

# DURHAM CHILDREN'S AID SOCIETY EBBS Research Report

## *Identifying Barriers in Adopting Crown Wards, Aged 2-10 with Special, Complex Needs:* Findings from Key Informants

### MANAGING EXPECTATIONS



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EXECUTIVE SUMMARY  
**Identifying Barriers in Adopting Crown Wards,  
 Aged 2-10 with Special, Complex Needs: Findings from Key Informants**  
**MANAGING EXPECTATIONS**

**BACKGROUND:** In winter 2009, Durham Children's Aid Society (Durham) was a recipient of an *Eliminating Barriers & Building on Successes (EBBS)* Grant from the Ministry of Child and Youth Services (MCYS). The focus of the grant was to: *Identify the barriers, challenges and issues related to adopting children, who are Crown Wards, aged 2 to 10, who have special needs.* Durham's multi-method evaluation approach included: a review of the literature, analysis of demographic data of approved adoptive families, examination of adoption applicant data, adoption subsidies review, and key informant data related to exploring the barriers to adopting Crown Wards, aged 2-10 with special needs. Durham engaged the Child Welfare Institute at CAS-Toronto to do the literature review (March-June 2009) and conduct the key informant interviews (Sept-Dec 2009).

**METHODOLOGY:** This Executive Summary highlights the findings from the 75 key informant interviews with respondents from three groups: *Parent Group* (i.e. prospective and approved adoption applicants, foster parents who have adopted, n=41); *Durham Staff Group* (i.e. adoption workers, family/children service workers; n=22); and *Community Members Group* (i.e. Durham community service agencies; n=12). Both focus groups (n=56) and Survey Monkey (n=19), a web-based survey format, were used to collect the data. (Refer to Final Report for greater details on the findings).

**FINDINGS:** Four broad theme areas emerged as barriers and challenges to adopting Crown Wards aged 2 to 10 with special needs: *System Issues, Service Delivery Issues, Prospective Adoptive Parent Issues* and *Communication Issues*.

	BROAD THEME AREAS		
	1-SYSTEM ISSUES	2-SERVICE DELIVERY ISSUES	3-PROSPECTIVE ADOPTIVE PARENT ISSUES
SPECIFIC THEME AREAS	1.1 Adoption System	2.1. Financial	3.1 Prospective Adoptive Parents' Journey to a CAS Adoption
	1.2 System Trends & The Court System	2.2 Training, Support & Accessing Community Services	3.2 Maintaining Contact with Biological Parent(s)
	1.3 System Misperceptions /Beliefs	2.3 Service Misperceptions / Beliefs	3.3 Parent Misperceptions / Beliefs
	4-COMMUNICATION ISSUES		

1) **SYSTEM ISSUES:** Identified barriers to adopting children with special needs, specific to **1.1 Adoption System**, appear related to the current CAS adoption model: 1) Ontario CAS adoption is really 53 different systems, 2) Adoption is an adjunct service in child protection, 3) The long wait period for adoption applicants, and 4) The uncertainty of adoption occurring for applicants. With **1.2 System Trends and the Court System**, three system issues emerged that adversely impact adoption: 1) The impact of the 2005 Transformation Agenda on permanency, kinship service and adoption, 2) Adoption openness and child access to adoption information, and 3) the Court system. Finally, regarding **1.3 System Misperceptions/Beliefs**, the broad issue themes were: 1) There is no one barrier in adopting a special needs child, and 2) Definition of special needs is unclear to prospective applicants.

2) **SERVICE DELIVERY ISSUES:** Challenges in service delivery, as it impacts the adoption of child welfare involved children with special needs, were noted in three areas: **2.1 Finances**, where lack of short and long-term financial support were noted as roadblocks to adopting special needs children. Themes related to **2.2 Training, Support and Accessing Community Services** identified the need to 1) Train prospective adoptive parents early and often, 2) Pre and post adoption services as needed especially due to the general lack of community services coupled with long wait-lists for these families. Finally, **2.3 Service Misperceptions/Beliefs** was seen as a barrier (example of a myth: *"adoptive parents are financially secure and resource savvy"*).

3) **PROSPECTIVE ADOPTIVE PARENT ISSUES:** Identified barriers in this area highlighted issues such as **3.1 the Prospective Adoptive Parents Journey to a CAS Adoption**, where their grief, loss and trauma may heighten their expectations. And, the challenge with operationalizing openness in adoption from an applicant's view was noted in **3.2 Maintaining Contact with Biological Parents**. In **3.3 Parent Misperceptions/Beliefs** themes related to bias, beliefs and distortions as barriers were raised from the applicant's perspective.

**4) COMMUNICATION ISSUES:** Embedded in the challenges associated with each of the three areas above were issues related to ineffectual and/or unclear and/or inconsistent communication between systems and between the adoption service and adoption applicants. Improvement in the number of adoptions of children with special needs begins by tackling this essential element of good practice at all three levels: System, Service and Adoptive Applicants.

## **RECOMMENDATIONS:**

### **A Advance systems processes**

- Province to develop better inter-agency linkages (e.g. web-based) to allow for greater ease of adoptions across jurisdictions for families interested in adopting, in general, and especially for those applicants interested in adopting children with special needs; an additional recommendation is to create a provincial PR campaign to promote such opportunities;
- CAS's to update/develop common adoption materials (e.g. application form, posting home studies on secure web-site for review/note changes) to accurately reflect the adoption process
- Province to examine how children with special needs can most effectively be profiled (e.g. gallery, media, secure web-sites)

### **D Develop better support systems**

- Province to examine current roster of services to adoptive parents, especially those adopting children with special needs, and establish consistency across the province (e.g. per diem, assessments, treatment)
- CAS, parents and community partners to advocate for consistency in the range of support services to adoptive families
- CAS to develop a strategy to improve the courts/legal understanding of the barriers to and solutions to increase adoption
- CAS to advocate to extend post adoption support period to adoptive families to reduce placement disruption and/or breakdown

### **O Offer expanded recruitment & training**

- CAS/OACAS examines current training options to prospective adoptive parents and develops consistent training curriculum for adoptive parent spectrum (e.g. PRIDE as well as enhanced and specific training)
- CAS offers enhanced, pre/post training to families adopting children with special needs.
- CAS partners with community agencies to provide regular and expanded recruitment opportunities as well as offer training to parents with children with special needs
- CAS develops a spectrum of training to staff and adoptive parents on topics related to adoption (e.g. collaborative roles of family and adoption worker, beliefs/biases as barriers in adoption, openness in adoption; CAS expands training delivery models (e.g. classroom, peer mentoring of adoptive parent and adopted child, web-based learning).

### **P Priorities are good communication & clear language**

- CAS to develop a clear definition of children with special needs; to explore the feasibility of employing the same definition consistently across all CAS's (e.g. child age 2 +, sib groups, child with diagnosis)
- CAS develops a communication plan with/for adoptive parents that will ensure clear, consistent communication and eliminate reliance on "adoption grapevine" as an information source
- CAS partners with parents and community members on communication strategies (e.g. regular web-based newsletter on adoption successes, profile issues, do meet/greets between parents/ staff, provide regular updates on # /ages of children adopted).
- CAS ensures each child is profiled with strengths and limitations
- CAS through their internal quality assurance processes develops methods (e.g. annual focus groups) to review and assess with staff, parents and community members, including the legal system, the impact of the changes and the outcomes achieved.

### **T To broaden community partnerships**

- To create, regionally, with the long-term goal to be provincially, a list of community interventions /services that are provided to adoptive parents
- CAS collaborates with community agencies in the areas of training, support services, clinical interventions, advocacy in adoption.
- CAS consistently explores with community applicants during the adoption application the benefits of foster and respite options

## 1.0 BACKGROUND

In winter 2009, Durham Children’s Aid Society (Durham) applied for and received an *Eliminating Barriers & Building on Successes (EBBS)* Grant from the Ministry of Child and Youth Services (MCYS).

The focus of Durham’s EBBS grant: adoption. More specifically, examining the barriers, challenges and issues related to adopting “children with special needs”. For many children adopted through a CAS, they are classified as “special needs” due to their age (over 2) and/or the child’s genetic/biological makeup (e.g. FASD) and/or the effects from maltreatment (e.g. behavioural or attachment issues) and/or the fact they are part of a sibling group. An additional complication at Durham and at many CAS’s across Ontario is that the adoption process can involve long wait times, for the child(ren) and the adoptive applicant. Wait times can be in terms of many months or many years. In order to better understand the challenges and barriers in order to improve adoption practice and outcomes for children and families, Durham focused their EBBS grant on this very important service issue.

The EBBS study methodology involved a number of parts (see 2.0 Methodology). For the research segments related to completing a review of the literature on special needs adoption and conducting focus groups/surveys with key informant groups – Durham engaged the Child Welfare Institute at Children’s Aid Society of Toronto.

## 2.0 EBBS STUDY METHODOLOGY

As noted above, the EBBS methodology for Durham’s grant is a mixed method approach that includes both quantitative as well as qualitative data. Listed below are illustrations of the types and sources of data collected along with the agency most responsible for that deliverable.

<b>EBBS Durham: Special Needs Adoption</b>	<b>Agency</b>
• Conduct a review of the literature on “special needs adoption” 2000-2009	CWI-CAST
• Demographic data of 64 approved adoptive families.	Durham
• Demographic data of 100 waiting adoptive applicants.	Durham
• Review adoption subsidies at Durham	Durham
• Conduct 6 focus groups/surveys with 3 key informant groups: 1) Prospective / approved adoptive parents; 2) Durham staff groups; 3) Community partners	CWI-CAST

### 2.1 Focus Group/Survey with Key Informants

This report focuses on the methodology and study findings that arose from the focus groups and surveys with key informants.

### 2.1.1 Focus Group Sample n = 56

Six focus groups took place during October 2009. Each focus group was approximately 2.5 hours in length; standardized questions were used, which were jointly prepared by Durham and CWI-CAST (see Appendix A, B and C). Durham CAS staff arranged and confirmed the participants, provided the venue and the refreshments; CWI-CAST staff provided the facilitator and recorder for each group, as well as conducted the analyses. Participant consent was required to participate and the recording method was simultaneous transcription. The six focus groups were:

<b>Durham CAS</b>	<b>Adoptive Parents</b>	<b>Community</b>
Group 1. Adoption staff	Group 3. Applied applicants	Group 6. Representatives
Group 2. Front-line staff	Group 4. Approved applicants	from selected community
	Group 5. Foster parents who adopted	agencies
TOTAL: 22 staff	23 prospective/adoptive parents	11 community members

A total of 56 participants provided data by participating in a focus group (n=56).

### 2.1.2 Survey Monkey Sample n = 19

Using Survey Monkey, each of the three survey groups' questions was made available from late October to late November/2009. This ensured that any invited participant who could not attend a focus group or who was not comfortable in a focus group format, could provide feedback.

In addition to the 23 who participated in a focus group, a total of 18 additional respondents from the *Adoptive Parents* grouping completed the Survey Monkey tool. There was one additional respondent in the *Community Partner group* and *Durham Staff Group* did not provide additional data via Survey Monkey. In sum, an additional 19 respondents provided data through Survey Monkey, raising the total number of participants to 75. Survey Monkey respondents' feedback on adoption barriers, strengths with the current system and recommendations paralleled the comments and themes raised by focus group participants.

## 2.2 Method of Analyses

The data from all 75 participants were transcribed and underwent thematic and content analysis. Focus group data were simultaneously transcribed at the time of the group. The Survey Monkey data were downloaded and analyzed in comparison with the themes that emerged from the focus group findings. This approach was taken because the focus group data were entered and preliminary analyses completed by end of October and the Survey Monkey remained open for surveys until mid-November.

All the themes that emerged from that analysis are underpinned by relevant quotes from participants. In order to ensure anonymity, participants have been incorporated into one of three groups: Parents (Prospective, Approved & Foster), Staff (Adoptive, Residential, Other) and Community Members.

### 3.0 FINDINGS

From the content and thematic analysis across the three groupings of participants (staff, prospective adoptive parents, community members) four key areas emerged regarding issues, barriers and challenges: *System Issues*, *Service Delivery Issues*, and *Prospective Adoptive Parent Issues*. With the three broad areas *Communication Issues* is overlaid. All are inter-connected. Under each of the three main theme areas additional sub-themes arose. See Table 1.

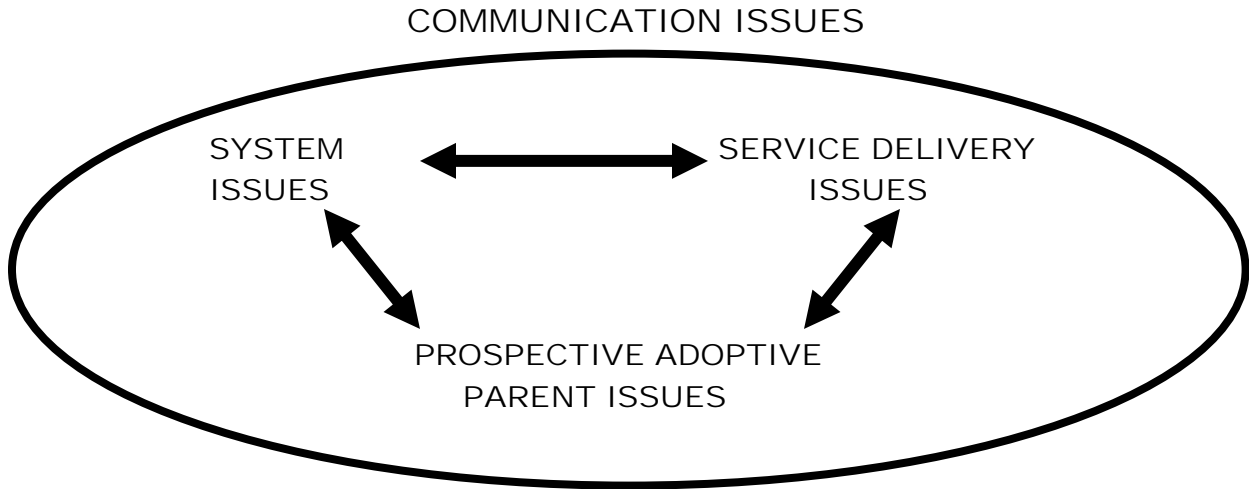


Table 1: Overview of Theme Areas: Barriers and Issues

	BROAD THEME AREAS		
	SYSTEM ISSUES 3.1	SERVICE DELIVERY ISSUES 3.2	PROSPECTIVE ADOPTIVE PARENT ISSUES 3.3
SPECIFIC THEME AREAS	3.1.1 Adoption System	3.2.1 Financial	3.3.1 Prospective Adoptive Parents' Journey to a CAS Adoption
	3.1.2 System Trends & The Court System	3.2.2 Training, Supports & Accessing Community Services	3.3.2 Maintaining Contact with Biological Parent(s)
	3.1.3 System Misperceptions/ Beliefs	3.2.3 Service Misperceptions/ Beliefs	3.3.3 Parent Misperceptions/ Beliefs
	3.4 COMMUNICATION ISSUES		

### 3.1 SYSTEM ISSUES

Three sub-themes emerged under System Issues. Under a general heading of 3.1.1 *Provincial Adoption System through CAS*, the first of the thematic areas noted is really a multitude of factors that converge to adversely impact how the present model is operationalized in Canada, in the province and at Durham. Other barriers include realities related to court system processes (3.1.2), and finally, barriers related to Definitional Issues (3.1.3) specific to the term “special needs” child. For the purpose of this report “Parents” refer to prospective adoptive parents and foster parents who’ve adopted; “Staff” refer to Durham children’s service workers and adoption workers; and “Community Members” refer to participants from various Durham social service agencies.

#### 3.1.1 Provincial adoption system through CAS

##### **An Ontario CAS adoption = 53 adoption “systems”**

From a service recipient’s perspective (prospective parent), the fact that the children’s aid societies (CAS’s) are not linked regionally, provincially or nationally on adoption service is a significant problem. All three participant groups’ joint view: in general, Ontario has a fragmented and ineffective system with regards to quickly linking children and families; when viewing the system from the specific lens of adoption of children with special needs - the issues are intensified.

**Parents** “Link CAS agencies”  
“[System changes] consider all community parents from all agencies”



**Community Members** “[CAS’s] even in Ontario are not linked...making those linkages across Canada would be better”

##### **Adoption is an adjunct service within child protection**

Adoption of a child in a child welfare setting usually occurs because there has been a child protection issue in the child’s birth family where the outcome from Child and Family Court is an order of Crown Wardship that allows the child to be adopted. The reality that child protection is the key mandated service of child welfare, relegates adoption to a lesser focus. The fact that adoption cases typically involve the child protection component adds greater complexity, time and accountability to the adoption worker’s processing of adoption applications. An issue all three groups (staff, parents and community members) associated with adoption through a CAS is with high staff workload and competing demands. Key barriers to the adoption process noted by both staff and parents included frequent worker changes and lack of case management progress, often related to the child protection and court system side of the file.

**Parents** “I am on my third worker now...it’s frustrating.”  
“[Our] worker says nothing, then you hear things through others...this is where their big caseloads may be [an issue].”

**Staff** “Everyone has so much on their schedule.”  
“People on the front line are too tired.”  
“It would be ideal if there were more [adoption] workers and that worker would follow that child, so they take over that case management.”



Another part of the system tension related to an adoption within a child welfare setting is a historical dynamic that exists between foster and adoption. All three groups (staff, parent, community member) described a *'polarization or dividing'* effect that seems to occur between foster service and adoption service in child welfare. For example, the way homes are counted in the province results in a loss either of a foster or adoptive family, which juxtaposes the resources of one department (foster) against another department (adoption).

Staff recommended a more comprehensive, educational home study process. Parent and community member groups saw the adoption home study process as "adversarial and intrusive", perhaps because it is situated within a child welfare setting. All groups recommended changes to the home study process notwithstanding the advances made to date through PRIDE and SAFE. For example, parents want the process to be completely transparent and open, and suggested posting the home study on a secure web portal to allow them to regularly update it. From the community partners' perspective, the system issues result in tension between adoptive applicants and the Society, which then interferes with *relationship building*. Community members thought having the adoptive parents as part of the team at the beginning of the application could assist in mitigating some tensions.

**Parents** "Not sure what the home inspection is all about."  
"We have had two home studies, [we've] only seen one and there were mistakes."

**Staff** "When doing home assessments doing that educational piece during the home study is important...for example 'here's a scenario and material.'"  
"...we don't allow for that relationship to develop..."

**Community Members** "The biggest barrier is without trust [prospective parents] won't come. It's that initial initial relationship building..."

### Long wait period for a CAS adoption

Respondents from all three groups spoke about the long wait period for adoption applicants. A wait period that is often years long is a significant barrier to adopting a child through the child welfare system. Many adoptive families choose to go the private or international route to adopt a child because of the wait period and it is perceived as an "easier" process.

**Parents** "The biggest barrier is the wait time and not knowing what to expect."  
"The wait is a barrier...there's us who are waiting and the kids are waiting as well."  
"We have friends who adopted overseas, it took one year."

**Staff** "When people apply to adopt, they wait 1.5 years to attend PRIDE... could we do something in that period?"

**Community Members** "A barrier is waiting, you wait 16 months to receive training...which is why **many choose** to go internationally."

### Uncertainty of adoption through CAS

Another system reality for CAS's is the uncertainty of adoption through child welfare is perceived as a barrier by applicants. Half of all respondents highlighted the fact that CAS does not and cannot guarantee adoption applicants a child.

**Parents** "Our adoption worker said we are not sure [of an adoption guarantee]."

**Staff** "There is no guarantee for adoption..."  
"The wait period for adoption is an issue. Parents may go the international route whereas with CAS no one can give a guarantee...it could be never."



### 3.1.2 System Trends and the Court System

#### 2005 Transformation Agenda impact

An important cornerstone of the Ministry's 2005 Child Welfare Transformation Agenda is an increased focus on permanency for children. This means the first strategy for a CAS is to try and secure a placement for a child within their circle of kin. If children do enter care, the focus is short-term care with early reunification home.

These initiatives have noticeably expanded Societies kinship care and kinship service programs. A ramification of that shift is that over the last few years the number of children entering care across the province is in decline, especially with the younger cohorts (age 1-12), who tend to be placed with kin. For adoption services, the reduction in the number of children who enter care is correlated to a drop in the number of children who become available for adoption. An additional trend that has benefited children but adversely impacted the number of children available for adoption is that for those children in long-term care, the number of foster parents who adopt is increasing. This trend is associated with foster parent attachment to the child, longer length of stays of the child in the foster home and knowledge of the child's profile. A number of adoption applicants indicated they are aware of this phenomenon and are willing to be considered as foster parents.

**Parents** "Fostering with a view to adopt...we would be interested in this."

**Staff** "A cultural shift has occurred...kinship is the preference for placement into care."

#### Adoption openness & child access to adoption information

An emerging practice and anticipated trend related to recent legislation is the expanded legal and practice options that allow Societies to do more "open adoptions", where the adopted child may continue to have contact with their birth family members (e.g. parent, sibling, grandparent) after adoption finalization. It was clear from the discussions that this topic elicits a wide range of emotions with the three groups. Some prospective adoptive parents do not ever want open adoption, some are open to examining what it might mean to them and their family, and some have no issue with an open adoption. Although many of the adoption applicants spoke about feeling "threatened" by the new legislation that allows a child to have access to adoption information, there was general agreement that the majority of children will seek information on their past through various avenues (e.g. FACEBOOK). This finding suggests that adoptive parents need support and education in how to best address this need with their adopted child.

**Staff** "The majority of adopted children will seek information on their past."

"Some do not want open adoption. Many do not like the new legislation that allows access to adoption information."

"With FACEBOOK [the child is] able to access information. Kids will find a way to connect."



## Court system

The court's response to adoption was noted by all groups as a barrier to adopting through the child welfare system. For example, changing access orders through the court system in order to make a child available for adoption is typically a huge hurdle for CAS's. Staff emphasized that it is important to have as much information as possible on a case prior to any court involvement as CAS applications are often delayed by other party court proceedings. The result is a frustrating, delayed process for all parties, and in some cases, child welfare's permanency planning recommendations for adoption are set aside by the court. For adopting families this can be a devastating experience. Respondents' who had experiences with court regarding adoption applications raised common themes: *the court may not understand the adoptive child's needs, the court may not have pertinent information on a case when rendering a ruling, and court decisions may not seem based on what's in the best interest of the child*. Recommendations from the groups included educating the court on: adoption in general, adoption of children with special needs, and the feasibility, benefits and challenges associated with open adoption orders.

### Staff

"[A barrier] is the court system, the access piece."

"Our kids can be adopted. The best permanent placement is where a child's needs can be met."

"Going back to change access can be very difficult."

### 3.1.3 System Misperceptions & Beliefs

#### There is NO ONE barrier in adopting a child with special, complex needs

Respondents identified several system, agency and personal barriers as hindering the adoption of special, complex needs children aged 2 to 10. However, no one barrier was dominant or uniformly selected as "the" barrier. The reality: most adoptive parents' want to adopt a child, age 0-2, who has minimal issues. For adoptions through child welfare, the preponderance of the children available for adoption is older than age two, and who are often described as "special needs". As an issue, "*children with a diagnosis and challenges*" was acknowledged as an adoption barrier. However, the discussion amongst the three groups identified that the barrier is not so much the child's diagnosis, but the prospective parent's confidence in their ability to meet that child's needs, both now and in the future. In short, adoption applicants want to know, they want to be sure, that they can and will successfully parent their adopted child.

### Parents

"[We need] details on what kind of needs the child has, what to expect from certain disorders, long term prognosis ..."

"[To overcome barriers]..I need to educate myself and my family of possible situations, need to have plans in place for the many "unknowns" that may arise over the years. We need to give the child unconditional love no matter what their "known" challenges may be."

"[Single biggest barrier] the unknown problems as the child becomes older."

"We have always fostered exceptional kids and so it was not a huge leap to adopt [special needs child]. The one thing we may not have put enough thought into was their future care as adults."



### Staff

"It's a misnomer to think [kids] age two onward have complex issues. We have complex babies."

"A lot of our kids have so many needs...a lot of the applicants are looking for children ages 0 to 2 with minimal issues."

### Definition of a “special, complex needs” child is unclear

The term “special needs” child held many different meanings and had varied interpretation across the three groups. What was clear was there is NO UNIFORM understanding of the term. The majority of participants (4/6 focus groups) strongly felt the term, *special needs children* is ambiguous and a negative term loaded with many unknowns. Going forward, while the term must be more clearly defined, what is critical to ensure is a balanced, strength-based presentation of “the entire child”. The prospective adoptive applicants especially noted that when presented with a description of a possible child that the worker present the good things about the child first, describe what they do well, what they like, what they’ve accomplished, and then talk about the challenges, as one respondent noted, “Labels can be really frightening”.

**Parent** “You see ‘special needs child’ in the application, but you don’t know what this it means.”  
“Labels are really frightening...if the CAS had come to us with the labels of ADHD and all the others, I’d probably say forget it...but as time goes on you learn about them.”

**Staff** “Labels are attached to these kids e.g. FASD, partial FASD, autism...if we find a potential match, then this becomes a trigger for the family.”

**Community Members** “In terms of barriers, when we have a lot of information on a child...the child looks very scary on paper. Balance is needed between not having information and how much is disclosed so that prospective parents are not scared away.”  
“Why don’t we say, ‘a child with special needs’ and not label them.”



In sum, the interaction of the combined system issues has resulted in a child welfare adoption process that is generally described as “frustrating” by the applicants and the service providers. Within a child welfare setting, protection services are primary and core to service delivery and adoption, as a service, is not to be profiled in the same manner.

The result is the CAS adoption process lacks clarity for applicants. This finding was underscored when participants were asked to provide a report card grade on the overall effectiveness of the current child welfare adoption system. The poor report card grade from staff, community members and adoptive parents highlights the fact that system issues are a significant factor in adopting children with special, complex needs.

**Parents** “The biggest barrier is: the adoption process.”

**Staff** “I say grade ‘D’ because we don’t do a lot with adoptive families...we don’t offer a lot.”

**Community Members** “Everyone is seeing things through the social work lens...that’s the problem”

## 3.2 SERVICE DELIVERY ISSUES

### 3.2.1 Financial support

#### Finances are roadblocks to adoption for adoption applicants and foster parents

Although it is often assumed that adoptive parents do not require financial aid, parents, staff and community members all emphasized that adoptive parents need short-term and long-term financial support when adopting a child. Not only can adoptive families face new financial constraints at the time of the adoption, as one parent typically stays home to care for the child, but many of the children involved with child welfare have instrumental and/or therapeutic costs associated with their care. Consequently, a lack of financial support can be a deterrent to many families in pursuing adoption, and this is especially relevant for applicants adopting a child with special needs. Parents talked about the need to have financial supports that span a child's developmental stages, especially for children with known high and chronic needs. Financial supports related to possible future needs should be built into the service. Teen depression and suicide were noted as examples that would require longer term and/or future funding needs. Access to relief /respite supports was also identified by parents as an important financial issue. Staff commented that the funding criteria for adoption should include allocations for both children's instrumental and therapeutic needs, where short and long-term needs are considered and regularly reviewed.

Another financial factor identified by community members and staff, is their view that the child welfare adoption system is two-tiered and biased, where biological and foster parents have access to financial supports and community services but not adoptive families.

#### Parents

"Finances is the biggest barrier

"Find cost efficient ways to help the child with their special needs, seek out community agencies and voice concerns with your local CAS to see if they can assist in covering some of the financial cost..."

"[Finances] it deters a lot of people...you take on this responsibility and who helps you when the child is 16, who is going to be there to help you, to pay for university?"

"[Single biggest barrier is] lack of financial and emotional support."

#### Staff

"I have adoptive families who have struggled financially."

"[Funding needed] for children's needs and therapeutic needs."

"Some kids are in foster care for a long time; important to explore if ready for adoption and is money a hindrance."

"The ministry needs to realize that at the point of [adoption] finalization, funding sources dry up. [Post finalization] it's not a dedicated [CAS] budget line."

#### Community Members

"There isn't that level of financial support for prospective adoptive parents."

"[Re: special needs child] the foster family was saying to us the reason we have not adopted - we would lose support, primarily financial."

"There has to be commitment of internal resources and keeping adoption a high profile"





### 3.2.2 Training, Support & Accessing Community Services

#### Adopting a special needs child – train the adoptive applicants early and often

With the end goal being the enhancement of parental capacity to care for a child, all respondent groups emphasized that adoptive parents need more education and more specialized training related to adopting a child with special needs. Adoption applicants clearly said, *“We need training early in the process, and the training has to have ‘more depth and breadth’ and incorporate”*,

- 1) Theoretical and child/family specific training
- 2) Intensive training
- 3) Parental support and mentoring
- 4) Resource strategies.



Families are seeking, wanting, and needing practical information on child management issues. As one staff commented, *“Training should be offered early into the adoption process, which would assist in reducing adoption breakdowns.”* All three groups spoke about the logistical challenges in arranging/ providing/ attending training and all groups highly recommended greater use of web-based portals and webNR’s.

In terms of staff capacity, parents thought, *“More Durham staff is needed to provide such training”*. Adoption applicants and foster parents highlighted the need to *“Review and update the PRIDE curriculum to ensure relevancy and consistency.”* Staff wanted to ensure *“Any training provided needs to be sustainable.”* From the staff training perspective, learning *“How to work as a team”* was a key training area identified.

#### Parents



- “We would be there tomorrow [if training were available to prospective adoptive parents].”
- “Training and resources for parents. Demystify ‘special needs’ children.”
- “Attending as many workshops as possible helps so much. Also reading up on the issues your child has is very important. Adoptive families should be on mailing lists for trainings that would be applicable.”
- “Getting training earlier on in the process”
- “We are so glad to be part of a support group geared to our children’s needs. We find that we learn so much from the other parents ...sometimes, all we need is understanding...and practical tips others have found that work.”

#### Staff

- “[Adoptive parents] need training on attachment, FASD...”
- “Need to promote self advocacy [for adoptive parents].”
- “[Agency training needed on] how to work as a team.”
- “The Parent [PALS] group...a positive move forward.”
- “Many adoptive parents are working full time and have no time to attend DCAS training”

#### Community Members

- “Providing a mentoring role.”
- “There are two levels of training, the theoretical level...and child and family specific...but doing [training] in a way that the family is able to apply it in their everyday lives.”
- “One wonderful thing, there was value in going to the PRIDE training, in seeing things from the child’s perspective...I think that workers did a good job but I think there is more work to be done.”

## Pre and post-adoption services

Three of six focus groups, including Durham staff, strongly felt that a major barrier to adopting children with special needs through the child welfare system is the fact that pre and post adoption supports and resources are often not available. Supports need to span the service to not only the adoptive parents but also to their family members, including their own children's adjustment to the adoption, and to the adopted child. Staff also highlighted that adoptive families may need to access "situational" services (e.g. adoptive child in crisis) and that child welfare needs to continue to work with and perhaps expand collaborations with external service providers (e.g. early involvement of Children's Mental Health).

### Parents



- "...they don't give resources...these kids are traumatized and they get put up for adoption without help and then it happens as an adoption breakdown."
- "...they are young [now] but it frightens me when they become teenagers...where is the agency going to be? The more I read...the more I worry about depression, suicide for teens...their needs are great and their needs don't go away."
- "The post adoption process has to be as good as the pre-adoption process."
- "Depending on the needs of the child I would probably need some counselling on how to best raise that child physically, emotionally and spiritually."
- "For our own biological children ...it has been an adjustment..."

### Staff

- "People who don't know what's out there; half of it is knowing what services are out there."
- "Consider post adoptive support...the child could still be adopted if supports are in place."
- "There should be capacity in the Adoption department to get staff to go out and support that adoptive family...for example help them access community services, parenting strategies, etc."

### Community Members

- "...support is needed for post-adoption."
- "The PRIDE training addresses, for example FAS, but does not offer support around post-adoption."
- "Need to begin those linkages with agencies before and not wait until its too late...and knowing where the supports are in the community...then we could do some specific, intensive kind of training..."

## 3.2.3 Service misperceptions/beliefs

### Adoptive parents are financially secure & resource savvy

Staff groups not directly involved with delivering adoption services talked about their views regarding adoption and adoptive parents. The central theme centered on the assumption that adoptive parents have many more resources and capabilities compared to the child welfare involved parents they work with where the norm for many of these families is often poverty, un/under employment and limited resources. Embedded in the assumption that adoptive families are financially secure and resource savvy is the belief they don't need financial aid or assistance. This misperception may be a barrier for adoption workers' when they advocate for adoptive parents needs regarding financial support and resource requirements, especially in adopting children with special needs.

### Staff

- "Adoptive parents are capable of supporting a child's needs"
- "Adoptive parents can 'navigate' community services/supports"

### 3.3 PROSPECTIVE ADOPTIVE PARENT ISSUES



#### 3.2.1 *Prospective adoptive parents' journey to a CAS adoption*

For many prospective adoptive parents, adopting a child through a CAS is their first option, but for many families they have come to the decision to adopt through CAS as a last option. For these families, their decision to adopt may have included numerous failed attempts of trying to conceive their own child and/or they may not fit the criteria or have the finances to use other adoption routes, such as private or international avenues. For these applicants, trauma and grief and waiting and disappointment often underpin their decision to adopt. Furthermore, these are typically first-time parents and their need and desire for a child can take precedence over their ability to parent a child with special needs. Their experience with a CAS adoption may be further complicated with another long wait period and there is no guarantee they will adopt. A recurring theme with this cohort of adoptive parents is CAS understanding their history, their trauma and grief, and helping them manage their expectations.

**Parents** "You try to have your own kid...it doesn't happen... so it's a disappointment and now waiting again to adopt."  
"You can't tell me that there aren't children available for adoption...what is the point of getting families' hopes up if you aren't going to make it happen for families."

**Staff** "...a huge emotional piece for people who are still working through that reality that I am not going to have my own child but parent someone else's..."

#### 3.2.2 *Maintaining contact with biological parent(s)*

All participant groups had varied views on whether maintaining contact with the biological family is a barrier or an asset to adopting a child. In adopting a special needs, complex child in particular, the prospective adoptive parent group expressed the greatest discomfort with the idea of "open adoption". For some, the contact was qualified, for example, face-to-face contact with the child's birth family was not acceptable but indirect (e.g. letter, pictures) contact was fine. Unquestionably the topic of *openness in adoption* elicits a wide range of emotions at the individual, the couple, and the broader family level. For many adoptive families it appears that open adoption is an area they have not really considered. Their feelings and reactions were very much a first-response to the topic. When explored in greater depth in the focus group, for some openness in adoption is a "non-starter" for others it is a "non-issue".

All groups listed factors they felt would need to be considered in open adoptions:

- 1) Whether the child wants to have contact
- 2) Child's age
- 3) Potential child confusion with who is primary caregiver
- 4) Impact on child as they are in the 'centre' of the contact
- 5) Any unresolved issues by birth parents
- 6) Birth parent's ability to manage visits with the child
- 7) Adopted child's contact with siblings
- 8) How much information is available to parents in understanding the adoption process
- 9) Parent's own history of adoption
- 10) Stability of birth family
- 11) Degree of extended family involvement
- 12) Birth family vs. adoptive parent tension
- 13) Geographic proximity
- 14) Questions raised by the child with respect to birth parent(s) and impact
- 15) Available supports for adoptive family through process
- 16) Need for commitment and trust building from the outset around contact
- 17) Potential of birth parent wanting child returned to them.



## Parents



- "Wouldn't this contact [with bio family] confuse the child?"
- "I have only had positive experiences with open adoption...what works well is having a lot of information. That allows the adoptive parent to understand the process"
- "If the child is older, maybe that [bio contact] should continue but I was adopted and would have been horrified to have been placed in this position. So I don't think it's a good idea."
- "If the birth family is 'not stable' that would be hard for you and the child."
- "Could be a problem, if the family has anger or regret for the child being adopted."
- "Some birth families are a positive addition to the child's life as we have found with our younger [child's] ...grandparents..."
- "I am confused by open adoption..."
- "It would be easier if contact was with the foster family and not the bio family."
- "Every child deserves to know where they have come from...these kids aren't given a choice... but] child maintaining face to face contact with parent 1x month.. that is a deal breaker for me"
- "I'm OK with contact with the birth parent"
- "As long as it's not harmful to the child and the child [does] want this."

## Staff

- "It is intimidating for adoptive parents when this relationship is maintained with bio families"
- "You need to determine how maintaining this relationship will be beneficial to the child"
- "People want to adopt the child and not their family."
- "I also think the adoptive parent needs to determine at what stage how much information should be available to the child...should have a choice."
- "I am still trying to determine 'the bio connect', when there is strong foster care in place."

## Community Members

- "Need up front commitment and build trust."
- "We all know situations where [biological] mom and dad come, visit at the home and it goes well."
- "There are issues with challenges. I can see families saying no [to open access]; What supports will be available to that family; it's the child who gets the brunt of things, they're in the middle"

### 2.3.3 Parent misperceptions/beliefs

Prospective adoptive parents' spoke about the perceptions and/or beliefs they had about the Durham CAS adoption service, about private adoption, and about adoption, in general. Some of the prospective applicants' views (e.g. there are more babies in other regions) highlight what happens when misperception becomes belief by a group, which in turn, becomes an axiom, difficult to quell even with excellent data and facts. Approved adoption applicants spoke about fear and worry and apprehension in challenging the child welfare agency about the process. They worried about negative repercussions; specifically, if they complained about the process there was no hope of adoption. These beliefs, however heightened or distorted or incorrect are real to the applicant; the misperceptions become exacerbated by poor communication methods, and clearly create a barrier between the adoption applicant /approved adoptive families and the child welfare agency.

## Parents



- "There is an entire population of children waiting for adoption."
- "There are more infants available for adoption in other regions, such as Toronto, and the process there is faster!"
- "There is a fear of CAS reprisal if [they] knew adoptive parents were complaining"
- "The impression given by CAS to all prospective adoptive parents is all the children are special needs children."
- "There's better services through private adoption, faster process, better level of contact by the adoption worker in providing information."
- "Stigma exists that one cannot love another child as much as your own."

### 3.4 COMMUNICATION ISSUES

Communication by CAS to adoption applicants was generally described as: “*poor*”, “*ineffective*”, and “*inconsistent*”. In all three groups (parent, staff and community), communication was raised as a significant barrier to adoption through child welfare and is a barrier in the adoption of children with special needs.

The absence of full, informed, and timely communication by CAS has meant adoption applicants often use, create and rely on other information sources, such as the adoption grapevine, also known as the rumour mill. As one applicant said: “*Parents rely on outside sources to obtain adoption information as opposed to directly getting it from their adoption worker.*” The adoption grapevine, while strong and active, may not only relay wrong or misconstrued information, but equally problematic is CAS can’t ever correct the misinformation because it is excluded from the exchange.

In sum, good communication is key to improving the number and quality of the adoption of children with special needs. To that point, clear, concise, consistent and caring communication is the means that CAS’s can assist adoptive applicants in effectively managing their expectations throughout the adoption process, regardless of the outcome.

#### Parents

“[Single biggest barrier]... a lack of communication”

“[Single biggest barrier is] ...length of time and lack of communication from [DCAS] as to where we are in the adoption process.”

“...they [DCAS] sends you a package of information. That’s it.”

“The biggest barrier? We don’t know what’s out there...could they send us a report on how many [adoptive children] are out there?”

“The biggest barrier [in not adopting a child]...is we don’t know the reason...it may be us...or money...lack of training with adoption workers...lack of funds for CAS...we just don’t know.”

“[Biggest barrier is lack of information] to know the realm regarding special needs children”

“If there aren’t that many kids [to adopt] then tell us and we’ll do something else.”

#### Community Members

“Work with the foster and adoptive family and have no hold backs on divulging information.”

“You haven’t heard anything for a year and wonder, “*Should I be going somewhere else?*”.

Even having a meeting with a worker and seeing where things are at [would be helpful].”

“It’s those adoptive parents we need to involve...one group that can really help and could get that team together.”

“Prospective adoptive parents are really kept in the dark. The worker picks out two files and shows them, but in the short term, can this be opened up, with more transparency?”



## 4.0 Recommendations in Overcoming Issues

### A Advance systems processes

- Province develops better inter-agency linkages (e.g. web-based) to allow greater ease of adoptions across jurisdictions for families interested in adopting in general, and especially children with special needs; examine the feasibility of a broader community or possibly provincial PR campaign to promote adoption opportunities
- CAS's update/ develop all adoption materials (e.g. application form, posting home studies on secure web-site for review/note changes) so it accurately reflects adoption process
- Examine how children with special needs can be best and most effectively profiled e.g. gallery, media, secure web-sites

### D Develop better support systems

- Province examines current service suite to adoptive parents, especially those adopting children with special needs and establishes consistency across province (e.g. per diem, medication coverage, assessments)
- CAS, parents and community partners advocate for consistency of suite of support services
- CAS develops strategy to improve partnership with courts/legal re- adoption
- CAS advocates to extend post adoption support to parents to reduce placement breakdown

### O Offer expanded recruitment & training

- Province examines current training options to prospective adoptive parents and develops consistent training curriculum for adoptive parent spectrum
- CAS offers enhanced, pre/post training to families adopting children with special needs.
- CAS partners with community agencies to provide regular and expanded recruitment opportunities as well as offer training to parents with children with special needs
- CAS develops a spectrum of training to staff and adoptive parents on topics related to adoption (e.g. collaborative roles of family and adoption worker, beliefs/biases as barriers in adoption, openness in adoption; CAS expands training delivery models (e.g. classroom, peer mentoring of adoptive parent and adopted child, web-based learning).

### P Priorities are good communication & clear language

- Province develops a clear definition of children with special needs; it is used consistently across all CAS's (e.g. child age 2 +, sib groups, child with diagnosis)
- CAS develops a communication plan with/for adoptive parents that will ensure clear, consistent communication and eliminate reliance on "adoption grapevine" as primary information source
- CAS partners with parents and community members on communication strategies (e.g. regular web-based newsletter on adoption successes, profile issues, do meet/greets between parents/ staff, provide regular updates on # /ages of children adopted)
- CAS ensures each child is profiled with strengths and limitations
- CAS develops a method (e.g. annual focus groups) to review and assess with staff, parents and community members, including the legal system, the impact of the changes

### T To broaden community partnerships

- Province creates list of community interventions /services provided to adoptive parents
- CAS collaborates with community agencies in the areas of training, support services, clinical interventions and advocacy in adoption.
- CAS consistently explores with community applicants the benefits of foster/respite options

**APPENDIX A: FOCUS GROUP QUESTIONS FOR DCAS STAFF GROUPS**

INTRO SCRIPT: Hi, my name is \_\_\_\_\_ I am a researcher with the Child Welfare Institute. You have been invited to this focus group because you are someone with experience or interest in the area of adoption of special, complex needs children. As part of Durham Children's Aid Society's work in the area of adoption, particularly adoption of special needs children the Society really wants to hear about your views and experiences regarding barriers to adoption. All information is confidential, no identifying information is provided and the results are rolled up or aggregated. The focus group will take about ninety minutes; you can refuse any question without penalty. I will be asking the group about what worked and what didn't work in the adoption process; and in particular, if there are barriers to adopting special, complex needs children. Please know there are no right or wrong answers.

Do you have any questions?  Yes - -document questions  No  
 Do you give your consent to participate?  Yes  No - If no – thank them  
 Thank you for agreeing to talk with us;

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**FOR DURHAM STAFF GROUPS**

1. Are there barriers to adopting a child involved with child welfare?
  - What is the single biggest barrier
  - What has to happen to overcome/ diminish that barrier
  - Is maintaining a child's relationship with birth family members a barrier? How so? How to address issues?
  
2. Are there barriers for families in considering a special, complex needs child aged 2-10 for adoption?
  - What is the single biggest barrier
  - What has to happen to overcome/ diminish that barrier
  - Is maintaining a child's relationship with birth family members a barrier? How so? How to address issues?
  
3. What would have to happen in the short-term for families to consider adopting a special, complex needs child?
  - What training is needed to make it successful
  - What support " "
  - What information " "
  - What system changes" "
  - What financial changes" "
  
4. What would have to happen in the long-term for families to consider adopting a special needs child aged 2-10?
  - What training is needed to make it successful
  - What support " "
  - What information " "
  - What system changes" "
  - What financial changes" "
  
5. What recommendations do you have in linking the children CAS has for adoption with prospective adoptive parents?
  - What system changes need to happen
  - What training, supports, skills does staff need
  - What does the community need to do
  - What do prospective adoptive parents need to do
  
6. Final thoughts, recommendations regarding increasing the number of complex, special needs children adopted?
  - Is there any question that I haven't asked that is important to ask about this topic?

**APPENDIX B: FOCUS GROUP QUESTIONS FOR PROSPECTIVE ADOPTIVE PARENTS**

INTRO SCRIPT: Hi, my name is \_\_\_\_\_ I am a researcher with the Child Welfare Institute. You have been invited to this focus group because you are someone with experience or interest in the area of adoption of special, complex needs children. As part of Durham Children's Aid Society's work in the area of adoption, particularly adoption of special needs children the Society really wants to hear about your views and experiences regarding barriers to adoption. All information is confidential, no identifying information is provided and the results are rolled up or aggregated. The focus group will take about ninety minutes; you can refuse any question without penalty. I will be asking the group about what worked and what didn't work in the adoption process; and in particular, if there are barriers to adopting special, complex needs children. Please know there are no right or wrong answers.

Do you have any questions?  Yes - -document questions  No  
Do you give your consent to participate?  Yes  No - If no – thank them  
Thank you for agreeing to talk with us;

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**FOR PROSPECTIVE ADOPTIVE AND FOR FOSTER PARENTS**

1. Are there barriers to adopting a child involved with child welfare?
  - What is the single biggest barrier
  - What has to happen to overcome/ diminish that barrier
  - Is maintaining a child's relationship with birth family members a barrier? How so? How to address issues?
2. Are there barriers for you in considering a special, complex needs child, ages 2-10, for adoption?
  - What is the single biggest barrier
  - What has to happen to overcome/ diminish that barrier
  - Is maintaining a child's relationship with birth family members a barrier? How so? How to address issues?
3. What would have to happen in the short-term for you to consider adopting a special, complex needs child ages 2-10?
  - What training is needed to make it successful
  - What support " "
  - What information " "
  - What system changes" "
  - What financial changes" "
4. What would have to happen in the long-term for you to consider adopting a special needs child?
  - What training is needed to make it successful
  - What support " "
  - What information " "
  - What system changes" "
  - What financial changes" "
5. What recommendations do you have in linking children CAS has for adoption with prospective adoptive parents?
  - What system changes need to happen
  - What characteristics do parents need to have
  - What do adoptive parents need to do
6. Final thoughts, recommendations regarding increasing the number of special needs children adopted?  
Is there any question that I haven't asked that is important to ask about this topic?

**APPENDIX C: FOCUS GROUP QUESTIONS FOR COMMUNITY MEMBERS**

INTRO SCRIPT: Hi, my name is \_\_\_\_\_ I am a researcher with the Child Welfare Institute. You have been invited to this focus group because you are someone with experience or interest in the area of adoption of special, complex needs children. As part of Durham Children's Aid Society's work in the area of adoption, particularly adoption of special needs children the Society really wants to hear about your views and experiences regarding barriers to adoption. All information is confidential, no identifying information is provided and the results are rolled up or aggregated. The focus group will take about ninety minutes; you can refuse any question without penalty. I will be asking the group about what worked and what didn't work in the adoption process; and in particular, if there are barriers to adopting special, complex needs children. Please know there are no right or wrong answers.

Do you have any questions?  Yes - -document questions  No  
 Do you give your consent to participate?  Yes  No - If no – thank them  
 Thank you for agreeing to talk with us;



**FOR COMMUNITY PARTNERS**

1. Are there barriers to adopting a child involved with child welfare?
  - What is the single biggest barrier
  - What has to happen to overcome/ diminish that barrier
  - Is maintaining a child's relationship with birth family members a barrier? How so? How to address issues?
  
2. Are there barriers for families in considering a special, complex needs child aged 2-10 for adoption?
  - What is the single biggest barrier
  - What has to happen to overcome/ diminish that barrier
  - Is maintaining a child's relationship with birth family members a barrier? How so? How to address issues?
  
3. What would have to happen in the short-term for families to consider adopting a special, complex needs child?
  - What training is needed to make it successful
  - What support " "
  - What information " "
  - What system changes" "
  - What financial changes" "
  
4. What would have to happen in the long-term for families to consider adopting a special needs child aged 2-10?
  - What training is needed to make it successful
  - What support " "
  - What information " "
  - What system changes" "
  - What financial changes" "
  
5. What recommendations do you have in linking the children CAS has for adoption with prospective adoptive parents?
  - What system changes need to happen
  - What training, supports, skills does community agencies need to work with CAS on this issue
  - What does CAS need to do to work with community agencies on this issue
  - What do prospective adoptive parents need to do
  
6. Final thoughts, recommendations regarding increasing the number of complex, special needs children adopted?  
 Is there any question that I haven't asked that is important to ask about this topic