DEFINING EQUITY AND ITS IMPACT

Equality and equity are not the same thing. Equity helps meet people where they're at and allows their needs to be met on a more personal level whereas equality is just a base standard of providing resources with less availability for individual needs. Equity allows individuals to get what they need.

Like all parents, adoptive parents are left to fight for needs of their kids. However, people who are not foster/adoptive parents—including teachers, administrators, and hospital staff—frequently don’t understand the plights of adoptive/foster families and may oversimplify issues and push back. Many of the support services don’t understand the effects of trauma, which is frequently misdiagnosed as “behavior.” Foster/adoptive parents understand that additional patience must be given to their kids who are navigating typical issues of childhood in addition to other traumas. Moreover, caregivers often experience secondary traumas because of the issues they’re helping their children navigate. If others had a better understanding of trauma, it would help create equity for foster/adoptive families.

Children who are in foster care and in juvenile detention are navigating two systems that are not led with trauma-informed care. This can be exacerbated by race, as many foster/adoptive families are a mix of races. Families are often offered a seat at the table, but not always seen as an equal team member which makes families feel like they're not being heard. It makes families feel like their voice is not heard as equitably as other families.

Foster kids have health insurance through the state. The quality and expertise of care in the state’s healthcare system is not equitable. It's challenging to find providers who have the expertise necessary to care for kids and families from the foster care system.

OPTIMIZING EVERYONE’S POTENTIAL THROUGH EQUITABLE APPROACHES

Foster/adoptive families frequently take part in programs that are designed to provide help and resources, but they feel like their voices are not heard even when they work to provide honest input. For example, one family has a seven-year-old boy who has been diagnosed with an eating disorder. However, there are no programs available for kids under the age of 10 and most are developed for girls. Despite many attempts at getting care, none is available. This is an example of inequity of care. Children with disabilities are also frequently overlooked despite a large number of them having afflictions such as fetal alcohol syndrome and other serious, treatable conditions. It is particularly important for communities to offer equitable services for those who have disabilities. Division of Developmental Disabilities (DDD) and mental health services are not equitable, especially after age 18. And there is a vast inequity for children living in group homes with paid staff.

It would be useful for programs to help inform foster parents about early psychological care for their children. For example, personalized one-on-one time is imperative for attachment and understanding of relationship development in children. If caregivers were able to provide healthy psychological care early, there may be fewer children in the system later down the line. One idea is a program that allows high-school students to practice caring for younger children. Another idea is to bring back classes into public school like home economics that will help young people learn simple life skills and basic psychological care. Mental health and trauma tends to be focused on older children. But early detection and care is necessary to develop healthy kids. There is not an array of choices and levels of care, especially for people who are older than 18 and have spent their life in foster care.
Inequity breeds burnout in adoptive/foster parents. Foster/adoptive parents frequently feel burnout when they continually feel like their voices are not heard. In order to foster kids who come from more difficult backgrounds, foster parents must have broad experience. Part of this burnout also comes from the feeling of constant pushback from schools and administrators. Foster/adoptive parents must also learn self-care and be encouraged to practice it frequently. We must also hold the community accountable for caring for all people, including children regardless of their background.

**IMPROVING COMMUNITIES THROUGH EQUITY**

Networking is necessary for families to depend on each other for support and personal resources. This social fitness helps alleviate foster/adoptive parent burnout. Another inequity is seen when looking at the difference between foster and adoption. Resources dwindle for adoptive families versus foster families, which is frustrating because the kids still have the same needs, but parents are not necessarily offered as many resources. Post-COVID, there is a huge change in the way people connect with each other within the system, and it has been harder to get people to become involved. One participant noted that as part of the original process for becoming a foster/adoptive parent, it was required to join a support group. That is no longer the case, and likely contributes to dwindling participation.

An improvement would be a more equitable approach that treats parents like a “team member instead of the babysitter.” This would help people stay on longer and encourage longer-lasting care for foster/adoptive kids. Additionally, some families would like to see some formal meetings between caregivers and parents early in the process in order to help the child heal. Even the term “placement” dehumanizes the role that foster/adoptive families play in a child’s life.

**NEXT STEPS AND ACTIONS**

These conversations need to happen in large groups that include foster/adoptive kids because problem-solving discussions tend to happen in silos. This makes it difficult to take a holistic approach to successful fostering and adopting. Also, it’s difficult to create one-size-fits-all solutions because each child has vastly different individual needs. That alone makes it difficult to find equity.

Another issue is that government entities don’t always work well together. For example, the Division of Developmental Disabilities (DDD), Department of Child Services, Department of Education, and Behavioral Health Services are all working individually without a mechanism to know if each individual family is being treated holistically and with equity. There seems to be a great deal of disconnection, and those who are most affected are adoptive/foster families. One idea is to implement the Mockingbird Family Model. In this model, there is an opportunity for families to connect in small groups to provide support like respite for caregivers, social activities, and resource sharing.

Many have worked with an ombudsman who is supposed to be a liaison between government entities and families, but even that role is not well-known to families. However, it would be helpful if the ombudsmen or a similar role could also help facilitate cooperation between government agencies creating wrap-around services, which is very helpful for kids. One way to accomplish this is if various entities were able to combine financial resources and implement cooperative services. Culture change within the systems and across systems is imperative.

Other opportunities for improvement are to create a platform for foster/adoptive caregivers to address needs, hopefully influencing stakeholders and policy makers. We must also encourage education, healthcare, and juvenile justice systems to integrate trauma-informed care to understand trauma and its effects on individuals. This should include medical care providers as well as mental health care providers and educators. It would be useful to create common language within the system that helps bridge the gap between all systems acting upon the foster care system to encourage supportive care for families. Lastly, education about Adverse Childhood Experiences (ACEs) should be expanded to include all foster/adoptive families and should be made known to teachers and other childcare providers.
INDIVIDUAL COMMITMENTS TO ACTION

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions during the Arizona Association for Foster and Adoptive Parents Community Town Hall. Below are individual actions that were shared.

I WILL...

- Continue to speak up.
- Continue to try to connect organizations and systems.
- Continue to advocate for change.
- Continue to be an advocate and raise awareness for systemic disparities.
- Keep learning to make a better parent for my kids.
- As an employee of AZAFAP and a trained Social Worker I will continue to provide connections, support, and services to foster, adoptive, and kinships families.
- Share this summary with my foster connections in my part of the state.