

The Importance of Family Support Services in Adoption, Foster Care, and Kinship Care

This publication’s purpose is to help you and other State, Tribal, and Territorial child welfare administrators meet your goals of keeping children and youth safe and ensuring that adoptive, foster, and kinship careⁱ parents have the support they need to raise children who have experienced the trauma of abuse, neglect, and separation from their birth parents. As you and other administrators know better than most, State, Tribal, and Territorial child welfare agencies face significant challenges as they seek to meet many goals, often with limited means. In this chapter, we highlight some specific ways supporting children and families can help you meet your child welfare system’s goals. We also explore the needs of children and youth in adoption, foster care, and kinship care, and explain how services can help these children and their families.

Challenges Facing State, Tribal, and Territorial Child Welfare Leaders

Ensuring Safety, Permanency, and Well-Being of Children in Care

Child welfare administrators are responsible for ensuring the safety, permanency, and well-being of children and youth in their care. Specific goals identified in the federal Child and Family Services Review include:

- Children have permanency and stability in their living situations.
- Families have enhanced capacity to provide for their children’s needs.
- Children receive adequate services to meet their physical and mental health needs.²

In a report on the 2007 and 2008 Child and Family Services Reviews, the National Conference of State Legislatures notes, “[B]etter state performance for Permanency Outcome 1 [children have permanency and stability in their living situations] is correlated with strong state performance in . . . assessing the needs of the children, parents and foster parents and providing services that meet those needs.” Services for parents and children were also seen as important in achieving better outcomes on the Child and Family Services Reviews’ well-being goals.³ In a review of states’ Program Improvement Plans, the Children’s Bureau cites support of foster parents as a strategy to improve safety in foster care. In addition, assessment of needs and provision of services was associated with better permanency outcomes and more placement stability. On the other hand, the review notes that lack of services to foster and relative caregivers and a lack of services to address children’s education, physical health, dental health, and mental health needs were concerns for states in seeking to meet their child and family well-being goals.⁴

i The term adoption in this guide includes customary adoptions performed by tribes without termination of parental rights. Kinship care refers to children and youth living with relatives and others connected to them without their parents present, often outside the formal foster care system. Relatives can also be foster caregivers and adoptive parents. Programs serving kinship care families often serve both those outside the foster care system and relative foster parents.

Providing support to adoptive, foster, and kinship care families can go a long way to helping you meet these specific goals. As the research described below demonstrates, family support programs increase stability for adoptive, foster, and kinship care families, enhance families' ability to meet their children's varied needs, and ensure children have access to needed services.

Recruiting Families for Children and Youth in Care

States, Tribes, and Territories often face challenges recruiting safe, caring families for thousands of children and youth in foster care and adoption and for identifying relatives who can meet the needs

of children who cannot safely remain with their birth parents. As explored in more detail below, successful support programs can help increase the effectiveness of your recruitment, prospective parent development, and retention efforts for families for children who need them. Support services can reassure prospective families they will not be alone as they seek to meet their children's needs. Some specific diligent recruitment requirements, as described by the Children's Bureau, have

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close links to the work of engaging and supporting families to enable them to meet the needs of children in foster care. These requirements include:

- Procedures for consistently updating the characteristics of children in care utilizing information and analysis of AFCARS data and other data available to the State, region, or county
- Procedures for ongoing analysis of the current pool of available foster and adoptive placement resources
- Utilization of a “customer service” model in responding to prospective foster and adoptive parents, to reduce the dropout rates
- Procedures or processes to address barriers presented by the agency, in order to increase the rate of retention of prospective foster and adoptive parents and to reduce the dropout rates
- Procedures for training staff to engage effectively with diverse cultural, racial, and economic communities who are reflective of the children and youth in foster care
- Procedures for providing training to prospective foster and adoptive parents regarding the characteristics, needs, and issues of children and youth who have experienced trauma, as well as adoption clinical issues⁵

Because family support services can help with your efforts to recruit, prepare, and retain families, they can help you meet the above requirements and other recruitment and retention challenges. For example, as part of a study of barriers to adoption, both adoptive parents and adoption professionals noted a lack of post-adoption services as a barrier to adoption from foster care.⁶ In interviews conducted as part of the Wendy's Wonderful Kids evaluation, Ellis found the most common reasons prospective adopters decided not to adopt included concern about their ability to meet the child's needs and worry about a lack of supportive services to help them meet those needs. The report notes:

Consistent with past research, this study found that a lack of available community resources was perceived as a barrier in achieving a successful adoption. It is uncertain whether this finding is also an indication of a lack of awareness of the community services that are available. Nonetheless, it is important for child welfare agencies to keep abreast of the needs of prospective adoptive families and develop partnerships with community agencies, particularly mental health agencies, respite or temporary residential programs, and Medicaid offices to ensure that commonly needed services are (or become) available. This will be essential in addressing such reported issues as feeling unable or unprepared to meet the needs of the child they are trying to adopt and having difficulty integrating the child into their existing families.⁷

Providing services and helping families connect with those services is one clear way to increase the pool of successful adoptive families. In a paper on the importance of post-adoption services, Casey Family Services notes:

We have found that the recruitment of prospective adoptive parents and the provision of post-adoption support and services are integrally related . . . Assurance of the availability of services and support following adoption has been found to play a critical role in many adoptive parents' decisions to go forward with the adoption of children in foster care — whether children are adopted by their current foster families or new families recruited for them (Freundlich 1997).⁸

A Child Welfare Information Gateway bulletin on post-adoption services also notes support and services seem to help prospective adopters make the decision to adopt.⁹

Other researchers echo these findings. Haugaard et al. write:

Postadoption services remain critical to family recruiting and to effective family functioning after placement.¹⁰ In a study of the obstacles to adoption for the longest waiting children in New York, Avery surveyed social workers about what might improve the likelihood of adoption. At the top of the list were respite services, more effective adoptive parent training, and intensive post-placement services, including intensive psychiatric and medical support services.¹¹

Preparing Families to Meet the Needs of Children and Youth

Providing post-placement services doesn't just help recruit prospective parents and caregivers, it also can better prepare agencies to train and develop families to meet the needs of the children and youth in care. Agencies and organizations that offer both pre-placement preparation and post-placement support report that the ongoing contact their staff have with adoptive, foster, or kinship care families improves the agency's overall ability to prepare other parents to care for children who have experienced trauma. For example, post-placement support staff are able to report trends in service needs so the agency can shape the type and length of pre-placement training it offers. Organizations offering both pre- and post-placement support services have also been able to increase the depth and intensity of the information and support they provide to prospective parents as a result of their in-depth knowledge about what families need shortly after placement and for years to come.

Agencies and organizations providing post-placement support are also likely to have a pool of experienced adoptive, foster, and kinship care parents who can help inform, develop, mentor, and support prospective parents and caregivers. Hearing from parents who are successfully parenting children in adoption, foster care, or kinship care can be a valuable learning experience for those new to the process.

Increasing Retention of Foster Families

In addition to supporting permanency efforts, support services help retain foster parents. Based on their review of the literature on foster care placement stability, Brown and Calder note support to foster parents is associated with improved retention and decreased placement failure.¹² The National Resource Center on Permanency and Family Connections cites recruitment, assessment, support and training of caregivers, and placement-specific services as key issues in foster placement stability.¹³ The Annie E. Casey Foundation reports that in the communities it has served, as many as 40 percent of foster parents stop providing foster care due to lack of agency support.¹⁴

Being a Responsible Steward of Government Funds

Although your ultimate goals focus on the needs of children and families, there is no question administrators must also be conscious of the limited financial resources available for child welfare services. Two in-depth economic analyses found that adoptions from foster care, even those where support

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is provided, save significant public funds. One found that each adoption saved between \$90,000 to \$235,000 in public costs, and even more in private costs.¹⁵ The other found that the 50,000 adoptions each year in the United States saved from \$1 billion to \$5 billion.¹⁶ Family support

services can help achieve these savings in two ways — first, they make adoption more appealing to families concerned about children’s future needs; second, they help ensure children remain with their adoptive family and don’t re-enter foster care.

Supporting foster and kinship care families can also be a judicious use of limited government funds. Each move in foster or kinship care costs money. It means another family to recruit and train, and of course means a child has to experience the trauma of another loss and the difficulty of another transition.

In a review of research on foster care placement stability, Pecora explains the impact: “Placement changes disrupt service provision, stress foster parents (thereby lowering retention rates), take up precious worker time, and create administrative-related disruptions (e.g., Brown & Bednar, 2006; Flower et al., 2005; James, 2004).”¹⁶ Researchers in the United Kingdom discovered that each time a child is moved in foster care, the costs of finding the next placement increased substantially.¹⁸ In addition, states and tribes can face financial penalties if they are unable to meet their placement stability goals in the Child and Family Services Review.

The Needs of Children and Youth in Adoption, Foster Care, and Kinship Care

Decades of research have demonstrated that many children in foster care and kinship care and children who have been adopted from care have specific challenges, disabilities, and often complex needs. First and foremost, they have suffered trauma — at a minimum, the trauma of removal from

their family of origin but often the trauma of having experienced abuse or neglect at the hands of previous caregivers. Depending on their family history, these children may also have genetic predispositions to certain mental illnesses. Many have been exposed prenatally to drugs or alcohol, which can cause irreversible brain damage. In American Indian and Alaska Native communities, higher rates of parental substance abuse¹⁹ mean that more children in foster care, adoption, and kinship care may be affected by fetal alcohol spectrum disorder or the other effects of prenatal exposure to drugs and alcohol.²⁰

A national study of children and youth in the child welfare system found more than 70 percent had experienced chronic or repeated trauma.²¹ The trauma, abuse, and neglect children experience have serious, often lifelong repercussions. Recent research suggests childhood trauma and abuse affects brain development and has consequences throughout an individual's life. Among other things, complex trauma can affect children's ability to express and control emotions, concentrate, handle conflict, form healthy relationships, interpret social cues, and distinguish safe from threatening situations. By adolescence, many children who experienced complex trauma can be hyper-vigilant and physically reactive, which takes a physical and emotional toll.²²

Increased Medical, Mental Health, and Behavioral Needs of Children and Youth in Foster Care

For years, researchers have documented that children in foster care and adopted from foster care have significantly more challenges than their peers who have not had these experiences. In a review of the health needs of children in care, Lewis et al. report, "The health and emotional needs of children in foster care are complex. The prevalence of chronic conditions among foster children has been estimated at between 30 and 80%. An estimated 25% of foster children have 3 or more chronic conditions." They also note many children in foster care are below the fifth percentile for height and weight, and face common medical issues such as respiratory problems, skin conditions, dental problems, anemia, and vision and hearing difficulties.²³

Research emphasizes that children in foster care are also at a higher risk for mental health problems due to their early experiences. Lewis et al. explain, "Depression, reactive attachment disorders, acute stress responses, and post traumatic stress disorders are some of the common mental health diagnoses of children in foster care."²⁴ Kerker and Dore write that entry into care compounds children's existing problems, "Although children frequently enter foster care with preexisting conditions that put them at high risk for mental health problems, . . . the very act of separating children from their biological family may affect children's mental health as well."²⁵

These difficulties affect even the youngest children in care. Analyzing data from the National Survey of Child and Adolescent Well-Being (NSCAW), researchers found, of the more than 2,000 children age five and younger who had experienced suspected or substantiated abuse or neglect, about half of children under age three and almost 40 percent of children ages three to five had serious behavioral or developmental difficulties. The researchers note the rate of significant behavioral difficulties is from 3 to 6 percent in the general population of preschoolers.²⁶

Instability in Foster Care

A systematic review of literature on placement disruptions in foster care showed that children who were older, had more behavioral problems, had a history of residential treatment, or had multiple prior placements were most likely to experience an unplanned move. Factors that seemed to mitigate risk of placement disruption included support from caseworkers and others and family resources.²⁷

Instability in foster care can make the problems caused by abuse and neglect even worse. In a study of children in foster care in San Diego County, Newton et al. found moves in care contributed to negative internalizing and externalizing behaviors. Their study showed, for children who had originally scored in the normal range on behavior scales, the number of placements was strongly correlated with increasing behavior problems.²⁸ Using NSCAW data and taking into account children's initial behavioral status, Rubin et al. also found placement instability had a significant negative impact on children's well-being.²⁹

Challenges Continue in Adoption

The challenges facing children and youth in foster care do not go away with adoption finalization. Years of research have shown these children experience lifelong impacts as a result of their early traumatic histories. Many children adopted from care have special physical, mental health, and developmental needs. Studies show these children are at heightened risk of moderate to severe health problems, learning disabilities, developmental delays, physical impairments, and mental health difficulties.³⁰

After an extensive review of the literature, Houston et al. explain it this way:

Children adopted out of substitute care often present complex histories of physical abuse, neglect, sexual assault, drug exposure, HIV exposure, and disrupted attachments (Howard, Smith, & Ryan, 2004; Lakin, 1992; Wind, Brooks, & Barth, 2005; Zosky, Howard, Smith, Howard, & Shelvin, 2005). An assessment of previously abused and neglected children receiving post-adoption services in Illinois revealed that 65% were depressed, 47% were suffering from posttraumatic stress disorder, and 79% experienced problems of separation, loss, and attachment (Smith & Howard, 1994). Moreover, when compared with nonadopted children and children adopted as healthy infants, children adopted out of foster care have significantly lower levels of school and social functioning (Howard et al., 2004). When young children begin their formative years under such traumatic conditions, the transition to a stable adoptive family life may be challenged.³¹

In its report on the need for post-adoption services, the Donaldson Adoption Institute explains most adopted children fare well and function normally, but many do not, especially those adopted from foster care. The report cites a number of factors that make it more likely for children to face difficulties, including:

- Prenatal malnutrition and low birth weight
- Prenatal exposure to alcohol, drugs, and other toxic substances
- Older age at adoption

- Early deprivation, including institutionalization and chronic neglect
- Physical, sexual, or emotional abuse
- Number of placements before adoption
- Emotional conflicts related to loss and identity issues³²

These factors are seen frequently in children adopted from foster care, especially those who have been in care for longer periods or who are older at adoption. Other analyses have found that older age at adoption is associated with more difficult parent-child relationships, which are in turn correlated with worse school performance and increased need for therapeutic services.³³

In a 2014 study on adoption needs and stability, the Donaldson Adoption Institute found:

- About 10 percent of children and youth adopted from care reenter care at some point.
- Another 10 percent leave their family's home for varying lengths of time, but without re-reentering the foster care system.
- From 20 to 30 percent of children, youth, and families face serious challenges and would likely benefit from adoption-competent and trauma-informed therapeutic services.³⁴

Challenges in School

As a result of their early life experiences and many moves and transitions, children and youth in foster care and adoption are also more likely to have difficulty in school than other children. For example, children and youth in foster care are more likely to repeat a grade, do worse on standardized tests, or drop out of school. Many of these children change schools far too often as they change placements, and school moves hinder academic achievement and increase risks of dropping out. Children in foster care and those adopted from care are also more likely to receive or need special educational services than other children and youth.³⁵ As noted above, many of these children and youth also have behavioral issues, disabilities, and other challenges, which may make succeeding in school more challenging.

Special Issues Related to Being in Care or Being Adopted

In addition, children in adoption, foster care, and kinship care often have specific issues and needs related to their family status. Silverstein and Kaplan, for example, identified seven core adoption issues common to adoptees: loss, rejection, guilt and shame, grief, identity, intimacy, and mastery and control.³⁶ Smith et al. found the negative behaviors seen in many children adopted from care typically stem from unresolved, underlying emotional issues including grief, depression, a poor sense of identity, and fear.³⁷

Children in foster care often have the same underlying traumas and resulting coping behaviors. They may also experience shame related to their living situation and may be excluded from normal childhood activities such as field trips, sleepovers, and after-school activities. In kinship care, children may face difficulties negotiating family identities and boundaries as a grandmother or uncle becomes a parent. The National Resource Center on Permanency and Family Connections identifies

the following clinical issues, among others, kinship caregivers may face: interruption of their life plans, fear of contributing to family disruption, guilt, embarrassment, anger at birth parents or agencies, conflicted loyalties, outdated or forgotten child-rearing practices, and stress.³⁸

In one of the few research efforts asking adopted children about their need for support, Ryan and Nalavany spoke with a small sample of youth age 12 and older who were adopted in Florida. The youth cited two of their top challenges as integrating into a new family and accepting the family as their own. Other issues listed by the youth included grieving the loss of their previous family, making new friends, and adjusting to a new school. The researchers found youth were often afraid to approach others to seek help with the challenges they faced.³⁹

The Needs of Adoptive, Foster, and Kinship Care Parents

As a result of the many challenges their children face, families in adoption and foster care frequently express a need for additional support services beyond what is currently provided. Adoptive, foster, and kinship care parents all begin with the challenge of integrating a new child or children into the family. The children must get to know the parents and vice versa, as they learn one another's preferences, rules, and personalities, and develop a new family culture. Even after an initial transition, children and their families continue to face issues as they get to know one another. Family life may even get more difficult once children feel comfortable enough to express their true feelings.ⁱ

Adoptive Families' Ongoing Support Needs

Without doubt, service needs remain over time, long past the initial transition period. In a survey of more than 1,000 adoptive parents across the United States and Canada, the North American Council on Adoptable Children found that many families' support needs arose years after the adoption. As one parent observed, "Sometimes kids get over the initial issues, do quite well, and then something comes up that causes issues to rise again We've found that . . . [later on] counseling isn't as available as it is for kids who are newly adopted."⁴⁰ Reilly and Platz, in a study of children adopted from care in Nevada, found behavior problems increased the longer a child was in the home.⁴¹

Other research has shown adoption issues and behavioral or emotional difficulties can become more challenging during the teen years when adolescents are undergoing biological and emotional changes. Rosenthal and Groze's longitudinal study of children showed increased difficulties several years after adoption, particularly in adolescence. They note, "The study's core finding — one that those in the special-needsⁱⁱ adoption field know from their everyday practice experience — is that 'problems' in special needs adoption do not dissipate in steady, predictable fashion. Instead, children and fami-

i The National Resource Center for Adoption's [Adoption Competency Curriculum](http://spaulding.org/nrca-historical-documents/) (available at <http://spaulding.org/nrca-historical-documents/>) has resources to help workers ensure families understand the phases of adoption adjustment and the need for support from the beginning. See Handout 1 in the chapter on post-adoption services. Handout 8 is designed to help families and children specifically with the adjustment phase.

ii The Children's Bureau and AdoptUSKids are moving away from the use of the term "special needs" to describe children in adoption, foster care, and kinship care. However, much of the field continues to use the term so it is used in a few quotes in this publication.

lies continue to present complex challenges over the course of the adoption. In particular, behavioral problems are quite persistent and may even intensify.”⁴² Anderson’s study of adoptive families served by a post-adoption support program in Pennsylvania had similar findings — parents’ needs were remarkably similar, whether the adoption happened many years ago or very recently.⁴³

Based on her experience serving foster, adoptive, and kinship care families for more than 20 years, therapist Deena McMahon explains why families’ support needs continue over time, “The physical and emotional toll of caring for traumatized children can be overwhelming. Children can project hurt onto parents and, at the same time, blame parents for feelings of loss and despair. Parents must understand both the complexities of foster care and adoption, and their child’s unique needs.”⁴⁴

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Given the issues they face, adoptive, foster, and kinship caregivers have long expressed a need for supportive services. In their survey of adoptive parents in Nevada, Reilly and Platz identified the top needs of adoptive families as respite, other in-home services, and counseling. Their study showed parents whose needs weren’t met were more likely to have poor relationships with their children and challenges with family life.⁴⁵ After conducting interviews with families who adopted from foster care in New York City, Festinger reports families often felt abandoned after adoption and didn’t know where to turn for information and support. Parents expressed a need for numerous and varied services including educational support, home assistance, mental health services, health services, and other supports.⁴⁶

In their evaluation of an adoption support program in Virginia, Atkinson and Gonet found parents’ top reasons for seeking support were children’s behavior problems, school-related issues, adoption issues, attachment issues, and social adjustment problems. These parents found services such as support groups and support from specialists, adoption-competent counseling, and respite to be helpful at meeting their needs.⁴⁷ Harwood et al. emphasize that, for children adopted after infancy, adoptive parents may need support from adoption-informed professionals to build positive relationships with children and reduce the impact of their child’s special health needs.⁴⁸

Foster and Kinship Care Families Have Similar Support Needs

Foster and kinship care parents have similar needs. The National Resource Center on Permanency and Family Connections notes foster parents may end placements as a result of fatigue and burnout, stress, feelings of being misunderstood, or lack of support or information from their agency.⁴⁹ Vig et al. report foster parents need ongoing support and training to meet the needs of children with a variety of challenges and disabilities. For example, for children with developmental disabilities, parents need training about child development, information about community resources, and connections with other parents to share experiences and ideas.⁵⁰ Sobsey, who has studied children with disabilities for years, reports that research suggests having a child with a disability increases parental stress and decreases marital satisfaction.⁵¹

In a needs assessment conducted by the National Resource Center for Tribes, tribal foster parents expressed a need for education and counseling to help children and youth who have serious mental health or behavior problems. They also noted the link between behavior problems and placement moves for children and youth in care.⁵²

Based on an extensive review of the literature on foster parent training and support, Piescher et al. listed the following support needs of kin and non-kin foster parents: help working with birth families, respite care, support groups and social support, and support from the agency and caseworker.⁵³ Kinship caregivers may have even more support needs than other foster parents since a number of studies have shown they have fewer resources and receive less training and support than non-relative foster parents.⁵⁴

Many parents in adoption, foster care, and kinship care feel isolated and alone as they struggle with issues their friends, neighbors, and family may not understand. They often report feeling abnormal or out-of-place in their community. Smith and Howard explain that adoptive families may be — or feel — criticized by their neighbors for children’s behaviors and neighbors may not want their children to play with children who have emotional or behavioral difficulties. Participation in community or school activities may also be off-limits, only increasing families’ feelings of isolation. Eventually parents may feel hopeless or exhausted by their efforts to meet the needs of the most challenging children.⁵⁵ Although this research focused on adoptive families, foster and kinship care families face the same experiences and emotions as they raise children who have experienced trauma and who have resulting challenges.

Post-Placement Support Helps Children, Youth, and Families

The list of challenges facing children and youth in adoption, foster care, and kinship care is long, and the challenges can have a serious negative impact on the entire family. Research on adoption disruption or dissolution has shown the children most at risk of adoption failure are older children, sibling groups, and children with behavioral, legal, or psychological difficulties.⁵⁶ Studies on foster care have shown that children with behavioral problems are most likely to experience multiple placements while they are in care.

Support Helps Keep Families Together and Improves Family Functioning

Fortunately, support services have been shown to help both children and their families. Services may reduce children’s challenges or simply enable families to cope with the problems that won’t go away. With support, families are able to remain committed and effective parents as they raise their children who have complex needs. As a result, support services help keep families together. Smith et al. cite a number of studies showing that the quantity and quality of support provided to adoptive families improves both permanency and adjustment outcomes.⁵⁷

Houston and Kramer note that the “amount and quality of support that adoptive families receive when parenting a child with a history of abuse or neglect is an important factor that contributes to family permanency”⁵⁸ Casey Family Services echoes these findings, “There is evidence of a

strong relationship between providing support to adoptive families as a matter of course or in the form of preventive services and positive outcomes in terms of the health, well-being, and stability of the family”⁵⁹

Zosky et al., in their study of adoptive parents who used Illinois adoption preservation services, reported the following specific ways services helped families succeed:

- Helped them cope with the challenges of raising a child with disabilities and other challenges
- Helped them understand their children better
- Helped diminish the child’s negative behaviors
- Helped them maintain the adoption

The researchers conclude, “During times of budgetary constraint and fiscal retrenchment, one could extrapolate that adoption preservation services are cost-effective in preventing threats to adoption stability that ultimately would be more costly to address.”⁶⁰

Evaluations of 15 post-adoption service programs funded by the Children’s Bureau showed services resulted in:

- Improved parenting skills — A number of projects reported families were better able to deal with challenging behaviors and were better equipped to cope with adoption issues. Parents also expressed more understanding of the effects of childhood trauma on behavior.
- Improved child functioning — Several projects, including those offering support groups for children, reported improvements in children’s well-being or behavior.
- Increases in adoptions — One state program saw a significant increase in the number of children adopted from foster care, and administrators thought the availability of support played a role in this increase.
- Prevention of adoption disruptions — Although no project had a control or comparison group, three of five that tracked disruptions reported no disruptions during the grant period.⁶¹

Ryan and Nalavay, in their study on what adopted children need in post-adoption support, note post-adoption services are generally viewed as the best way to prevent disruption and are also an effective means of reducing adoptive families’ burdens.⁶² In an article with other co-authors, Ryan et al. cite several benefits to post-adoption services, including alleviating adjustment problems, preventing disruption, achieving higher family functioning, and reducing child emotional and behavioral problems.⁶³

Support Can Help Parents Adjust to Difficult Behaviors or Challenges

As noted above, sometimes services can improve a child’s behaviors or improve their mental health issues. In some cases, however, behaviors are not going to change significantly and family support is critical to supporting the parents and improving their resiliency. After studying the effects of one support program on 34 adoptive families, Houston and Kramer explain, “It can be argued that although pre- and post-adoptive supportive resources did not improve child behavioral outcomes,



these supports could nevertheless be beneficial in helping adoptive parents to understand, manage, and cope with their children's difficult behaviors.”⁶⁴

Smith and Howard report that peer support, such as in support groups, is particularly effective at this. They explain, “One important aspect of groups is that they can place issues in context, helping

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members move from seeing their problems as particular to their child and family to understanding them as common and, in light of their children's pasts, expectable. Thus, group participation can normalize feelings.”⁶⁵ Normalizing feelings and experiences is one reason to connect adoptive, foster, and kinship care families with support early in the

process. Connections with others help them understand their role, identify challenges they may face, and allow them to see the successes other adoptive, foster, and kinship care families have achieved.

Clark et al. found something similar in a study of adoptive families in Louisiana:

[T]his study suggested that children's actual functioning may have less impact on successful adoption outcomes than parental perceptions of those behaviors. This conclusion is consistent with Rushton et al.'s (2000) finding that behavioral difficulties per se do not present a major risk for disruption provided the family develops a format in which the behaviors can be managed. For adoption workers, these findings give hope for the placement of children displaying difficult behaviors. Working with families on strategies of coping may increase the likelihood of success.⁶⁶

Thus, support services for parents may be as important in keeping a family together as working with the children themselves.

Support Services Help Foster and Kinship Care Families

Although more research is available on adoption services, foster and kinship care families benefit from support in much the same way adoptive families do. In a review of treatment foster care evaluation studies, Turner and MacDonald write, “. . . targeted selection, training, and support combine to

improve the experience of foster caregivers, and their continued preparedness to foster these challenging children.” They note that support includes direct support but also access to other services.⁶⁷ In his analysis of placement stability and disruption, Crum found the amount of emotional and social support a parent received had a statistically significant impact on increasing foster placement stability.⁶⁸ Pieshcer et al.’s review of foster care program studies indicated a number of ways support services helped relative and non-relative foster families:

- Social support, such as support groups, led to greater satisfaction and improved child behaviors.
- Respite care reduced stress and increased parent satisfaction.
- Online training helped kinship caregivers enhance self-efficacy, increase social support, and build common ground with the children in their care.
- Support from agencies and caseworkers improved retention and reduced caregiver stress.⁶⁹

Supporting adoptive, foster, and kinship care families has important positive effects — helping children and youth, stabilizing families, making recruitment of families easier, and saving money. The rest of this guide will show you how to assess the need for programs, identify model programs you could replicate, and prepare for implementation so you will see these benefits in your community.

ENDNOTES

- 1 Dean L. Fixsen, Karen A. Blase, Rob Horner, and George Sugai, "Readiness for Change." *Scaling-up Brief*, 3 (2009), accessed November 9, 2014, <http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/SISEP-Brief3-ReadinessForChange-02-2009.pdf>
- 2 Administration for Children, Youth and Families, Children's Bureau, Fact Sheet: Child and Family Services Reviews, accessed April 24, 2013, www.acf.hhs.gov/programs/cb/resource/cfsr-fact-sheet
- 3 National Conference of State Legislatures, "State Progress Toward Child Welfare Improvement: Findings from Fiscal Years 2007 and 2008 of the Child and Family Services Reviews" (2010), accessed April 26, 2013, www.ncsl.org/documents/cyf/progress_cw_improvement.pdf
- 4 Children's Bureau, "52 Program Improvement Plans: Strategies for Improving Child Welfare Services and Outcomes" (2012), accessed April 26, 2013, www.acf.hhs.gov/sites/default/files/cb/52_program_improvement_plans.pdf
- 5 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Funding Opportunity Announcement for AdoptUSKids, HHS-2012-ACF-ACYF-CQ-0269 (2012), accessed April 24, 2013, www.acf.hhs.gov/grants/open/foa/view/HHS-2012-ACF-ACYF-CQ-0269/html (The diligent recruitment requirement listed here are just a portion of the requirements. The full list can be found at www.acf.hhs.gov/sites/default/files/cb/52_program_improvement_plans.pdf)
- 6 Ruth G. McRoy and AdoptUSKids Research Team, "Barriers and Success Factors in Adoptions from Foster Care: Perspectives of Families and Staff" (2007), AdoptUSKids.
- 7 Raquel Ellis, "Achieving Successful Adoptions: Voices of Prospective and Current Adoptive Parents from the Wendy's Wonderful Kids Evaluation" (2011).
- 8 Casey Family Services, "An Approach to Post-Adoption Services: A White Paper" (2002).
- 9 Child Welfare Information Gateway, "Postadoption Services: Bulletin for Professionals" (2012).
- 10 Jeffrey J. Haugaard, Alison M. Moed, and Natalie M. West, "Adoption of Children with Developmental Disabilities," *Adoption Quarterly*, 3 (2000), 81-92.
- 11 Rosemary J. Avery, "Identifying Obstacles to Adoption in New York State's Out-of-Home Care System," *Child Welfare*, 78 (1999): 653-671.
- 12 Jason Brown and Peter Calder, "Concept Mapping the Needs of Foster Parents," *Child Welfare*, 79 (2000): 729-746.
- 13 National Resource Center on Permanency and Family Connections, "A Web-based Placement Stability Toolkit," accessed November 9, 2014, www.nccwe.org/toolkits/placement-stability/
- 14 Denise Goodman and Frank Steinfield, "Building Successful Resource Families: A Guide for Public Agencies" (2012), The Annie E. Casey Foundation, accessed August 1, 2014, www.aecf.org/resources/building-successful-resource-families/
- 15 Mary E. Hansen, "The Value of Adoption" (2006), accessed August 1, 2014, www.american.edu/cas/economics/repec/amu/workingpapers/1506.pdf
- 16 Richard P. Barth, Chung Kwon Lee, Judith Wildfire, and Shenyang Guo, "A Comparison of the Governmental Costs of Long-Term Foster Care and Adoption," *Social Service Review*. 80 (2006): 127-158.
- 17 Peter J. Pecora, "Why Should Child Welfare Focus on Promoting Placement Stability?" *Child Welfare 360: Promoting Placement Stability* (2010), The Center for Advanced Studies in Child Welfare, University of Minnesota: 5.
- 18 Patricia Chamberlain and Katie Lewis, "Preventing Placement Disruptions in Foster Care: A Research-Based Approach," *Child Welfare 360: Promoting Placement Stability* (2010), The Center for Advanced Studies in Child Welfare, University of Minnesota: 19-20.
- 19 Substance Abuse and Mental Health Services Administration, "Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings" (2012), accessed November 9, 2014, www.samhsa.gov/data/sites/default/files/Revised2k11NSDUHSummNatFindings/Revised2k11NSDUHSummNatFindings/NSDUHresults2011.pdf

-
- 20 Substance Abuse and Mental Health Services Administration, "Fetal Alcohol Spectrum Disorders among Native Americans" (2007), accessed August 7, 2014, www.fasdcenter.samhsa.gov/documents/WYNK_Native_American_Teal.pdf
- 21 Joseph Spinazzola, Mandy Habib, Angel Knoverek, Joshua Arvidson, Jan Nisenbaum, Robert Wentworth, Hilary Hodgdon, Andrew Pond, and Cassandra Kisiel, "The Heart of the Matter: Complex Trauma in Child Welfare," *Child Welfare 360: Trauma-Informed Child Welfare Practice* (2013), The Center for Advanced Studies in Child Welfare, University of Minnesota.
- 22 Spinazzola et al., "The Heart of the Matter."
- 23 Carol Lewis, Jill Beckwith, Kristine Fortin, and Amy Goldberg, "Fostering Health: Health Care for Children and Youth in Foster Care," *Medicine & Health/Rhode Island*, 94 (2011): 200-202.
- 24 Lewis et al., "Fostering Health."
- 25 Bonnie D. Kerker and Martha Morrison Dore, "Mental Health Needs and Treatment of Foster Youth: Barriers and Opportunities," *American Journal of Orthopsychiatry*, 76 (2006): 138-147.
- 26 Aubryn C. Stahmer, Laurel K. Leslie, Michael Hurlburt, Richard P. Barth, Mary Bruce Webb, John A. Landsverk, and Jinjin Zhang, "Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare," *Pediatrics*, 116 (2005): 891-900.
- 27 Mirjam Oosterman, Carlo Schuengel, N. Wim Slot, Ruud A.R. Bullens, and Theo A.H. Doreleijers, "Disruptions in Foster Care: A Review and Meta-Analysis," *Children and Youth Services Review*, 29 (2007): 53-76.
- 28 Rae R. Newton, Alan J. Litrownik, and John A. Landsverk, "Children and Youth in Foster Care: Disentangling the Relationship between Problem Behaviors and Number of Placements," *Child Abuse & Neglect*, 24 (2000): 1363-1374.
- 29 David M. Rubin, Amanda O'Reilly, Xianqun Luan, and A. Russell Localio, "The Impact of Placement Stability on Behavioral Well-Being for Children in Foster Care," *Pediatrics*, 119 (2007): 336-44.
- 30 Matthew D. Bramlett, Laura F. Radel, and Stephen J. Blumberg, "The Health and Well-Being of Adopted Children," *Pediatrics*, 119 (2007): S54-S60.
- 31 Doris M. Houston and Laurie Kramer, "Meeting the Long-Term Needs of Families Who Adopt Children out of Foster Care: A Three-Year Follow-Up Study," *Child Welfare*, 87 (2008): 145-170.
- 32 Susan L. Smith, "Keeping the Promise: The Critical Need for Post-Adoption Services to Enable Children and Families to Succeed" (2010), Donaldson Adoption Institute, accessed April 24, 2013, http://adoptioninstitute.org/old/publications/2010_10_20_KeepingThePromise.pdf
- 33 Robin Harwood, Xin Feng, and Stella Yu, "Preadoption Adversities and Postadoption Mediators of Mental Health and School Outcomes Among International, Foster, and Private Adoptees in the United States," *Journal of Family Psychology*, 27 (2013): 409-420.
- 34 Susan L. Smith, "Keeping the Promise: The Case for Adoption Support and Preservation" (2014), Donaldson Adoption Institute, accessed August 19, 2014, <http://adoptioninstitute.org/wordpress/wp-content/uploads/2014/05/Keeping-the-Promise-Case-for-ASAP1.pdf>
- 35 National Working Group on Foster Care and Education, "Research Highlights on Education and Foster Care" (2011).
- 36 Deborah N. Silverstein and Sharon Kaplan, "Lifelong Issues in Adoption" (1988), accessed April 24, 2013, www.adopting.org/silveroze/html/lifelong_issues_in_adoption.html
- 37 Susan L. Smith, Jeanne A. Howard, and Alan D. Monroe, "Issues Underlying Behavior Problems in At-Risk Adopted Children," *Children and Youth Services Review*, 22 (2000): 539-562.
- 38 National Resource Center on Permanency and Family Connections, Handout 6.1, "Assessing Adult Relatives as Preferred Caregivers in Permanency Planning: A Competency-Based Curriculum" (2002), accessed November 9, 2014, www.hunter.cuny.edu/socwork/nrcfcpp/downloads/assessing-adult-relatives-as-preferred-caregivers.pdf

- 39 Scott D. Ryan and Blace Nalavany, "Adopted Children: Who Do They Turn to for Help and Why?" *Adoption Quarterly*, 7 (2003): 29–52.
- 40 Kim Stevens, "Post-Adoption Needs Survey Offers Direction for Continued Advocacy Efforts," *Adoptalk* (2011), North American Council on Adoptable Children, accessed May 17, 2013, www.nacac.org/adoptalk/postadoptionsurvey.html
- 41 Thom Reilly and Laura Platz, "Characteristics and Challenges of Families Who Adopt Children with Special Needs: An Empirical Study," *Children and Youth Services Review*, 25 (2003): 781–803.
- 42 James A. Rosenthal and Victor K. Groze, "A Longitudinal Study of Special-Needs Adoptive Families," *Child Welfare*, 73 (1994): 689–706.
- 43 Denise Anderson, "Post-Adoption Services: Needs of the Family," *Journal of Family Social Work*, 9 (2005): 19–33.
- 44 Deena McMahon, "Self-Care: Barriers and Basics for Foster/Adoptive Parents," *Adoptalk* (2005), North American Council on Adoptable Children, accessed May 16, 2013, www.nacac.org/adoptalk/selfcare.html
- 45 Thom Reilly and Laura Platz, "Post-Adoption Service Needs of Families with Special Needs Children: Use, Helpfulness, and Unmet Needs," *Journal of Social Service Research*, 30 (2004): 51–67.
- 46 Trudy Festinger, "After Adoption: Dissolution or Permanence?" *Child Welfare*, 81 (2002): 515–533.
- 47 Anne Atkinson and Patricia Gonet, "Strengthening Adoption Practice, Listening to Adoptive Families," *Child Welfare*, 86 (2007): 87–104.
- 48 Harwood, "Preadoption Adversities."
- 49 National Resource Center on Permanency and Family Connections, "A Web-based Placement Stability Toolkit."
- 50 Susan Vig, Susan Chinitz, and Lisa Shulman, "Young Children in Foster Care: Multiple Vulnerabilities and Complex Service Needs," *Infants & Young Children*, 18 (2005): 147–160.
- 51 Dick Sobsey, "Children with Disabilities in Child Welfare," [handout from a May 7, 2013 presentation at the University of Minnesota], accessed May 16, 2013, <http://casw.umn.edu/wp-content/uploads/2013/05/Sobsey.pdf>
- 52 National Resource Center for Tribes, "Tribal Child Welfare Practice Findings," accessed August 7, 2014, www.nrc4tribes.org/Tribal-Child-Welfare-Practice-Findings.cfm
- 53 Kristine N. Piescher, Melissa Schmidt, and Traci LaLiberte, "Evidence-Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers" (2008), Center for Advanced Studies at the University of Minnesota, accessed August 19, 2014, <http://casw.umn.edu/wp-content/uploads/2013/12/EBFPFTrainingSupportComplete.pdf>
- 54 Gary S. Cuddeback, "Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research," *Children and Youth Services Review*, 26 (2004): 623–639.
- 55 Susan L. Smith and Jeanne A. Howard, "We Never Thought It Would Be Like This: Presenting Problems of Troubled Adoptive Families," in *Promoting Successful Adoptions*. (Thousand Oaks, CA: Sage Publications, 1999).
- 56 Patrick Leung and Stephen Erich, "Family Functioning of Adoptive Children with Special Needs: Implications of Familial Supports and Child Characteristics," *Children and Youth Services Review*, 24 (2002): 799–816.
- 57 Susan L. Smith and Institute Staff, "A Family for Life: The Vital Need to Achieve Permanency for Children in Care: A Policy Perspective from the Donaldson Adoption Institute" (2013), accessed August 18, 2014, http://adoptioninstitute.org/wordpress/wp-content/uploads/2014/01/2013_04_FamilyForLife.pdf
- 58 Houston and Kramer, "Meeting the Long-Term Needs."
- 59 Casey Family Services, "An Approach to Post-Adoption Services."
- 60 Diane L. Zosky, Jeanne A. Howard, Susan L. Smith, Anne M. Howard, and Kristal H. Shelvin, "Investing in Adoptive Families: What Adoptive Families Tell Us Regarding the Benefits of Adoption Preservation Services," *Adoption Quarterly*, 8 (2005): 1–23.

- 61 Child Welfare Information Gateway, "Post-Legal Adoption Services for Children with Special Needs and Their Families; Challenges and Lessons Learned" (2005), accessed May 1, 2013, www.childwelfare.gov/pubs/h-postlegal/index.cfm
- 62 Ryan and Nalavany, "Adopted Children: Who Do They Turn to for Help and Why?"
- 63 Scott D. Ryan, Nina Nelson, and Carl F. Siebert, "Examining the Facilitators and Barriers Faced by Adoptive Professionals Delivering Post-Placement Services," *Children and Youth Services Review*, 31 (2009): 584–593.
- 64 Houston and Kramer, "Meeting the Long-Term Needs."
- 65 Susan L. Smith and Jeanne A. Howard, "No Longer All Alone in the Twilight Zone: Support Groups for Children and Parents" in *Promoting Successful Adoptions: Practice with Troubled Families*. (Thousand Oaks, CA Sage Publications, 1999).
- 66 Pamela Clark, Sally Thigpen, and Amy Moeller Yates, "Integrate the Older/Special Needs Adoptive Child into the Family," *Journal of Marital and Family Therapy*, 32 (2006): 181–194.
- 67 William Turner and Geraldine Macdonald, "Treatment Foster Care for Improving Outcomes in Children and Young People: A Systematic Review. *Research on Social Work Practice*, 21 (2011): 501–527.
- 68 Wes Crum, "Foster Parent Parenting Characteristics That Lead to Increased Placement Stability or Disruption," *Child and Youth Services Review*, 32 (2010): 185–190.
- 69 Piescher, Schmidt, and LaLiberte, "Evidence-Based Practice in Foster Parent Training and Support."
- 70 Sarah McCue Horwitz, Pamela Owens, and Mark D. Simms, "Specialized Assessments for Children in Foster Care," *Pediatrics*, 106 (2000): 59–66.
- 71 Kerker and Dore, "Mental Health Needs and Treatment of Foster Youth."
- 72 Michele D. Hanna and Ruth G. McRoy, "Innovative Practice Approaches to Matching in Adoption," *Journal of Public Child Welfare*, 5 (2011): 45–66.
- 73 Hanna and McRoy, "Innovative Practice Approaches."
- 74 National Resource Center on Permanency and Family Connections, "A Web-based Placement Stability Toolkit."
- 75 Deborah D. Gray, "Attachment-Readiness and Capabilities of Prospective Adoptive Parents" (2007), accessed April 15, 2013, www.prweb.com/prfiles/2007/10/03/200386/NurturingAdoptionsAttachment.doc
- 76 University of Texas at Austin, "Instruction Assessment Resources," accessed May 28, 2013, www.utexas.edu/academic/ctl/assessment/iar/teaching/gather/method/survey-Response.php
- 77 Center for Adoption Support and Education, "7 Core Issues in Adoption," accessed July 1, 2014, www.adoptionssupport.org/res/indexcoreb.php
- 78 David Brodzinsky, "A Need to Know: Enhancing Adoption Competence among Mental Health Professionals" (2013), The Donald Adoption Institute.
- 79 Brodzinsky, "A Need to Know."
- 80 National Resource Center for Tribes, "Tribal Child Welfare Practice Findings."
- 81 National Resource Center for Tribes, "Tribal Child Welfare Practice Findings."
- 82 Maryann Roebuck, "The Strength-Based Approach: Philosophy and Principles for Practice" (2007) accessed July 3, 2014, www.maryannroebuck.files.wordpress.com/2011/11/strength-based-approach.pdf
- 83 Children's Bureau Express, "Direct Service and Organizational Competence Strategies" (2009), accessed August 5, 2014, <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=109§ionid=2&articleid=2710>
- 84 Kristi Hill, "Seminole Tribe of Florida Family Services Department: A System of Care Approach," [handout from a presentation at the annual conference of the National Indian Child Welfare Association, Fort Lauderdale, Florida, April 13–16, 2014].
- 85 National Resource Center for Tribes, "Tribal Child Welfare Practice Findings."

- 86 National Resource Center for Tribes, “Findings from a National Needs Assessment of American Indian/Alaska Native Child Welfare Programs: Executive Summary” (2011), accessed August 7, 2014, www.nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_Exec%20Summary_APPROVED.pdf
- 87 National Resource Center for Tribes, “Findings from a National Needs Assessment.”
- 88 Rob Geen, “Foster Children Placed with Relatives Often Receive Less Government Help,” *New Federalism: Issues and Options for States* (2003), The Urban Institute, accessed August 1, 2014, www.urban.org/publications/310774.html
- 89 Susan L. Smith, “Supporting and Preserving Adoptive Families: Profiles of Publicly Funded Post-Adoption Services” (2014), The Donald Adoption Institute, accessed June 27, 2014, <http://adoptioninstitute.org/wordpress/wp-content/uploads/2014/04/Supporting-and-Preserving-Families.pdf>
- 90 Smith, “Supporting and Preserving Adoptive Families.”
- 91 Child Welfare Information Gateway, “Adoption Assistance by State,” accessed June 18, 2014, www.childwelfare.gov/topics/adoption/adopt-assistance/
- 92 National Resource Center for Adoption, “Adoption Support and Preservation Services: A Continuing Public Interest” (2012), accessed February 7, 2015, <http://spaulding.org/wp-content/uploads/2014/09/ASAP-A-Continuing-Public-Interest-2014.pdf>
- 93 U.S. Department of Health and Human Services and James Bell Associates, “Implementation Resource Guide for Social Service Programs: An Introduction to Evidence-Based Programming” (2010), accessed August 15, 2014, https://hmr.acf.hhs.gov/HMRFTA_Grantee_Portal/?linkServID=6E48E0C8-F0C1-69E8-384688A255EFBF99&showMeta=2&ext=.pdf
- 94 Ryan, Nelson, and Siebert, “Examining the Facilitators and Barriers.”
- 95 Dennis J. Braziel, “A Model for Public-Private Child Welfare Partnerships” (2001), Annie E. Casey Foundation, accessed August 19, 2014, www.aecf.org/m/pdf/aecf-F2F_modelforpublicprivatechildwelfarepartnership-2001.pdf
- 96 U.S. Department of Health and Human Services and James Bell Associates, “Implementation Resource Guide.”
- 97 Center for the Study of Social Policy, “Community Partnerships Offer a Means for Changing Frontline Child Welfare Practice. *Safekeeping* (2005), accessed August 13, 2014, www.cssp.org/publications/child-welfare/community-partnerships-for-the-protection-of-children/safekeeping-spring-2005.pdf
- 98 U.S. Department of Health and Human Services and James Bell Associates, “Implementation Resource Guide.”
- 99 North Carolina Division of Social Services, “Treat Them Like Gold: A Best Practice Guide to Partnering with Resource Families” (2009), accessed August 13, 2014, www.ncdhhs.gov/dss/publications/docs/Partnering_with_Resource_Families.pdf
- 100 Fixsen, Blase, Horner, and Sugai, “Readiness for Change.”
- 101 Child Welfare Information Gateway, “Tips for Implementation of Evidence-Based Practice,” accessed February 7, 2015, www.childwelfare.gov/topics/management/practice-improvement/evidence/implementing/tips/
- 102 Karen Blase, “Bringing the Message Home: The Role of Fidelity in Quality Improvement Efforts” [handout for January 9, 2008 webinar].
- 103 Karen Blase, Pat Devin, and Melissa Van Dyke, “System and Practice Change Through an Implementation Lens,” [slides for a presentation to Children’s Bureau Intensive On-Site T/TA Workgroup, October 28, 2009].
- 104 Dean Fixsen and Karen Blase, “Implementation: The Missing Link between Research and Practice,” *Implementation Brief*, 1 (2009), The National Implementation Research Network, accessed August 21, 2014, <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-ImplementationBrief-01-2009.pdf>

- 105 U.S. Department of Health and Human Services and James Bell Associates, "Implementation Resource Guide."
- 106 Allison J. R. Metz, Karen Blase, and Lillian Bowie, "Implementing Evidence-Based Practices: Six 'Drivers' of Success," *Research-to-Results Brief*, (2007).
- 107 Annie E. Casey Foundation, "Family to Family Tools for Rebuilding Foster Care: Lessons Learned" (2001), accessed August 29, 2014, www.aecf.org/m/resourcedoc/aecf-F2FLessonsLearned-2001.pdf
- 108 U.S. Department of Health and Human Services and James Bell Associates, "Implementation Resource Guide."
- 109 Abby Bandurraga and Terry Cross, "The Impact of Culturally Responsive Interventions on Positive Culturally Identity and Resilience with Urban AI/AN Young People" [presentation at the annual conference of the National Indian Child Welfare Association, Fort Lauderdale, April 13–16, 2014].
- 110 U.S. Department of Health and Human Services and James Bell Associates, "Implementation Resource Guide."
- 111 Administration for Children and Families, "Information Memorandum: Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies" (2012), accessed September 12, 2014, www.acf.hhs.gov/sites/default/files/cb/im1207.pdf
- 112 Smith, "Supporting and Preserving Adoptive Families."
- 113 Information in this section is gathered from profiled programs as well as the following sources: Kerry DeVooght, Megan Fletcher, Brigitte Vaughn, and Hope Cooper, "Federal, State, and Local Spending to Address Child Abuse and Neglect in SFYs 2008 and 2010" (2012); Child Welfare Information Gateway. "Postadoption Services: Bulletin for Professionals" (2012); Kay Casey and Maia Hurley, "Supporting Kinship Care: Research and Strategies to Promote and Fund Placement with Relatives" (2009); Children's Bureau. "Annual Report to Congress on State Child Welfare Expenditures Reported on the CFS-01" (2012); Susan L. Smith, "Supporting and Preserving Adoptive Families: Profiles of Publicly Funded Post-Adoption Services," (2014).
- 114 Children's Bureau. "Annual Report to Congress on State Child Welfare Expenditures Reported on the CFS-01" (2012), accessed August 28, 2014. www.acf.hhs.gov/sites/default/files/cb/cfs_101_report_to_congress_for_2012.pdf
- 115 Children's Bureau, "Annual Report to Congress on State Child Welfare Expenditures."
- 116 National Resource Center for Tribes, "Findings from a National Needs Assessment."
- 117 Smith, "Supporting and Preserving Adoptive Families."
- 118 National Resource Center for Tribes, "Findings from a National Needs Assessment."
- 119 U.S. Department of Health and Human Services, July 11, 2013 State Director Letter, accessed August 26, 2014, <http://medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>
- 120 Brooke Lehmann, Jocelyn Guyer, and Kate Lewandowski, "Child Welfare and the Affordable Care Act: Key Provisions for Foster Care Children and Youth" (2012), accessed August 27, 2014, <http://ccf.georgetown.edu/wp-content/uploads/2012/07/Child-Welfare-and-the-ACA.pdf>
- 121 Smith, "Supporting and Preserving Adoptive Families."
- 122 Casey and Hurley, "Supporting Kinship Care."
- 123 U.S. Department of Health and Human Services. July 11, 2013 State Director Letter.
- 124 Gregory A. Aarons and Lawrence Palinkas, "Implementation of Evidence-Based Practice in Child Welfare: Service Provider Perspectives," *Administration and Policy in Mental Health and Mental Health Services Research*, 34 (2007): 411–419.