's behaviors were a significant precipitating factor to disruption and a partial precipitating factor in another 4.5 percent. Issues related specifically to the foster/adoptive parents and incidences of abuse and/or neglect were regarded as precipitating factors to disruption in nine percent and 11.9 percent of cases, respectively.

The second open-ended question referred to the social workers' perception of any impact which each child's labels/diagnoses had on various out-of-home placement outcomes, specifically, the identification of an adoptive resource. For sixty percent of children, social workers responded that labels/diagnoses were not relevant to their out-of-home placement outcomes. For nineteen percent of children, labels/diagnoses were considered significant in combination with other factors, such as age and race. Labels/diagnoses were cited as having significant impact in 13.4 percent of cases, and minimal impact in nine percent of cases. Other factors which were cited by social workers as having the most impact on out-of-home placement outcomes included race, age, genetic history, sex, multiple placements, number of siblings, and siblings' behaviors. Among the cases in which diagnoses/labels were cited as having significant or minimal impact on out-of-home placement outcomes, several specific conditions were cited as deterring the most potential resources or complicating placement the most. Among those cited conditions and behaviors were Post-Traumatic Stress Disorder, schizophrenia, verbal abusiveness, stuttering, sexual acting out, depression, hyperactivity, and one child's number of diagnoses.

Discussions of the findings of this research, as well as implications of these findings for social work practice will be included in the forthcoming chapters.

## Chapter V : DISCUSSION AND IMPLICATIONS

### DISCUSSION OF DEMOGRAPHIC FINDINGS

The most appropriate comparison of demographic data with this research may be the 1978 study by the Children's Defense Fund, due to the size of the sample and data which was gathered. With regards to race, there are significant differences between the two studies. Nearly half of my study sample is African American, with the 45.7 percent of African American children in my study significantly exceeding the thirty-two percent of African American children in the CDF national study (1978). Data gathered by the Minnesota Department of Human services in 1993 found that, of 554 children who were presently wards of the State, approximately twenty-one percent were African American. Thus, African American children seem to be overrepresented in the population of Hennepin County children who are wards of the State, in comparison with other research findings. Children of Hispanic/Latino heritage are completely unrepresented in my study sample, compared with thirteen percent in the Children's Defense Fund study or the approximately eight percent in the Minnesota DHS findings. These studies had similar percentages of Caucasian children represented in their samples, with forty-eight percent in the CDF study and fifty-two percent in the Minnesota DHS study, compared to only 25.7 percent in this study. American Indian children were represented among one percent of the CDF study sample and less than seven percent of the Minnesota DHS study sample. In this research, American Indian children made up a greater percentage - 11.4 percent of the study sample. Biracial children

are not included in either the CDF or Minnesota DHS samples, yet this group makes up a significant percentage of my study sample.

The findings of my study, with regards to race, seem to indicate that African American children are overrepresented and Caucasian children underrepresented in the population of children who are State wards being serviced by the Hennepin County Adoption Program, in correlation to the general population. There are several implications which may be derived from this, including factors within the child welfare system which may contribute to an excess of African American children whose parents have had their parental rights terminated.

Findings of this study with regards to age indicate that over half of the children in this sample fall into the five to nine year old age group; while similar percentages of children are represented each in the youngest category and the ten to fourteen year old category. In this study, only one child is represented in the fifteen to eighteen year old category. This data is inconsistent with the Minnesota DHS findings for 1993, which showed the number of children who were State wards being almost equal among the four age groups of 0 to five, six to eleven, twelve to fourteen, and fifteen to eighteen. It should be noted that much of this discrepancy is likely due to the DHS sample including all State wards, while my research includes only a sample of State ward children with cases open in the Adoption Program. The teenage children who make up approximately one-fourth of the DHS sample likely have social service cases open to other programs within Hennepin County, such as the Permanency/Reunification program, which services include those to State wards with plans for long-term foster care.

The findings of this study which are specific to sex are consistent

with the Minnesota DHS study, in that males are represented in slightly higher percentages than females in both studies. There are no significant findings with regards to sex in this research.

#### DISCUSSION OF PLACEMENT STATUS FINDINGS

The findings in the area of current placement status indicate that half of the children currently being serviced by the Adoption Program are presently in preadoptive placements, with another ten percent in recently finalized adoptive placements, thus indicating that the permanency goal is already in process or achieved for the majority of the children in this sample. Another significant percentage of children are currently in foster homes, but may be at any stage in the process of having permanency, from having their adoptability assessed to having started visitation with an identified adoptive resource. Only one child in the sample remains in shelter care, which is meant to be the most temporary of all placement arrangements. These findings are, overall, positive in that the Adoption Program appears to be accomplishing what it is intended to accomplish for most children - permanency.

More children than not, in this sample, are currently placed with biological siblings, which is positive. However, there are probably many other children in current placement who have been separated from siblings during their out-of-home placement experience and could be reunited. Further research is needed specifically in this area to determine when and why siblings are separated in the child welfare system, and when it is possible to reunite them in permanency planning.

Current permanency plans also seem consistent with the intentions of

the Adoption Program, with most children having a plan of adoption. Four children in this sample had plans for long-term foster care, which is significant but does not seem disproportionate. It is important to note that, at the age of fourteen, children who are wards of the State must sign a consent form to be adopted. Many children, at or after this age, chose to not be adopted and to remain in current foster care arrangements, thus, a permanency plan of long-term foster care is to be expected, particularly among teenagers.

The findings specific to permanency plans including placement with biological siblings is consistent with the aforementioned data on current placement with siblings.

The findings regarding when children first entered out-of-home placement and continuous out-of-home placement should be of concern to professionals in the child welfare field. More than eighty-five percent of the children in this sample first entered out-of-home placement more than three years ago, while more than eighty-two percent of the children have been in continuous out-of-home placement for more than three years. The only comparable study in this area is the Children's Defense Fund study, which found that fifty-two percent of the 27,858 children in the sample had been in out-of-home placement for more than two years. While there is a significant discrepancy between these two findings, the Children's Defense Fund research was conducted nearly twenty years ago and included children at various stages of out-of-home placement, while this study sample focuses solely on children who are State wards. The findings of the current research indicates that children are, overall, in out-of-home placement for a significant length of time before most are in permanent placements. Further research is



needed in this area as well, to determine how long children were in various stages of out-of-home placement and being serviced by various programs within the child welfare system.

The findings in the areas of shelter foster care, foster care, and preadoptive placements indicates that the average number of placements increase as the children's ages increase. Findings, when analyzed among the four represented racial groups, are less consistent. One exception is that, as a group, the African American children in the sample consistently had the least average number of placements. The American Indian children, as a group, had the greatest number of shelter foster care and preadoptive placements, and are second to Biracial children for the greatest number of foster care placements. Number of placements can vary for several reasons, based upon the number of times a child is returned to their birth parents' care and the number of disruptions, for example.

Overall, the children in this sample have an average of 4.5 different placements, when shelter foster care, foster care, and preadoptive placements are combined. This finding seems to indicate a need in the child welfare system for increased efforts towards reducing the number of placements which a child must have. This is certainly easier said than done, as circumstances arise which unexpectedly cause the need for a change in placement. One effort which can be undertaken in an attempt to decrease a child's number of placement changes is a program aimed at recruiting foster parents to adopt foster children, if and when the child(ren) become available for adoption. These programs are in existence around the country and are being debated or proposed in many other areas, including Hennepin County.

The average number of disruptions which the children in this sample experienced is 0.7. Like the total number of placements, the average number of disruptions, foster care and preadoptive, increased as the age of the children in the sample increased. Biracial children, on average experienced slightly more disrupted placements than American Indian children; followed by Caucasian children whom, on average, had slightly more disruptions than African American children. In light of the average number of placements which the children in this sample experienced, the average number of disrupted placements, being much lower than the placements, does not seem disproportionate.

The average length of time which children in the sample were available and waiting - or had waited - for an adoptive resource to be identified increased tremendously as the children got older. Between the 0 to four year old age group and the ten to fourteen year old age group, the length of time increased and more than tripled. The average length of time available and waiting - or waited - for an adoptive resource to be identified varied among the four racial groups which were represented in this sample. Biracial children, on average, had the greatest time, waiting an average of 22.5 months, while Caucasian children, on average, waited the least amount of time - 9.6 months, which is less than half of the length of time which Biracial children waited.

These findings suggest that recruitment efforts, for special needs adoption, should be increased to expand the pool of potential adoptive resources for minority and older children, and especially older, minority children. Specific programs, targeted at recruiting families for the groups of children who currently wait the longest for an adoptive resource to be identified, is necessary to increase their

likelihood of being adopted. Currently, within Hennepin County, the African American Adoption Project works to recruit families for African American children, and have focused, more specifically, on placing infants, sibling groups, and males for adoption. Recruitment of adoptive families for Biracial children may need to be more specifically developed as well.

#### **DISCUSSION OF FINDINGS RELATED TO CHILDREN'S SPECIAL NEEDS**

The most significant finding among the data gathered regarding children's special needs is related to the most common diagnoses which these children have. From these findings, one can conclude that substance use - alcohol and other chemicals - has significantly, adversely affected many children in this sample, with many having been prenatally exposed to chemicals or diagnosed with Fetal Alcohol Effect. Conditions which affect children's learning are also significantly represented in this sample, with developmental delays and emotional/behavioral disturbances being quite common. These findings have the most implications for social work practice by increasing the knowledge of the special needs of the children with whom we work. This knowledge informs professionals and helps guide their work, and also helps professional inform potential adoptive families about the true needs of the children available for adoption. Initial and on-going training of potential adoptive families should thus reflect the needs of the children - what they are and how they can best be managed/treated, etcetera.

For this study sample, then, potential adoptive resources should be

informed about how prenatal exposure to alcohol and other chemicals affects a child's development and physical and mental health, as well as how these condition may manifest themselves over various stages in the affected individual's life. In addition, the impact on learning which the commonly represented diagnoses may have should be explored, as well as a potential adoptive parents' need for information about the special educational system and how to effectively advocate for a child within this system.

There were not many significant correlations between age groups and diagnoses, with most of the commonly represented diagnoses existing across all four of the age groups. Attention Deficit Disorder with Hyperactivity was a frequently reported diagnoses and was present almost completely among the five to nine year old age group. Depressive disorder, as well, was significantly represented among the total sample, but was primarily present among the ten to fourteen year old age group.

With regards to correlations specifically between racial groups and diagnoses, there were more variations. Visual impairments were significantly represented among the African American children in this sample and nearly nonexistent among the other racial groups. Attention Deficit Disorder with Hyperactivity was more significantly represented among the American Indian and African American children, while Depressive Disorder was more significantly represented among the American Indian and Biracial children in this sample. Developmental delays were much more commonly reported among the American Indian and Caucasian children in this sample. Fetal Alcohol Effect was reported for six of eight American Indian children in the sample, a much higher frequency than among any other racial group. Mental retardation and

speech impairments were also much more significantly represented among the American Indian children than any other racial group. Finally, Reactive Attachment Disorder was more significantly represented among Caucasian children than any other racial group.

Because none of the previous research which I was able to obtain specifically examined the prevalence of various diagnoses among children in out-of-home placement, these findings are significant insofar as to the Adoption Program from which the sample was drawn. Insight into the specific special needs of these children, especially when correlated with age and race, can lend to the identification of where recruitment efforts are most needed. The more knowledge which is known about the population of children who are waiting for adoptive resources, the greater the possibility that the most appropriate potential adoptive resources can be recruited.

The findings in the area of behavioral labels/descriptors used to describe children in efforts to find potential placement resources are significant as a whole, in that a significant proportion of the children in this sample have been given numerous labels. The average number of labels used to describe these children, like diagnoses, increases as the children get older. In addition, the average number of labels/descriptors is greatest among the American Indian children in the sample, and lowest among the African American children in the sample.

The implications of the findings related to labels are, primarily, that further research is needed in this area. A more extensive, exploratory study would be extremely beneficial if it provided information about the effects of labelling children who are, specifically, in out-of-home placement. These findings could potentially

impact the way in which children are described for the purpose of finding potential placement resources, and would hopefully offer alternatives to labelling children.

Findings related to the number and types of services being received by the children in this sample are consistent with the aforementioned findings in the area of diagnoses and labels. The older the children get, on average, the greater the number of diagnoses and labels they have, as well as the greater the number of services being received for those special needs. Similarly, the racial groups which, on average, had greater numbers of diagnoses and labels, are also receiving the greater number of services for those special needs. American Indian children, on average, are receiving the most services, while African American children are receiving the least.

Hopefully, these findings are appropriately being interpreted as children with more special needs receiving more services to meet those needs. This should be regarded as a positive finding, that services are consistent with the needs of the children, and may indicate that the appropriate interventions are being identified for children.

#### **QUALITATIVE FINDINGS**

The findings related to precipitating factors to disruption, identified by social workers, indicate that, when this is relevant among cases, children's behaviors are the most frequently cited precipitating factor. It should be emphasized, however, that the behaviors themselves are cited as related to disruption, not merely the presence of diagnoses or labels. In the majority of cases, social workers perceived that

children's diagnoses/labelled behaviors were not relevant as impacting on the children's various out-of-home placement outcomes. When relevant, diagnoses/labelled behaviors were more likely to have minimal impact or impact in combination with other factors than to be considered a primary factor of relevance.

Implications for social work practice are difficult to draw from these findings as well, due to the need for further research to distinguish between the impact of behaviors or conditions versus the diagnoses and labels themselves. Information which was given by social workers as to specific diagnoses and behaviors which were specific deterrents or complications to placements were so varied that no conclusions can be drawn from that data.

#### **SUMMARY OF FINDINGS**

The findings of this research indicate that, with regards to demographic variables, African American children seem to be disproportionately more represented based upon the general population, while Caucasian children seem to be disproportionately underrepresented in the sample. With regards to current placement and permanency plans, most children are in the process of having permanency in their living arrangements, which is consistent with the goal of the Adoption Program. The average number of placements of various types seems to indicate an excessive number of placement transitions for children, which needs to be addressed in an attempt to alleviate these multiple changes. The findings show that most children have been in out-of-home placement for more than three years, which should be addressed and could

## Chapter VI : LIMITATIONS

### LIMITATIONS IN THE SAMPLE

The most significant limitation to be noted with regards to the sample was the small representation, only one child, in the fifteen to eighteen year old age group. The reason for categorizing the age groups as they were was because the categories included a similar number of represented ages. In addition, because at or after the age of fourteen, children must provide consent to be adopted, a different dynamic is present in the older age group of fifteen to eighteen year olds.

A larger sample size may have decreased the likelihood of such underrepresentation in one age category as well. Based upon this research experience, I would encourage future researchers to include half or all of the cases in their sample, if the purpose of the study was to provide descriptive information.

### LIMITATIONS IN DATA COLLECTION

Based upon my reflections of this completed research, I consider the data collection form to have had a few limitations, which I would change if I were to conduct the study over again. First, for items six and seven of the data collection form, I would have added more response categories, continuing from "more than three years ago." By extending these categories, I would have had a better sense of the actual length of time children had been in out-of-home and continuous



out-of-home placement, as the results obtained for these items have almost all of the sample falling into the "more than three years ago" category. A more accurate conclusion could have been drawn from these items, had the categories been extended, due to the possibility that a significant number of children could have had responses of four, five, six years or more.

In addition, I could foresee the benefit of adding more items to the data collection form, such as the child's religion and the type of birth family system (single parent, two parent married or unmarried, etc.) from which the child was initially removed.

Finally, I would have liked to have been able to distinguish more clearly between children's behaviors and conditions and their diagnoses and labels, in order to better determine the potential effects of labelling and diagnosing children in out-of-home placements. As previously mentioned, however, this would be a beneficial research study to be conducted in the future.

#### **LIMITATIONS IN DATA ANALYSIS**

The significant limitation of my research which falls into this area refers to the correlation of variables, which was done in several instances, but would have been beneficial to expand, had time not been such a constraint. I would have been interested in doing some multivariate analysis of age, race, and sex with placement data and diagnoses/labelled behavior, for example. Again, I foresee that this would provide for an interesting future study.

## Chapter VII : CONCLUSIONS AND RECOMMENDATIONS

This study was aimed at gathering descriptive information on a sample of seventy children who currently have cases open in the Hennepin County Children and Family Services Department Adoption Program. The sample size of seventy was obtained after systematic sampling was used to select every third case number on a computer printout of the program's 219 total open guardianship cases. All of the children in the sample are wards of the State of Minnesota, whose parents have had their parental rights terminated. Authorization to conduct this research was obtained from the necessary authorities within the Hennepin County Children and Family Services Department, as well as from the Augsburg College Institutional Review Board.

A seventeen item data collection form was designed to gather the desired information. All of the social workers whose cases were represented in this study agreed to participate fully in the study and opted to provide the information to me in a verbal format, rather than having me independently review the case records.

The findings of this study indicate that most children in the sample are at some point in the process of having a permanent placement, many with their biological siblings. The overwhelming majority of the children in this sample have been in out-of-home placement for more than three years, have had an average of 4.5 placements (shelter foster care, foster care, and preadoptive), and have had an average of 0.7 disrupted placements (foster care and preadoptive). The average length of time which children in this sample were available and waiting - or had waited - for an adoptive resource to be identified was

families. By expanding professional knowledge of children's special needs, a more realistic portrayal of the children waiting for adoptive resources can be given to potential adoptive families, and recruitment efforts can be targeted more directly at widening the pool of potential adoptive families which are available for the specific children who wait.

My recommendations for utilization of these findings are directed at three areas of social work : practice, training, and research. My specific recommendations for each of these areas is detailed below.

#### **PRACTICE**

My first recommendation for use of these findings in social work practice includes presenting the results to the social workers in the Hennepin County Children and Family Services Adoption Program, so that these workers can communicate realistic descriptions of the children waiting to be adopted to families who are interested in pursuing adoption of special needs children. In addition, the findings of this research can most likely be utilized in the area of recruitment of potential adoptive families. With an understanding of the specific, detailed characteristics and needs of the population of children waiting to be adopted, potential adoptive families who are interested in actual waiting children and are able to meet the children's needs, should be actively recruited and adequately trained towards parenting special needs children.

Three of the most significant findings of this study may have been the great length of time which children spend in out-of-home

placement, the total number of placements which children experience, and the disproportionate number of minority race children in this sample as compared to the general population. Social workers, as well as agency administrators, must take steps towards reducing both the length of time which children spend in out-of-home placement, as well as the number of placements which children have. Perhaps devoting more effort into making appropriate "matches" with initial placements, by focusing on children's needs and substitute caregivers' needs and skills, will help reduce the number of moves a child must make.

In addition, social workers and social work agencies must strengthen efforts to reunite children with their birth families, and, when a determination is made that this is not in the children's best interest, terminate parental rights in a timely manner so that the children are freed for adoption - and permanency.

With regards to the overrepresentation of minority race children in this sample, my recommendation is that the legal and child welfare systems address this issue collaboratively and take steps to identify the roots of this problem, as well as how it can be alleviated.

The findings of this research should also affect how practitioners utilize and interpret labels and diagnoses which are given to children. Because of the significant impact which labels/diagnoses can potentially have upon children, social work practitioners should educate themselves adequately, so that these labels/diagnoses can be challenged as needed. In addition, social work practitioners and agencies should be empowered to challenge the "deficit approach" which has encouraged the labelling of clients, specifically, children, in the first place. A recommendation for social work practitioners and

## RESEARCH

This study has provided a foundation upon which further research could, and should, be built. A multitude of questions have been raised throughout this study - questions which can be the catalysts of future research.

Research focused specifically on the relationship between the variables of sex and sibling/non-sibling groups with other variables, is one area not addressed in-depth in this study and which may be of interest. A study which addressed the characteristics of the social workers who work in the field of special needs adoptions - specifically, the characteristics of race, sex, length of time in the program, and understanding of children's diagnoses - would likely lead to some interesting results.

Finally, what this researcher believes is the priority for further study in this area centers on what was the initial motivation for this study. Examining the mental and emotional impact of labels and diagnoses upon children in out-of-home placement, as well as the potential impact of these labels/diagnoses upon various out-of-home placements outcomes, is a worthy and necessary undertaking for future research. This research study has shown that the children in the sample have many diagnoses and have been labelled as well. Now, research should focus on how this impacts the children, and their out-of-home placement experiences, particularly, their experiences with waiting for an adoptive family.

In conclusion, I believe that this research study was worth conducting and has elicited some beneficial findings for social work professionals, families, and children. This research process has been

enlightening and educational for me and, hopefully, the findings of this research will provide increased knowledge in the area of special needs adoption and within the entire social work field.

**Table 1.1 Age group representations**

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Age Group Breakdowns of Children  
in the Sample n = 70

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AGE	PERCENTAGE (NUMBER)
0 - 4	21.4% (15)
5 - 9	54.3 (38)
10 - 14	22.9 (16)
15 - 18	1.4 (1)
	<hr/> 100% (70)

**Table 1.2 Sex representations**

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Sex Breakdowns of Children  
in the Sample n = 70

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FEMALE	44.3% (31)
MALE	55.7 (39)
	<hr/> 100% (70)

**Table 1.3 Race group representations**

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Race Group Breakdowns of Children  
in the Sample n = 70

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AFRICAN AMERICAN	45.7% (32)
AMERICAN INDIAN	11.4 (8)
ASIAN AMERICAN	- -
BIRACIAL	17.1 (12)
CAUCASIAN	25.7 (18)
HISPANIC/LATINO	- -
OTHER	- -
	<hr/> 100% (70)



**Table 2.3 Current permanency plan**

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Current Permanency Plans of Children  
in the Sample n = 70

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LONG-TERM FOSTER CARE	5.7% (4)
ADOPTION	91.4 (64)
LEGAL CUSTODY	1.4 (1)
OTHER	1.4 (1)
	<hr/> 100% (70)

**Table 2.4 Permanency placement with siblings**

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Permanency Placement with Siblings among  
Children in the Sample n = 70

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PLACED WITH SIBLINGS	60.0% (42)
NOT PLACED WITH SIBLINGS	38.6 (27)
UNKNOWN	1.4 (1)
	<hr/> 100% (70)

**Table 2.5 Length of time in out-of-home placement**

Length of Time in Out-of-Home and Continuous Out-of-Home Placement for Children in the Sample n = 70		
	FIRST ENTERED O.O.H.P.*	CONTINUOUS O.O.H.P.*
0 - 6 MONTHS	1.4%	1.4%
7 - 12 MONTHS	1.4	4.3
13 - 24 MONTHS	7.1	7.1
25 MOS. - 3 YRS.	4.3	4.3
MORE THAN 3 YRS.	85.7	82.9
	<u>100%</u>	<u>100%</u>

\* O.O.H.P. = out-of-home placement

**Table 2.6 Number of placements represented by age groups**

Average Number of Placements as Represented within Various Age Groups among Children in the Sample					
	0-4 (n=15)	5-9 (n=38)	10-14 (n=16)	15-18 (n=1)	n=70
SHELTER CARE	0.5	1.5	2.1	6.0	1.5
FOSTER CARE	1.3	1.9	3.9	4.0	2.3
DISRUPTED FOSTER CARE	0	0.5	1.4	3.0	0.6
PREADOPTIVE	0.7	0.7	0.8	1.0	0.7
DISRUPTED PREADOPTIVE	0	0.1	0.4	0	0.1

**Table 2.7 Number of placements represented by race**

Average Number of Placements as Represented within Various Racial Groups among Children in the Sample					
	AFRAM (n=32)	AMIND (n=8)	BIRAC (n=12)	CAUC (n=18)	n=70
SHELTER CARE	1.3	2.3	1.3	1.7	1.5
FOSTER CARE	2.0	2.5	2.9	2.2	2.3
DISRUPTED FOSTER CARE	0.5	0.8	0.9	0.6	0.6
PREADOPTIVE	0.5	1.1	0.8	0.8	0.7
DISRUPTED PREADOPTIVE	0.03	0.3	0.4	0.1	0.1

**Table 2.8 Length of time available and waiting for adoptive resource**

Average Length of Time Available and Waiting for an Adoptive Resource by Age and Race among Children in the Sample	
<u>AGE</u>	
0-4 (n=15)	7.7 months
5-9 (n=38)	12.9 months
10-14 (n=16)	28.3 months
15-18 (n=1)	36.0 months
<u>RACE</u>	
AFRAM (n=32)	16.4 months
AMIND (n=8)	17.5 months
BIRAC (n=12)	22.5 months
CAUC (n=18)	9.6 months
n=70	16.2 months

Table 3.1 Frequency of diagnoses represented by age

Percentages of Diagnoses Reported by Age Groups among Children in the Sample n = 70				
	0-4 (n=15)	5-9 (n=38)	10-14 (n=16)	15-18 (n=1)
Antisocial Personality Disorder....	-	-	-	-
Attention Deficit Disorder....	6.7	-	-	-
Attention Deficit Disorder-Hyperactivity....	6.7	31.6	25.0	-
Autism....	-	-	6.3	-
Brain Injury....	-	-	-	-
Cerebral Palsy....	-	2.6	-	-
Chronic Medical Condition....	20.0	7.9	-	-
Conduct Disorder....	-	10.5	18.8	-
Depressive Disorder....	-	10.5	37.5	100
Developmental Delay....	20.0	31.6	25.0	100
Emotional/Behavioral Disturbance....	33.3	34.2	50.0	-
Failure to Thrive....	13.3	7.9	12.5	-
Fetal Alcohol Effect....	26.7	23.7	18.8	100
Fetal Alcohol Syndrome....	6.7	2.6	-	-
Hearing Impairment....	6.7	5.3	-	-
Mental Retardation....	-	7.9	6.3	100
Oppositional Defiant Disorder....	-	18.4	18.8	-
Organic Mental Disorder....	-	2.6	-	-
Personality Disorder....	-	2.6	6.3	-
Physical Impairment....	13.3	5.3	12.5	-
Post-Traumatic Stress Disorder....	-	18.4	25.0	-
Prenatal Exposure to Chemicals....	60.0	36.8	31.3	-
Reactive Attachment Disorder....	6.7	23.7	31.3	-
Schizophrenia....	-	-	-	100
Seizure Disorder....	6.7	5.3	-	-
Speech Impairment....	13.3	13.2	12.5	-
Terminal Medical Condition....	-	-	-	-
Tourette's Syndrome....	-	-	-	-
Visual Impairment....	-	18.4	-	-
Other....	40.0	18.4	31.3	-

**Table 3.2 Frequency of diagnoses represented by race**

Percentages of Diagnoses Reported by Racial Groups among Children in the Sample n = 70				
	AFRAM (n=32)	AMIND (n=8)	BIRAC (n=12)	CAUC (n=18)
Antisocial Personality Disorder	.... -	-	-	-
Attention Deficit Disorder	.... -	-	-	11.1
Attention Deficit Disorder-Hyperactivity	....25.0	37.5	16.7	22.2
Autism	.... -	12.5	-	-
Brain Injury	.... -	-	-	-
Cerebral Palsy	.... 3.1	-	-	-
Chronic Medical Condition	.... 9.4	12.5	-	11.1
Conduct Disorder	.... 9.4	12.5	16.7	5.6
Depressive Disorder	.... 9.4	25.0	25.0	16.7
Developmental Delay	.... 9.4	75.0	25.0	44.4
Emotional/Behavioral Disturbance	....28.1	50.0	33.3	50.0
Failure to Thrive	.... -	12.5	25.0	16.7
Fetal Alcohol Effect	....12.5	75.0	8.3	33.3
Fetal Alcohol Syndrome	.... -	12.5	8.3	-
Hearing Impairment	.... 3.1	12.5	-	5.6
Mental Retardation	.... 3.1	50.0	-	-
Oppositional Defiant Disorder	.... 9.4	25.0	16.7	16.7
Organic Mental Disorder	.... -	-	-	5.6
Personality Disorder	.... -	-	8.3	5.6
Physical Impairment	.... 6.3	-	16.7	11.1
Post-Traumatic Stress Disorder	.... 3.1	37.5	16.7	27.8
Prenatal Exposure to Chemicals	....37.5	62.5	33.3	38.9
Reactive Attachment Disorder	....12.5	12.5	25.0	38.9
Schizophrenia	.... -	12.5	-	-
Seizure Disorder	.... 9.4	-	-	-
Speech Impairment	.... 3.1	50.0	16.7	11.1
Terminal Medical Condition	.... -	-	-	-
Tourette's Syndrome	.... -	-	-	-
Visual Impairment	....18.8	-	-	5.6
Other	....15.6	25.0	33.3	38.9

**Table 3.3 Numbers of diagnoses, labels, and services**

Average Numbers of Diagnoses, Labels, and Special Services Being Received by Age and Race among Children in the Sample n = 70			
	<u>DIAGNOSES</u>	<u>LABELS</u>	<u>SERVICES</u>
<u>AGE</u>			
0-4 (n=15)	2.8	1.9	0.9
5-9 (n=38)	3.4	3.0	1.7
10-14 (n=16)	3.8	4.4	2.0
15-18 (n=1)	5.0	6.0	4.0
<u>RACE</u>			
AFRAM (n=32)	2.3	2.4	1.4
AMIND (n=8)	6.1	5.1	2.9
BIRAC (n=12)	3.3	3.2	1.5
CAUC (n=18)	4.2	3.4	1.6
n=70	3.4	3.1	1.6

SPECIAL NEEDS ADOPTION :  
CHARACTERISTICS OF CHILDREN WHO WAIT  
-----CONSENT FORM-----

You are invited to participate in a research study which will examine the characteristics of child who are wards of the State of Minnesota, receiving guardianship services within the Hennepin County Children and Family Services Department Adcption Program. You were selected as a possible participant because you are the social worker assigned to a portion of the guardianship cases which are being reviewed as part of this study. We ask that you read this form and ask any questions before agreeing to be in the study. This study is being conducted by Sandra K. Taylor Nelson, Master of Social Work student at Augsburg Ccllege, Minneapolis.

The purpose of this research is to determine what characteristics are common among a population of children with open cases in the Adoption Program, including demcgraphic, out-of-home placement, and special needs information.

Approval has been obtained from Margaret Lonergan, Division Manager, which allows me to access data included in guardianship case records for the purpose of this research. If you agree to participate in this research, ycu will be asked to do the following: (1) be available, at a time to be scheduled later, to answer follow-up questions regarding case record information which the researcher was unable to locate independently; and (2) to answer two questions per case, based upon your experiences with that case. YOUR ENTIRE CASELOAD WILL NOT BE INCLUDED IN THIS STUDY. ONLY ONE-THIRD OF YOUR CASELOAD WILL BE PART OF THE STUDY SAMPLE.

There are no expected risks to you should you ccnsent to participate in this study. Your participation is completely voluntary. If, at any time during the study, you wish to terminate your involvement in the study, you should feel free to do so. Your decision whether or not to participate will nct affect your current or future relationship with Augsburg College or the Hennepin County Children and Family Services Department Adoption Program.

The records of this study will be kept private. Your name will not be published in the research report, and case numbers will be used to identify the sample only during the data collection process. All data collection materials will be destroyed no later than July 1, 1994. Only the researcher will have access to the data collection forms.

The researcher conducting this study is Sandra K. Nelson. Please ask any questions which you now have. If you have questions at a later time, please ccontact the researcher at 348-8214 (daytime) or the thesis advisor, Rosemary Link, at 330-1147.

\* I have read the abcve information. I have asked questions and have received answers. I consent to participate in the study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of investigator \_\_\_\_\_

Date \_\_\_\_\_

This form will be used to collect data from guardianship case records. In addition, this same form will be used to ask social workers follow-up questions as necessary and to ask social workers questions 17 and 18.

CASE#

DATA COLLECTION FORM/  
INTERVIEW GUIDE: Guardianship Cases

(1) AGE AT LAST BIRTHDAY: \_\_\_\_\_

(2) SEX: Male ( ) Female ( )

(3) RACE: African American ( )      Caucasian ( )  
         American Indian ( )      Hispanic/Latino ( )  
         Asian American ( )      Other \_\_\_\_\_  
         Biracial \_\_\_\_\_ ( )

(4) CURRENT PLACEMENT STATUS: Foster Care ( )  
   Long-term foster care ( )  
   Shelter care ( )  
   Legal custody ( )  
   Preadoptive ( )  
   Finalized adoption ( )  
   Other \_\_\_\_\_

WITH SIBLINGS? YES ( ) NO ( ) NUMBER \_\_\_\_\_

(5) CURRENT PERMANENCY PLAN: Long-term foster care ( )  
   Adoption ( )  
   Legal custody ( )  
   Other \_\_\_\_\_

WITH SIBLINGS? YES ( ) NO ( ) NUMBER \_\_\_\_\_

(6) CHILD FIRST ENTERED OUT-OF-HOME PLACEMENT:  
( ) less than 6 months ago  
( ) 7 to 12 months ago  
( ) 13 to 24 months ago  
( ) 25 months to 3 years ago  
( ) more than 3 years ago



(7) CHILD HAS BEEN IN CONTINUOUS OUT-OF-HOME PLACEMENT

- FOR: ( ) less than 6 months  
( ) 7-12 months  
( ) 13-24 months  
( ) 25 months to three years  
( ) more than 3 years

(8) Total number of shelter foster care placements: \_\_\_\_\_

(9) Total number of foster care placements: \_\_\_\_\_

(10) Total number of disrupted foster care placements: \_\_\_\_\_

(11) Total number of preadoptive placements: \_\_\_\_\_

(12) Total number of disrupted preadoptive placements: \_\_\_\_\_

(13) If adoption is the permanency plan, length of time  
child has been available and waiting for an adoptive  
resource: \_\_\_\_\_

(14) CHILD HAS BEEN DIAGNOSED WITH:

- Antisocial Personality Disorder
- Attention Deficit Disorder
- Attention Deficit Disorder  
with Hyperactivity
- Autism
- Brain injury
- Cerebral Palsy
- Chronic medical condition (specify) \_\_\_\_\_
- Conduct Disorder
- Depressive Disorder
- Developmental Delay
- Emotional/Behavioral Disturbance
- Failure To Thrive
- Fetal Alcohol Effect
- Fetal Alcohol Syndrome
- Hearing impairment
- Mental Retardation
- Oppositional Defiant Disorder
- Organic Mental Disorder
- Personality Disorder
- Physical impairment (specify) \_\_\_\_\_
- Post-Traumatic Stress Disorder
- Prenatal Exposure To Chemicals
- Reactive Attachment Disorder
- Schizophrenia
- Seizure disorder
- Speech impairment
- Terminal medical condition (specify) \_\_\_\_\_
- Tourette's Syndrome
- Visual impairment
- Other \_\_\_\_\_
- Other \_\_\_\_\_

(15) CHILD'S BEHAVIOR/CONDITION HAS BEEN LABELLED THE FOLLOWING IN EFFORTS TO SEEK PLACEMENT RESOURCES (such as in the Minnesota Waiting Children's book or in foster care referral forms):

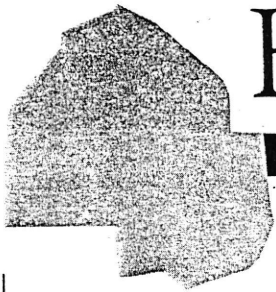
- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive         | <input type="checkbox"/> Passive           |
| <input type="checkbox"/> Assaultive         | <input type="checkbox"/> Runner            |
| <input type="checkbox"/> Cocaine/crack baby | <input type="checkbox"/> Self-injurious    |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Firesetter         | <input type="checkbox"/> Sexually Active   |
| <input type="checkbox"/> Hyperactive        | <input type="checkbox"/> Suicidal          |
| <input type="checkbox"/> Noncompliant       | <input type="checkbox"/> Withdrawn         |
| <input type="checkbox"/> Other _____        |  |
| <input type="checkbox"/> Other _____        |  |

(16) WHICH OF THE FOLLOWING SERVICES, SPECIFIC TO THEIR GIVEN LABEL/DIAGNOSIS, IS THIS CHILD RECEIVING:

- Mental Health Services  
specify \_\_\_\_\_
- Medical Services  
specify \_\_\_\_\_
- Special Educational Services  
specify \_\_\_\_\_
- Other \_\_\_\_\_

(17) BASED UPON THE INFORMATION YOU RECEIVED ABOUT ANY DISRUPTION(S), HOW WOULD YOU DESCRIBE WHAT THE PRECIPITATING FACTORS WERE ?

(18) OVERALL, HOW WOULD YOU DESCRIBE THE IMPACT (IF ANY) WHICH THE CHILD'S LABELS/DIAGNOSES HAS HAD ON THEIR OUT-OF-HOME PLACEMENT OUTCOMES?



# Hennepin County

An Equal Opportunity Employer

James M. Bourey, County Administrator

Sandra K. Nelson  
3945 Perry Ave. N.  
Robbinsdale, MN. 55422

March 14, 1994

This letter is in response to your request for approval to conduct your graduate thesis research within the Hennepin County Children and Family Services Department Adoption Program. Copies of your application to the Augsburg College Institutional Review Board and your data collection form have been reviewed by the necessary people within the agency, and you have received approval to conduct your research as outlined in the IRB application.

Sincerely,

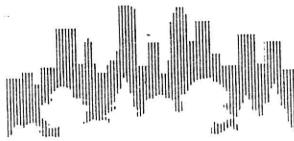
Margaret C. Lonergan, LICSW  
Division Manager

**Children & Family Services Department**

Health Services Building - Level 6 MC-955  
525 Portland Avenue South  
Minneapolis, Minnesota 55415-1569  
FAX: 348-7682 TDD: 348-3124

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AUGSBURG



C • O • L • L • E • G • E

March 21, 1994

Sandra K. Nelson  
3945 Perry Avenue N.  
Robbinsdale, MN 55422

Dear Ms. Nelson:

As Chairperson of the Augsburg Institutional Review Board, I am pleased to inform you that your research application, "The effects of labels and diagnoses on outcomes for children in out-of-home placement" has received approval. With this approval, you may proceed with your data collection. If the project requires modification during data collection, please alert the IRB to such changes.

Your IRB approval number for this project is: 94-44-1

Good luck with your research.

Sincerely,

Nancy Steblay, Ph.D.  
Chairperson  
Augsburg Institutional Review Board

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