

Social Support and Adoptive Families of Children with Special Needs

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ABSTRACT

Family social support networks have been widely acknowledged for the last ten years by researchers and practitioners as important for understanding family life. This article conceptualizes definitions for social support, reviews the functions of social support, and analyzes the structure and function of social support networks in adoptive families who parent children with special needs. Results indicate that the parents with difficult adoptions (children with behavioral/emotional problems or physical disabilities) perceive that they do not have enough help, despite post-adoptive services. Implications for practice and service delivery for adoptive families are highlighted.

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Family social support networks have been widely acknowledged for the last ten years by researchers and practitioners as important for understanding family life. However, details are scarce about the social support networks of adoptive families. This article conceptualizes definitions for social support, reviews the functions of social support, and analyzes the structure and function of social support networks in adoptive families who parent children with special needs. Implications for practice and service delivery are highlighted.

Conceptualizing Social Support and Social Support Networks

The terms social networks and social support are frequently used interchangeably. **Social support** is defined as the means by which people give assistance to each other (Barrera & Ainely, 1983; Gottlieb, 1983; House & Kahn, 1985; Tracy & Whittaker, 1990; Wood, 1984). Various literature suggests support enables people to be more cognitively aware that they are cared for or valued as members of social networks (Cobb, 1976; Cobb, 1982; Cochran, 1990; Eckenrode & Gore, 1981; Gore, 1980). In either case, social support is an appeal for and receipt of assistance.

Social network is a structure of interpersonal relations that tie individuals together (Garbarino, 1983; Tracy & Whittaker, 1990). It is generally comprised of people in the life of a family who help them cope with everyday issues. Social networks typically include the extended family, friends, neighbors, colleagues and service providers. The network, however, can be either supportive or stressful. That is, some networks may not provide positive feedback and diminish the family's capacity for effective functioning (Tracy & Whittaker, 1990; Whittaker & Tracy, 1990).

Social support network is defined as interconnected relationships that provide durable patterns of interaction, interpersonal relations, nurturing, and reinforcements for coping with daily life (Garbarino, 1983; Tracy & Whittaker, 1990; Whittaker & Garbarino, 1983). The people and organizations that make up this network provide social interaction with the family through supportive behaviors, such as approval, guidance and kindness, emotional help, information and concrete aid. Within the network structure, people make demands and request help.

Several authors have quantified components of social support. Pattison (1977) delineated two types and Gottlieb (1978) identified 26 different types of social support. Barrera and Ainely (Cited in Streeter & Franklin, 1992, p. 8) conceptualized social support as follows:

- 1) *Material aid*: providing tangible materials in the form of money and other physical objects;
- 2) *Behavioral assistance*: sharing of tasks through physical labor;
- 3) *Intimate interaction*: traditional nondirective counseling behaviors such as listening, caring, expressing esteem, and understanding;

4) *Guidance*: offering advice, information, and instruction;

5) *Feedback*: providing individuals with feedback about their behaviors, thoughts, and feelings;

6) *Positive social interactions*: engaging in social interactions for fun and relaxation.

Social support is garnered through two sources. The first source is the informal or natural system, which develops spontaneously from family, friends, work associates, clergy, school colleagues, and neighbors. When people need help, the first sources of assistance are usually those in the interpersonal or informal networks (Gottlieb, 1988). The second source is the formal system, which is the support received from social workers, doctors, lawyers, and other professionals (Caplan, 1974; Maguire, 1991; Cochran, 1990). Families are more reluctant to involve the formal system in solving problems. To engage in this system, there is a hierarchy in the decision-making for many families. Usually, families will contact their clergy persons before they venture into the formal system of support because of the lack of reciprocity and deficits perspective (Cochran, 1990). That is, there is no expectation about balance between support given and received (reciprocity), and the receiver is dependent on the giver for the resources (deficits approach). In the natural support system, it is understood that asking for help means the recipient will grant assistance back at another time. However, in the formal system, the recipient receives support that is only one-sided, creating a role for the recipient as a dependent person whose needs must be met. This one-sided giving also results in a power difference between the person giving and the person receiving. It should also be recognized that the formal system contains power differences and the greater the power differences, the less comfortable a family will feel about turning to a formal source of support. A family is more likely to go to someone where the power difference is minimized or where there is a level of comfort and familiarity with the person in the system. Thus, families first turn to clergy.

It is not unusual for families to combine formal and informal systems in meeting their needs. Caplan (1974) describes how people seek out formal helpers to intermittently augment natural supports when out-of-the-ordinary challenges or problems arise. For example, people who are ill or exposed to a personal or family crisis may seek guidance from someone who has had similar experiences and can tell them what to expect and the options they have in dealing with burdens and challenges. Thus, both the informal and formal systems can be part of a family's social support network. Sources of support can allow families to successfully navigate the difficulties they encounter.

Social support may be continual as provided within enduring relationships or intermittent and short-term in the event of an acute need or crisis. For instance, social support can be found in ongoing relationships, such as extended family members or long term friends (Caplan, 1974; Garbarino, 1983; Pehrson & Thornley, 1993; Streeter & Franklin, 1992). Conversely, social support can be developed to meet a need that arises from relationships that are new and time-limited. Crisis-support relationships likely consist of three elements: the support person (1) "helps the individual to mobilize psychological resources and master emotional

burdens"; (2) shares tasks; and (3) provides "extra supplies of money, materials, tools, skills, and cognitive guidance to improve his/her handling of a situation" (Caplan, 1974; p. 6). Although the crisis-support relationship usually dissolves after the crisis, sometimes the family will incorporate the helper and develop a long-term relationship.

The Value of Social Support for Adoptive Families

Social support system theory proposes that the way people believe, act and feel are affected, in part, by the people with whom they are interconnected. According to Maguire (1991), social support or an individual's social support network provides five resources. First, social support provides a sense of self. Family and individual identities are shaped and reinforced by the people who are part of their lives. When their identities are challenged, sometimes the family or individual will exclude them from their lives. In other instances, challenging helps the family or individual redefine who they are. Individuals and families learn and relearn about themselves through involvement with a supportive social system. Adoptive family members form a new sense of self when children enter the family through adoption. Social support can help family members as they define who they are as an adoptive family.

Second, social support can provide encouragement and positive feedback. A positive social support system provides people with feedback that they have worth and are valued. Adoptive families have many struggles integrating children into new environments. When these families feel overburdened or hopeless, support systems provide reassurance and a sense of hope.

Third, social support protects against stress. Families and individuals with strong social supports handle daily stressors more successfully than those who lack social supports (Gore, 1981; House, 1981; Caplan, 1974; Pearson, 1990). Feeling supported and cared about decreases or buffers the negative effects of stressful life events. More specifically, adoptive families encounter unique stressors in the formation and maintenance of their families; and social support strengthens these families as they deal with various stresses (Groze, 1996).

Fourth, social support contributes knowledge, skills, and resources to adoptive families. Froland (1979) suggests that social support systems help families define problems, seek the appropriate assistance through informal systems of referral, buffer the stress, and enhance the effects of professional intervention. In general, adopted families have good problem-solving skills. Sometimes they find themselves in new situations or they are so overwhelmed that they do not use their natural problem-solving abilities. Social support helps families define or redefine their problems so they can move forward with problem-solving strategies.

Fifth, support systems provide socialization opportunities. Some families have poorly developed social skills. The social skills that were appropriate before the adopted children entered these families may no longer be functional. Other families may experience a temporary setback as a result of difficulties in their adoptions. The uniqueness of their situations may leave them feeling isolated. They may feel lost because they lack appropriate role models for adoptive parenthood. Interaction with others can

reduce isolation and give families a forum for discussing issues with others in similar situations. If the social system includes involvement with other adoptive parents, they have a forum for mutual sharing and support.

Related Social Support Research

For African-American, Hispanic, Central American Immigrant, and Japanese families, the structure of social support networks is based on natural support systems. That is, these families tend to use kinship networks as their primary resources for both emotional and instrumental support (Leslie, 1992; Hanline & Daley, 1992; Koyano, Hashimoto, Fukawa, Shibata, & Gunji, 1994). The networks comprise 69% to 90% of kin or blood relatives with the remainder being close friends. Leslie (1992) also suggests that these networks actually “buffer” the families against formal networks, either helping families stay away from formal sources of support or mitigating the negative repercussions they experience in working with or navigating the formal system of support.

Families of children with disabilities, such as autism, mental retardation or physical malformations, tend to use a mixture of natural and formal support structures. For instance, respite services for children with autism are consistently observed to be a critical need for families of children with pervasive developmental disorders (Factor, Perry, & Freeman, 1990; Donovan, 1988). Parents of children with mental retardation have been found to use their marital relationships and family for support (Flynt, Wood, & Scott, 1992; Failla & Jones, 1991). Consistently, social support networks appear to be critical for the survival of these families (Rodrigue, Morgan, & Geffken, 1992; Henderson & Vendenberg, 1992; Dunst, Trivette, Hamby, & Pollock, 1990; Varni & Setoguchi, 1993; Bailey, Blasco, & Simeonsson, 1992).

Last, research indicates that support systems play significant roles in 1) maintaining physical and psychological health (Caplan, 1974; Cobb, 1982; Grummon, Rigby, Orr, Procidano, et. al., 1994; Turnbull, Galinsky, Wilner, Meglin, 1994; Hough, Lewis, & Woods, 1991), 2) buffering stressful events (Parasuraman, Greenhaus, & Granrose, 1992; Unger and Powell, 1990; Wagner & Calhoun, 1991-92), 3) extremely traumatic events such as natural disasters, wars, and rape (Kaniasty, Norris, & Murrell, 1990; Kaniasty & Norris, 1993; Pehrson & Thornley, 1993; Mitchell, 1991). Support networks also have been found to be useful in preventing emotional and behavioral problems (Dadds & McHugh, 1992; Murata, 1994; Kashani, Canfield, Bourduin, Soltys, & Reid, 1994; Wallender & Varni, 1989).

Methods

Sampling

Three hundred and forty responding families from four distinct sampling frames form the sample for this article.

Four-hundred and eighty-four families adopted a children, ages 4 and older, through the Oklahoma Department of Human Services, from January 1988 through December 1992 (adoptive placement dates). These families responded to the study administration in 1988 and produced a response pool of 237 participants (response rate: 49%). The rest of the sample was obtained from the 1990 subsidized adoption list of the Iowa Department of Social Services (in 1992) and provides the remainder of this article's data (response rate: 76%), with 103 families responding.

The use of multiple sampling strategies weakens internal validity to some degree. On the other hand, the diverse characteristics of sample children and families and the multi-state nature of the sampling frame enhance generalizability. Greater sampling details can be found in Rosenthal and Groze (1992).

Measurement and Variables

Findings reflect parental reports. Many findings are presented by sample subgroups. Children in the handicap subgroup have serious vision, hearing, or orthopedic handicaps, or are mentally retarded (mild, moderate, or profound). Emotional /behavioral problems comprise families whose children have major emotional/behavioral problems (as contrasted with no problems or a minor problems). Three types of adoptive families are identified: the "new" parents subgroup consists of all families who were not foster parents (foster subgroup) to their adopted children, and were not birth family relatives (relative subgroup); the "foster" parent subgroup consists of those who were foster parents prior to adoption and were not (birth family) relatives; the "relative" subgroups were relatives to the children. Family structures included single parents and two-parent families. Six areas of social support were also identified (see Table 1). For each area, parents were asked how much help they received (none, some, or a great deal) and if the amount of help was sufficient.

Results

Characteristics of Study Sample

Two-hundred and eighty-one adoptive mothers (82.6%) and 54 adoptive fathers (15.9%) responded to questions about 178 sons (52.4%) and 159 daughters (46.8%). Forty-seven percent (159 of 340) of adoptions were by the children's prior (non-relative) foster-parents, 38% (128) were by new parents (i.e., not prior foster parents, not relatives), and 7% (23 of 340) were by birth family relatives. Four percent (14 of 340) of parents were single at the time of adoptive placement. Thirteen percent (43 of 340) of children with birth siblings were placed as part of a sibling group, and 13% (44 of 340) had siblings but were not placed together as a group. In terms of ethnicity, 68.5% (233 of 340) of the children were white, and 30% (102 of 340) were non-white or biracial.

The mean age of children at survey administration was 9.6 years (Median = 9, SD = 4.6). Fifty-nine percent (203 of 340) were reported to have no handicaps and minor emotional/behavioral problems, 24.7% (84 of 340) reported to have handicaps and minor emotional or behavioral problems, 8.2 % (28 of 340) had major emotional/behavioral problems but no handicaps, and 7.4% (25 of 340) had both major emotional/behavioral problems and handicaps. Table 1 presents further descriptive information about the children, their histories, their special needs, and information about the parents.

Table 1: Adoptive Families for Demographic Characteristics

Gender of child	46.8% Female 52.4% Male
Age at placement	23.5% Under five years old 75.3% Five years and over Mean = 4.35 years old
Special needs	15.6% Emotional problems 32.1% Physical disability
Marital status of parents	17.9% Single 82.1% Married
Race of adopted child	68.5% White 30.0% Minority/ biracial
Race of parents	80.2% White 19.8% Minority/ biracial
Educational level of parents	6.9% Did not finish high school 25.5% High school diploma 35.6% Some college 20.7% College graduate 10.2% Master's degree or more

Social Support Data

Table 2 presents a description of the sufficiency of social support as well as the parental perceptions. Overall, over 50% of the families were receiving some sort of support in parenting tasks, parenting skills, free time, emotional support, learning about adoption, and in dealing with serious problems with the adoption. Additionally, 55% to 78% of the families perceived that the support they received was enough.

Table 2: Perceptions of Amount and Sufficiency of Social Support Received by Adoptive Families

Area	Enough support		Some	Amount of support	
	No	None		Great Deal	
Day to day parenting tasks	78%	22%	42%	33%	25%
Parenting skills and ideas	73%	27%	32%	44%	25%
Serious problems with adoption or child	61%	39%	47%	34%	19%
Free time, time for self, break from kids	55%	45%	35%	55%	10%
Learning about adoption issues and special needs	65%	35%	49%	40%	11%
Emotional support	67%	33%	50%	34%	17%

N = 221 to 305

Tables 3 and 4 present social support data by type of family. There was no significant association between the amount of help received and the type of adoptive family, but there was one difference in the perceived amount of “enough” help received. This association was between the type of adoptive family and the perceived amount of enough help with free time ($c^2 = 6.55$, $p = .038$). Results suggest that relatives were more likely to report that they received enough help with free time than were foster or new adoptive families.

Table 3: Amount of help received by type of adoption

		Foster	New	Relative	Statistics
Day-to-day parenting	None	47.3%	36.4%	64.7%	$C^2 = 7.04$ $p = .1137$
	Some	31.1%	33.9%	23.5%	
	Great	21.6%	29.7%	11.8%	
Parenting skills	None	36.4%	29.9%	35.3%	$C^2 = 1.23$ $p = .8725$
	Some	49.6%	44.3%	6.1%	
	Great	23.8%	26.5%	23.5%	
Serious problems	None	45.1%	49.1%	75.0%	$C^2 = 6.82$ $p = .1456$
	Some	38.7%	30.7%	18.8%	
	Great	20.2%	16.2%	6.3%	
Free time	None	39.5%	31.9%	43.8%	$C^2 = 6.10$ $p = .1920$
	Some	54.4%	53.8%	43.8%	
	Great	6.1%	14.3%	12.5%	
Learning about adoptions	None	53.8%	44.8%	56.3%	$C^2 = 2.84$ $p = .5853$
	Some	37.2%	42.2%	37.5%	
	Great	9.0%	12.9%	6.3%	
Emotional support	None	51.0%	46.6%	75.0%	$C^2 = 5.22$ $p = .2652$
	Some	35.2%	36.2%	12.5%	
	Great	13.8%	17.2%	12.5%	

Table 4: Sufficiency of help received by type of adoption

		Foster	New	Relative	Statistics
Day-to-day parenting	No	23.4%	22.0%	15.4%	$C^2 = .445$ p = .8006
	Yes	76.6%	78.0%	84.6%	
Parenting skills	No	27.8%	30.9%	8.3%	$C^2 = 2.739$ p = .2543
	Yes	69.1%	72.2%	91.7%	
Serious problems	No	44.6%	36.0%	18.2%	$C^2 = 3.750$ p = .1534
	Yes	55.4%	64.0%	81.8%	
Free time	No	51.4%	40.2%	16.7%	$C^2 = 6.551$ p = .0378
	Yes	48.6%	59.8%	83.3%	
Learning about adoptions	No	42.6%	31.8%	18.2%	$C^2 = 4.140$ p = .1262
	Yes	57.4%	68.2%	81.8%	
Emotional support	No	38.3%	35.3%	9.1%	$C^2 = 3.725$ p = .1553
	Yes	61.7%	64.7%	90.9%	

N = 203 to 215

Tables 5 and 6 present the analysis between the type of special needs adoption and social support. As presented in Table 5, there is a significant association between the amount of help with parenting skills and type of special need ($c^2 = 18.75$, $p = .005$). The modal category for parents who had children with minor emotional and no physical problems was none, while the modal category for the other 3 categories of special needs was some. Results also showed significant associations between type of special need and having enough help with day-to-day parenting, parenting skills received, enough help with serious problems, enough help with free time, help with learning about adoptions, and enough emotional support received. Wilke's lambda with type of special need as the independent variable proved to be an excellent PRE measure for the family having enough help with parenting skills ($l = .129$), serious problems ($l = .213$), free time ($l = .221$), and emotional support ($l = .122$). Results suggested that parents caring for children with major emotional problems, regardless of physical disability, did not perceive that they had sufficient help in the domains of social support that were measured.

Table 5: Help received for special needs adoptions

		Minor emotional, no physical	Minor emotional, physical	Major emotional, no physical	Major emotional, physical	Statistics
Day-to-day parenting	None	41.9%	45.0%	46.4%	27.3%	$C^2 = 5.981$ $p = .4253$
	Some	30.7%	32.5%	32.1%	54.5%	
	Great	27.4%	22.5%	21.4%	18.2%	
Parenting skills	None	35.6%	29.9%	21.4%	22.7%	$C^2 = 18.754$ $p = .0046$
	Some	34.5%	51.9%	53.6%	72.7%	
	Great	29.9%	18.2%	25.0%	4.5%	
Serious problems	None	53.5%	40.3%	39.3%	27.3%	$C^2 = 10.040$ $p = .1230$
	Some	29.7%	36.1%	42.9%	54.5%	
	Great	16.9%	23.6%	17.9%	18.2%	
Free time	None	33.1%	38.0%	37.0%	33.3%	$C^2 = 4.954$ $p = .5497$
	Some	55.1%	51.9%	59.3%	66.7%	
	Great	11.8%	10.1%	3.7%	0	
Learning about adoptions	None	48.9%	49.4%	48.1%	45.5%	$C^2 = 2.147$ $p = .9058$
	Some	39.1%	39.0%	44.4%	50.0%	
	Great	12.1%	11.7%	7.4%	4.5%	
Emotional support	None	50.3%	51.9%	37.0%	52.4%	$C^2 = 8.160$ $p = .2266$
	Some	30.6%	31.6%	55.6%	38.1%	
	Great	19.1%	16.5%	7.4%	9.5%	

N = 294 to 309

Table 6: Sufficiency of help received for special needs adoptions with emotional or physical problems

		Minor emotional, no physical	Minor emotional, physical	Major emotional, no physical	Major emotional, physical	Statistics
Day-to-day parenting	No	14.8%	22.6%	47.6%	50.0%	$C^2 = 20.004$
	Yes	85.2%	77.4%	52.4%	50.0%	$p = .0002$
Parenting skills	No	18.6%	23.3%	56.5%	64.7%	$C^2 = 27.407$
	Yes	81.4%	76.7%	43.5%	35.3%	$p = .0000$
Serious problems	No	31.3%	33.3%	66.7%	83.3%	$C^2 = 25.617$
	Yes	68.8%	66.7%	33.3%	16.7%	$p = .0000$
Free time	No	32.6%	54.2%	61.9%	84.2%	$C^2 = 24.492$
	Yes	67.4%	45.8%	38.1%	15.8%	$p = .0000$
Learning about adoptions	No	28.3%	36.8%	54.5%	55.6%	$C^2 = 9.553$
	Yes	71.7%	63.2%	45.5%	44.4%	$p = .0228$
Emotional support	No	27.8%	27.6%	61.9%	62.5%	$C^2 = 16.412$
	Yes	72.2%	72.4%	38.1%	37.5%	$p = .0009$

N = 221 to 236

Tables 7 and 8 report on the social support by the child's age at placement. The child's age at placement had an association with the amount of help needed with serious problems ($c^2=4.65$, $p=.09$), amount of help with learning about adoptions ($c^2=7.0$, $p = .03$), and the amount of emotional support ($c^2=12.4$, $p = .002$). Additionally, the child's age at placement had a significant association with perceptions of enough help with parenting skills, ($c^2=6.063$, $p = .014$), serious problems ($c^2=4.297$, $p = .038$), help learning about adoptions ($c^2=7.838$, $p = .005$), and emotional support ($c^2= 8.182$, $p = .004$). Lambda was found to be a poor PRE in amount of help or satisfaction when knowing age.

Table 7: Amount of help received by child's age

Under 5 years old 5 years old and over Statistics

		Under 5 years old	5 years old and over	Statistics
Day-to-day parenting	None	38.3%	42.9%	$C^2 = 1.491$ $p = .4746$
	Some	29.8%	33.6%	
	Great	31.9%	23.6%	
Parenting skills	None	29.8%	32.3%	$C^2 = .098$ $p = .2390$
	Some	36.2%	45.0%	
	Great	34.0%	22.7%	
Serious problems	None	54.5%	45.3%	$C^2 = 4.616$ $p = .0995$
	Some	20.9%	36.8%	
	Great	25.0%	17.8%	
Free time	None	25.5%	36.5%	$C^2 = 2.502$ $p = .2862$
	Some	66.0%	53.7%	
	Great	8.5%	9.8%	
Learning about adoptions	None	37.0%	50.6%	$C^2 = 7.036$ $p = .0297$
	Some	41.3%	40.2%	
	Great	21.7%	9.2%	
Emotional support	None	48.9%	50.0%	$C^2 = 12.434$ $p = .0020$
	Some	17.8%	36.1%	
	Great	33.3%	13.9%	

Table 8: Sufficiency of help by child's age

		Five years old and under	Six years old and over	Statistics
Day-to-day parenting	No	15.8%	24.0%	$C^2 = 1.219$
	Yes	84.2%	76%	$p = .2696$
Parenting skills	No	10.8%	30.5%	$C^2 = 6.063$
	Yes	89.2%	69.5%	$p = .0130$
Serious problems	No	24.3%	42.6%	$C^2 = 4.297$
	Yes	75.7%	57.4%	$p = .0382$
Free time	No	35.1%	47.4%	$C^2 = 1.881$
	Yes	64.9%	52.6%	$p = .1702$
Learning about adoptions	No	15.8%	39.7%	$C^2 = 7.838$
	Yes	84.2%	60.3%	$p = .0051$
Emotional support	No	13.5%	37.9%	$C^2 = 8.182$
	Yes	86.5%	62.1%	$p = .0042$

N = 219 to 294

Tables 9 and 10 present the relationship of family structure to the social support data. Family structure (single vs. parent team) was associated with the amount of day-to-day parenting skills ($c^2 = 6.770$, $p = .034$), amount of help with parenting skills ($c^2 = 5.547$, $p = .062$), and amount of help learning about adoptions ($c^2 = 4.794$, $p = .091$). The family structure proved to have no affect on the satisfaction with the amount of help. Again as with the child's age, lambda proved to not reduce the PRE to any remarkable degree.

Table 9: Amount of help received by family structure

		Single parent	Parent team	Statistics
Day-to-day parenting	None	55.6%	39.0%	
	Some	31.5%	33.5%	$C^2 = 6.770$
	Great	13.0%	27.6%	$p = .0339$
Parenting skills	None	45.3%	28.7%	
	Some	35.8%	45.3%	$C^2 = 5.547$
	Great	18.9%	25.9%	$p = .0624$
Serious problems	None	53.8%	45.2%	
	Some	30.8%	35.3%	$C^2 = 1.317$
	Great	15.4%	19.5%	$p = .5176$
Free time	None	43.4%	32.7%	
	Some	47.2%	57.4%	$C^2 = 2.289$
	Great	9.4%	10.0%	$p = .3184$
Learning about adoptions	None	59.6%	46.2%	
	Some	26.9%	43.3%	$C^2 = 4.794$
	Great	13.5%	10.5%	$p = .0910$
Emotional support	None	51.9%	49.0%	
	Some	28.8%	34.8%	$C^2 = .765$
	Great	19.2%	16.2%	$p = .6821$

N = 294 to 308

Table 10: Sufficiency of help by family structure

		Single parent	Parent team	Statistics
Day-to-day parenting	No	27.8%	21.5%	$C^2 = .690$
	Yes	72.2%	78.5%	$p = .4060$
Parenting skills	No	33.3%	25.8%	$C^2 = .933$
	Yes	66.7%	74.2%	$p = .3342$
Serious problems	No	40.5%	38.9%	$C^2 = .033$
	Yes	59.5%	61.1%	$p = .8559$
Free time	No	41.7%	45.6%	$C^2 = .194$
	Yes	58.3%	54.4%	$p = .6596$
Learning about adoptions	No	31.4%	36.0%	$C^2 = .268$
	Yes	68.6%	64.0%	$p = .6048$
Emotional support	No	37.1%	32.8%	$C^2 = .250$
	Yes	62.9%	67.2%	$p = .6171$

N = 221 to 236

Each of the six support questions were also measured with a multiple-response item, which prompted the participants to rank-order who or what, in their social support systems, provided the respective social support components. The participants were asked to rank only the top three sources of their social support networks for each of the six areas of support. The nine possible sources were then recoded into a dichotomous nominal variable of informal support providers (spouse or partner, other children, relatives, friends/neighbors, other adoptive parents, and church) or formal support providers (adoption social worker/agency, other agency, and “other”). Table 11 presents the relationship between type of family and use of formal support systems compared to informal support systems. Significant associations between the source of support and day-to-day parenting ($c^2 = 4.836$, $p = .0896$), parenting skills ($c^2 = 7.124$, $p = .0284$), and emotional support ($c^2 = 9.892$, $p = .0071$) were found for the type of adoptive home. Results suggest that relative placements use formal support systems to a greater extent than do foster or new adoptive families.

Table 11: Top-ranked systems for providing support by type of adoption

		Foster	New	Relative	Stats
Day-to-day parenting	Informal	99.0%	94.3%	87.5%	$C^2 = 4.826$

		Foster	New	Relative	Stats
Parenting skills	Formal	1.0%	5.7.0%	12.5%	p = .0896
	Informal	82.5%	88.8%	55.6%	$C^2 = 7.124$
Serious problems	Formal	17.5%	11.2%	44.4%	p = .0284
	Informal	64.3%	61.3%	50.0%	$C^2 = .413$
Free time	Formal	38.8%	35.7%	50.0%	p = .8135
	Informal	99.0%	95.5%	100.0%	$C^2 = 2.589$
Learning about adoptions	Formal	1.0%	4.5%	0	p = .2741
	Informal	46.0%	50.8%	20.0%	$C^2 = 1.839$
Emotional support	Formal	54.0%	49.2%	80.0%	p = .3988
	Informal	89.8%	83.3%	40.0%	$C^2 = 9.892$
	Formal	10.2%	16.7%	60.0%	p = .0071

N = 129 to 198

Table 12 presents the relationship of type of support system to the special needs of the child. Three significant associations were found between the source of support and parenting skills ($c^2 = 14.534$, $p = .0023$), serious problems ($c^2 = 12.355$, $p = .0063$), and free time ($c^2 = 19.098$, $p = .0003$) for the type of disability. Results suggest that families parenting children with major emotional/behavioral problems as well as families parenting children with physical disabilities rely more on formal systems of support for parenting skills and dealing with serious problems.

Table 12: Top-ranked systems for providing support by special needs adoptions

		Minor emotional, no physical	Minor emotional, physical	Major emotional, no physical	Major emotional, physical	Statistics
Day-to-day parenting	Informal	97.5%	96.6%	88.2%	94.4%	$C^2 = 3.740$
	Formal	2.5%	3.4%	11.8%	5.6%	$p = .2910$
Parenting skills	Informal	91.5%	76.8%	65.2%	70.6%	$C^2 = 14.534$
	Formal	8.5%	23.2%	34.8%	29.4%	$p = .0023$
Serious problems	Informal	71.6%	53.3%	33.3%	52.9%	$C^2 = 12.355$
	Formal	28.4%	46.7%	66.7%	47.1%	$p = .0063$
Free time	Informal	100.0%	96.4%	84.2%	100.0%	$C^2 = 19.098$
	Formal	0	3.6%	15.8%	0	$p = .0003$
Learning about adoptions	Informal	48.0%	48.8%	25.0%	36.4%	$C^2 = 3.427$
	Formal	52.0%	51.2%	75.0%	63.6%	$p = .3304$
Emotional support	Informal	84.5%	88.5%	88.9%	78.6%	$C^2 = 1.156$
	Formal	15.5%	11.5%	11.1%	21.4%	$p = .7636$

N = 143 to 217

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Discussion

The data show that the parents of the more difficult adoptive placements, children with emotional/behavioral problems and physical disabilities, perceived that they did not have enough help. In every instance of questioning their satisfaction with the amount of enough support, the parents with physically disabled and emotional/ behavioral disturbed children significantly replied that more support was needed, compared to families with children not possessing these characteristics. This indicates that despite post-adoptive services, parents with emotionally/behaviorally disturbed children or physically disabled children desired more support. This need for more support also is predictable if one knows the type of disability.

Further, there seemed to be few significant associations between type of adoptive family and need for social support. There was very little validation in the ability to predict the perceptions of the amount of social support received and whether it was enough by knowing the type of adoptive family. Clearly, one would assume that support services were needed by all adoptive families, regardless of the children's origin.

Family structure and the child's age at placement appear to affect the amount of help needed for learning about adoptions, but vary in the other types of support. One could not predict the amount of help or its satisfaction by knowing the family characteristics.

What is not clear, however, is the difference between the formal vs. informal support providers used among the types of adoptive families. Most adoptive families use a combination of formal and informal networks. However, knowing what type of family a practitioner is working with will not substantiate a supposition about who they would be inclined to use. In fact, contrary to what the literature indicates, the relative adoptions tend to use more formal support systems than informal. On the other hand, families with children who have both major emotional/behavioral disturbances and physical disabilities use formal support networks more than informal support networks.

Social Support Interventions

Social support systems provide emotional support and nurturing, reinforcement (or punishment) for behavior, guidance, and access to resources such as information and tangible aid (Tracy & Whittaker, 1990; Gore, 1981; Whittaker & Garbarino, 1983). Social support system interventions can be used to minimize the effects of adverse social conditions and life stresses. These interventions comprise two types. First, intervention can focus on changing the structure of the social support network. For example, increasing the size of the network or changing the composition of the network would be structural interventions. Second, intervention can focus on changing the functional quality of social network relationships. For example, increasing the types of support in specific areas or increasing reciprocity in social network relations would be functional interventions in rural communities where there is limited professional resources available. Whittaker and Tracy (1990) warn, however, that these types of interventions are suitable, but should only be an integral component of a comprehensive plan. Caution should be used in determining whether the whole source of intervention is not just solely changing the family's social support network.

Regardless, this study's data demonstrate the most prevalent intervention systems requested by the various types of families. Interventions include, among other techniques, the use of support groups and self-help groups (Maguire, 1991). However, there are organizational differences between these groups. Generally, self-help groups do not have trained mental health professionals as leaders (Ramsey, 1992), because the leadership evolves from those sharing the problems or concerns (Maquire, 1991). Self-help groups for families may be formed for any number of reasons; whatever their goals, they provide social interaction and generally some degree of support for families. The members form bonds based on mutual identification and shared problems or concerns. Self-help groups enable parents to decrease isolation, vent their feelings, and receive advice from other parents. Difficulties such as sibling rivalry, issues with grandparents, over-protectiveness, disagreements between parents regarding child rearing, painful experiences, and general child development concerns are typical topics. While parents

acknowledge the value of information and support, they also appreciate the normalization of problems gained through group participation with other parents struggling with the same issues (Louv, 1993).

In contrast to self-help groups, support groups include professionals as leaders, facilitators, or consultants. Support groups may be developed for specific situations or for specific populations. Weiss (1975, cited in Maquire) discussed the social support needs of people in transitional states. Parents sometimes find that their situations are unshared by intimate friends and family. In addition, the problems they are attempting to cope with are different from those shared by their usual support community. To reduce their feelings of marginality and isolation, Weiss suggests that these parents find temporary communities of others in the same situation, for whom their experiences will have meaning and who will fully accept them.

Parent-to-parent support groups are intended to perform the important function of helping parents to cope with the stresses of raising their children (Phillips, 1990). These support groups can provide emotional reinforcement as well as a forum for sharing first-hand experiences and information. They also can afford parents opportunities for collective advocacy on behalf of their children. Groups for parents with chronically ill children function on the premise that parents who are caring for children with similar needs or problems can share experiences and feelings that will help them to gain insights into their shared difficulties. The assumption is that interaction with families facing similar crises will be therapeutic. Friendships, shared information, practical assistance and advocacy activities are often outcomes of these groups.

Lastly, continued assessment of families of adoptive children with special needs is warranted. Workers should thoroughly evaluate support systems, noting areas in which families may be lacking for informal or formal support. Mapping the networks of support should be completed as part of the initial and subsequent assessments. This, in turn, may indicate the quality of support in the various domains of formal vs. informal support. Eventually, intervention plans should include, as part of comprehensive services, strengthening the current support structures and devising new ones in the needed areas.

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