

Beyond Foster Care: Exploring Continued Child Needs and Advocacy Priorities

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INTRODUCTION

According to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), over half of the children in foster care have experienced some form of early adversity. Supporting favorable outcomes for these children in the emotional and academic domains has received increased research focus (Healey & Fisher, 2011; McDermott et al., 2012), however, paradoxical patterns of stable or greater developmental, educational and emotional needs has been noted among children adopted out of foster care (Zill & Bramlet, 2014). To further understand the range of child needs, as well as services desired, barriers to accessing services and priorities for advocacy efforts we designed the Massachusetts Survey of Kinship, Foster, and Adoption Placements. From the larger dataset collected, this project compares responses from caregivers with children in foster care (FC) to those with children adopted from foster care (A-FC). The overall aims of the current study were to:

- > Compare needs and desired services among children in and adopted from foster care
- > Identify high priory areas of advocacy efforts for these children and their families
- > Determine whether child gender influences the needs and services among these families

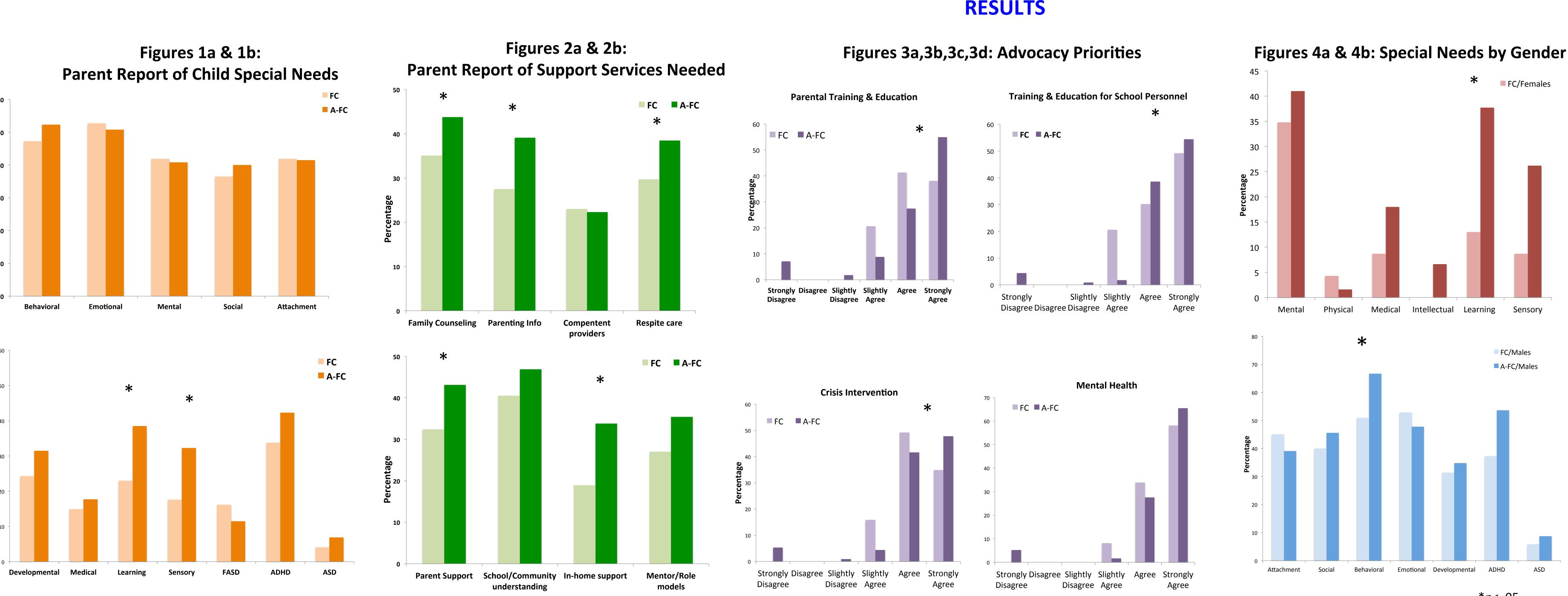
METHODS

Participants

Respondents were foster care parents (FC) and parents of children adopted out of foster care (A-FC) from the northeast region of the United States. Combined they reported on 232 children (A-FC=146, FC=86) who joined their families before 18 years of age (Mage = 9.93 yrs).

Survey Administration

The survey was disseminated on the Rudd Adoption Program Webpage and via their adoption research listserve.Participants were provided with an electronic consent form describing the study prior to completing survey questions using Survey Monkey software.



> Despite placement in a permanent family setting, A-FC children had high levels of special needs and in comparison to children in FC their needs were greater in the areas of intellectual disabilities, learning disabilities and sensory integration issues $(X^{2's} \ge 3.88, p's \le .049)$. See Figures 1a & 1B.

RESULTS

- > Families of A-FC children reported a greater need for parenting info, in-home support, special testing in school, family counseling and respite care $(X^{2's} \ge 3.72, p's \le .054)$. See Figures 2a & 2B. These families also reported difficulty in knowing how to find services as a significant barrier in helping their children ($X^2(1)=4.21$, p=.040).
- > Caregivers of A-FC children designated multiple areas for advocacy efforts, including adoption/foster competency training for parents & professionals, crisis intervention services, parent training & education and school personnel training & education $(X^{2's} \ge 11.03, p's \le .05)$. See Figures 3a-3d.
- > Compared to caregivers of girls in FC, caregivers of girls A-FC identified higher rates of developmental delays, learning disabilities (See Figure 4a), greater difficulty not knowing how to find services and indicated school personnel training (X^2 's ≥ 4.991 , p's $\leq .046$) as a key advocacy priority.
- \triangleright Among males behavioral issues ($X^2(1)=3.751$, p=.053) were greater in A-FC compared to FC boys (See Figure 4b).
- > Caregivers of A-FC boys also designated a wider range of service needs including: connections with other adopted/FC children, parenting information, in-home support, special testing, tutoring, family counseling, providers who accept Medicaid/Mass Health insurance, parent support groups and respite care (X^2 's ≥ 4.303 , p's \leq . 038). Key advocacy priorities among families with A-FC boys were competency training, crisis intervention, parent who halved with study as the Special thank the children and families who participated in this study as well the undergraduates research education & training and school personnel training & education (X^2 's ≥ 9.337 , p's $\leq .025$).

DISCUSSION

Overall the results underscore greater developmental, emotional and educational needs reported among children adopted from FC compared to children who are currently in FC . Such patterns suggest *under-identification* of these needs in FC children, which may hinder the potential effectiveness of early interventions.

The current study also uniquely provides important insights regarding critical next steps to providing adequate support to families who have adopted children from FC. Primary among these steps are: 1) helping families find more direct access to services for their children, 2) strengthening crisis intervention services, and 3) increasing adoption/foster care training for professionals, educators and parents.

Moreover, specific needs and advocacy effort also varied by child gender with parents of A-FC girls indicating particularly strong needs in education services and parents of A-FC boys calling for increased family support services. Combined, these results emphasize the importance of considering child gender when designing service and training programs.

Healey, C.V. & Fisher, P.A. (2011). Young children in foster care and the development of favorable outcomes.

McDermott, J.M., Westerlund, A., Zeanah, C.H., Nelson, C.A. & Fox, N.A. (2012). Early adversity and neural correlates of executive function: Implications for academic adjustment. Developmental Cognitive

Zill, N. & Bramlet, M.D. (2014). Health and well-being of children adopted from foster care. Children and Youth Services Review., 40, 29-40. **ACKNOWLEDGMENTS**

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