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# Adoption of Children with Special Needs

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## Abstract

The term special needs is generally used to describe those children for whom, because of the presence of certain characteristics and conditions, it is particularly difficult to find permanent homes. Not only are these children more difficult to place in adoptive homes, but once placed, they can be very challenging to the adoptive parents and may require highly skilled and specialized educational, psychological, and medical services.

Successful adoption of these children can be promoted and assisted through special efforts and services. This paper discusses the history of special needs adoption, the current status of special needs adoption services, and possible future challenges and directions for reform. It is written not from the perspective of an academician or researcher, but from that of a service provider and advocate of permanency for children with more than 25 years of experience in helping these children find adoptive families.

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**S**pecial needs adoption refers to the adoption of children who are particularly difficult to place in permanent homes. The definition of "children with special needs" includes older children, children of color, children with physical, mental, or emotional problems, and children who are part of a sibling group. (See the article by Rosenthal in this journal issue.) However, for those who work in the field of special needs adoption, the term has come to have an additional and broader meaning: a child welfare service which seeks permanent homes for children in foster care who will not ever be able to be reunited with their birthparents. As such, it is the option considered and implemented only after all attempts to reconcile children with their families have failed. These children became labeled as "special needs" not because of a physical or mental disability, although some of the children do have developmental disabilities, but because, through default of parents and bureaucracies, they have become wards of the system. Most of them have experienced some significant trauma in their young lives, including deprivation, physical and sexual abuse, abandonment, loss, and many moves in foster care. As a result, they are prone to emotional, behavioral, and learning problems. Once these children are adopted, they are very challenging to parent. Many of them require highly skilled and

specialized educational, psychological, and medical services which are not readily accessible to adoptive parents.

Before children are adopted, those in need of parents are often referred to as "the children who wait." A 1991 report of studies in 20 states documented that children for whom adoption is planned remain in foster care an average of 3.5 to 5.5 years and, in many urban areas, much longer.<sup>1</sup> These long delays are extremely detrimental to children, particularly when their development has already been compromised by early childhood trauma, and longer stays in foster care usually mean more moves for them and a decreased probability of adoption.

Unfortunately, the situation is likely to get worse before it gets better. The American Public Welfare Association (APWA) has estimated that as of June 1992, there were 429,000 children in foster care in the United States, a 53% increase during the past 5 years.<sup>2</sup> Considering that many states estimate that 15% to 20% of the children in foster care ultimately have adoption plans, there may be as many as 85,000 children today who need adoption planning and services. As the numbers of children in care are increasing, many states are reporting growing backlogs of children waiting for adoption. Children of color are overrepresented in these statistics and are known to wait longer than Caucasian children for adoption, if and when they are targeted for this service.<sup>3</sup> All major urban areas are reporting unmanageable numbers of infants and young children coming into out-of-home care as the result of parental addiction, and the vast majority of these are children of color.

Despite the fact that legal pressures have increased for returning children home and/or seeking other permanent solutions for them, such as adoption, states have not been able to keep pace with the growing demand for the services that are

needed for these vulnerable youngsters and their families. Child welfare resources, organizational practices, and outcomes have changed very little since the 1970s, even though the needs are changing rapidly. With increased emphasis on reducing lengths of stay and on cost containment in child welfare, we are likely to see new reform attempts in permanency planning over the next decade. Within the context of broad system reform, special needs adoption must have a more prominent place. Major revisions in child welfare policy and practices and new resources and procedures for doing special needs adoption will be required to keep pace with the increased emphasis on accountability and with the burgeoning need. This article reviews some of the major developments in the evolution of special needs adoption, describes the current situation in the delivery of service to children and families, and highlights future challenges and directions for reform.

## Evolution of the Special Needs Adoption Movement

Society has always acted inconsistently toward birthparents of vulnerable children. With the development of a "psychological model" for abuse and neglect in the 1960s, there was an increased belief that neglect and abuse were intergenerational, pathological problems. This way of thinking led to an increase in the numbers of children removed from their families. Despite official rhetoric even then about the integrity and importance of preserving the family, funding and resources were entirely skewed to saving children from their parents by maintaining them in foster care and institutions. As early as 1959, Maas and

others expressed grave concern about the numbers of children who were growing up in foster care, moving from one family or placement to another.<sup>4</sup> The growing concern about "foster care drift" provided the initial impetus for the development of the special needs adoption movement.

### History of Special Needs Adoption

#### The 1960s

In Michigan the evolution of special needs adoption service parallels the experience of many states since the 1960s. In the earliest stages, however, Michigan was a bellwether state because several developments of national significance originated there. Peter and Joyce Forsythe, adoptive parents of children with special needs, were instrumental in founding the Council on Adoptable Children in Ann Arbor. This organization later became the North American Council on Adoptable Children (NACAC), an advocacy organization made up of parents serving children in need of parents. In Michigan in 1967, a conference called *Frontiers in Adoption*, co-sponsored by the Michigan Department of Social Services, representatives of the University of Michigan, parent advocates, and private child welfare agencies, was convened to begin planning change in the adoption system. The concept of developing a new kind of specialized adoption agency dedicated to the adoption of children with special needs was an outgrowth of this meeting. This agency, established

in 1968, became known as Spaulding for Children. In addition, the conference gave impetus to the development of Homes for Black Children in Detroit, which was originally founded to demonstrate innovative adoption practice in the placement of African-American infants who, at that time, tended to languish in foster care because of a perceived lack of families. The agency is important to the special needs adoption movement for having demonstrated that African-American families were eager and available to adopt children when approached and treated responsively by a community-based agency.

#### The 1970s

Soon after the *Frontiers in Adoption* conference, the Michigan Department of Social Services launched an unprecedented special needs adoption initiative. Partnering with and using Spaulding for Children as a practice laboratory and training agency, special needs adoption units were developed statewide. Spaulding and the Michigan Department of Social Services were able to demonstrate that most children are inherently adoptable, regardless of age, disability, or race, and that most adults could be appropriate adoptive parents for children with special needs with preparation and support. In 1977, Michigan began a purchase-of-service program that reimbursed participating private agencies for their costs in placing a state ward for adoption and trained placement service providers. Through this arrangement, the department was able in less than 2 years to nearly double the number of children placed for adoption.

As adoption services were being institutionalized in Michigan, Forsythe became vice president for children's programs at the Edna McConnell Clark Foundation in New York City and carried to his new post a strong commitment to the development of adoption opportunities for children with special needs. The Clark Foundation became proactive in influencing national policy in special needs adoption through several initiatives. The foundation funded pilot projects in 12 states modeled on the Spaulding for Children approach and established a national network called Family Builders. In 1975, the North American Center on Adoptable Children was established at the Child Welfare League of America with support from the Clark Foundation to provide leadership, training, consultation, and support

to states and private agencies developing services. Practice training continued to be provided by Spaulding for Children staff throughout the country, as well as through Project CRAFT (Curriculum Resources in Adoption/Foster Care Training) at the University of Michigan, to prepare future leaders in special needs adoption. University-based training programs were later developed at Columbia University in New York and the University of California in Los Angeles. These practice- and university-based training programs, addressing such subjects as child assessment, family identification and recruitment, parent training and preparation, adoption assistance, and postadoption counseling, among others, made significant contributions to the expanding body of knowledge in special needs adoption.

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### ***Adoption rates of black children in white homes declined between 1969 and 1975.***

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In the 1970s, as more states expanded their adoption efforts, it became increasingly clear that age, race, and disability were not insurmountable barriers to the adoption of children and, as a result, the movement gained momentum. Simultaneously, however, African-American, Hispanic and Native-American communities began to react negatively to the number of children from their communities who were being placed transracially. One of the most publicized reactions was from the National Association of Black Social Workers. In 1972, members of this group declared their vehement opposition to the practice of placing African-American children in Caucasian families. The Indian Child Welfare Act of 1978 and a general movement to recognize the integrity of the various ethnic, racial, and cultural groups in the United States began to have a discernible impact on public policy.<sup>5</sup> As a result, many states developed policies stating preference for same-race/same-culture placements and adoption rates of black children in white homes declined between 1969 and 1975.<sup>6</sup> A number of significant developments emerged during this period: minority community organizations helped to raise public awareness of the need for families of color to become involved in the formal adoption system; modest gains in the numbers of minority

children being placed with families of their race or culture were reported; some specialized agencies and programs were developed to reach out to communities of color; and foster parent adoptions of children with special needs began to increase. Despite these improvements, specialized resources to provide adoption services for children and families of color did not increase in proportion to the need.

#### **The 1980s**

By the late 1970s, observations of outcomes of special needs adoption showed that, although most of the adoptions were successful, many families were finding that caring for children who had been abused and neglected was very difficult. Some families and professionals alike began to question whether many of the children might not have been better off if they had been allowed to grow up in their families of origin. Both the successes and the problems led adoption and permanency planning leaders to advocate for reform. Their efforts resulted in the passage of Public Law 96-266, the Adoption Opportunities Act of 1978, which by the 1980s began to increase the federal role in funding adoption resources and pilot projects, including postadoption services and minority adoption projects. In 1980, Public Law 96-272, the Adoption Assistance and Child Welfare Act was passed. This Act amended Title IV of the Social Security Act, providing for the first time a formal federal role in monitoring the delivery as well as the financing of foster care services.<sup>7</sup> Underlying Public Law 96-272 is the premise that children develop best in their own families and that most families can be preserved. State child welfare agencies are required to make "reasonable efforts" (a term undefined in the original statute) to prevent a child's placement and, if foster care becomes necessary, to make efforts to reunite the family in a timely manner. However, if these efforts fail, they are urged to seek permanency for the child through adoption.

#### **Programs for Special Needs Adoption**

Despite inadequate resources, child welfare agencies made progress in the 1980s. Between 1980 and 1985, the number of children in foster care decreased. Special needs adoption numbers remained fairly steady, and many states were able to keep pace with the numbers of new permanent ward commitments each year. In some

states, such as Michigan and Massachusetts, adoption personnel were beginning to do joint planning with their counterparts in the Developmental Disabilities system to plan adoption for children with severe physical and mental disabilities who had been abandoned by their parents. At the close of 1985, it was estimated that 35,000 children waited for adoption nationwide and that over half of them were children of color. New Adoption Opportunity grants from the Department of Health and Human Services were having an impact on the placement of these children, particularly African-American children. Funded projects such as the Homes for Black Children initiative and the One Church, One Child project in numerous locations, and the Spaulding for Children Southwest Hispanic Recruitment Project in Texas were leading the way in demonstrating effective community-based adoption practice for children with special needs.<sup>8</sup> There was increasing evidence that successful practices from these special projects were being used in adoption agencies throughout the country to improve placement rates for children of color.<sup>9</sup>

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In 1985, the federal government established the National Resource Center for Special Needs Adoption at Spaulding for Children in Michigan to provide technical assistance to agencies and states and to expand training in special needs adoption concepts. This center provided training to more than 25,000 professionals and parents nationwide during its first 5 years.

#### **Postadoption Services**

Also during this period there was an increased emphasis on the need for postadoption services for families who adopt any child, but especially for those families who adopt children from the foster care system. Such services include counseling, mental health services, legal assistance, guidance in parenting, and respite care for the parents, among others. In addition, landmark lawsuits in Texas and

other states raised issues regarding full disclosure of a child's history before adoption and the need for a full range of postadoption services, including funding for residential care if necessary to maintain the family unit. As reports about common and serious problems that families were having with their adopted adolescents began to surface, much professional soul searching occurred. Many adoption advocates backed away from their commitment to adoption as a viable option for children with traumatic histories. In March 1987, at the first annual Adoption Specialists' meeting held in Washington, D.C., the four most important issues identified by state representatives as impeding their progress were the low priority of adoption in the states, the lack of effective postadoption services, the lack of sufficient, culturally competent services for children of color, and the lack of committed, effective leaders in the field.<sup>10</sup>

#### **The Impact of the Drug Epidemic**

The trend toward fewer children in foster care and, thus, fewer being referred for adoption was dramatically reversed in the mid-1980s, with the onset of the drug epidemic. The needs of drug-exposed infants and young children at risk of abuse by drug-involved parents began to challenge the current system and its policies.<sup>11</sup>

In 1990, the American Public Welfare Association reported data which estimated a 28% national increase in the number of children in foster care from Fiscal Year 1986 through Fiscal Year 1989 (280,000 in FY 1986; 360,000 in FY 1989). In the 10 states with the largest child substitute care populations, it was estimated that the increase was 43% over the same period. The data also indicated that parental substance abuse was a major contributing factor in the recent increase in the number of children in foster care.<sup>12</sup> The most recent data from the APWA estimate that for FY 1991 the number of children in foster care had risen to 429,000. (Because the APWA collects data at the end of the fiscal year, the last figure describes the status in June 1992.)<sup>12</sup>

Concern for these children has led many to advocate reexamination of state and federal laws and policies so as to make adoption a more readily accessible option for them.<sup>11</sup> Overcrowding and long stays in foster care and an emerging concern for saving the young children bring us full circle to the early days of special needs

adoption. However, the current conditions of special needs adoption in this country raise serious concerns as to whether the system has the capacity to respond to the extremely complex challenges being faced today.

### Current Conditions

#### Spending Time in Foster Care

In a public child welfare system of services to families where neglect and abuse are extreme and, sometimes, unresolvable risks, adoption programs are critically important. It is through adoption that children whose families can no longer protect them are provided with the opportunity to have new permanent families. In most instances, adoption will become an option only after all other remedies to resolve the conditions that brought the child into care have been exhausted. In some instances, when offered the option, parents may choose adoption for their children as an alternative to a life at home or in foster care that may be chaotic and unsafe. Currently, implementing plans of adoption takes much longer than other permanency plans such as return home or placement with relatives. The gravity of the issues and complexities of legal process explain some of the delay. However, there is growing evidence that children are staying in foster care excessively long before adoption planning proceeds. As mentioned earlier, the Office of Inspector General of the Department of Health and Human Services reported, in February 1991, that in 20 states studied, the average time from entering foster care before adoption is achieved ranges from 3.5 to 5.5 years. In the state of Massachusetts, the average time in foster care is 6 years prior to adoption.<sup>13</sup> In Michigan, a small sample of 30 cases referred for specialized adoption services revealed that the children had been in foster care an average of 7 years before referral, and almost all had entered care as infants or preschoolers.<sup>14</sup> A recent study of children in foster care in Michigan, conducted by the Center for the Study of Youth Policy at the University of Michigan, indicates that one in three children entering the system is an infant and that infants, tracked for a period of 4 years, have only a 50% chance of reaching a permanency outcome such as adoption or returning home at the 4-year mark.<sup>15</sup> According to this study, permanency planning results are worse for infants in foster care than for any other population served.

#### Moving from Foster Care to Permanent Placement

The present system of foster care for children needing adoption tends to move in linear fashion through three phases. The first phase is reunification, the second phase is preparation for adoption planning, including termination of parental rights, and the third phase is adoption planning. In the first phase, states must demonstrate "reasonable efforts" to reunite families. Federal law does not clearly define reasonable efforts, and many states do not have clear criteria for administering the law. Many agencies and courts simply do not practice reasonable efforts. Staff turnover, high caseloads, and lack of resources contribute to this problem. In some states, like Illinois, the State Department of Social Services must wait for a legal disposition from the court before the clock starts on the agency's own internal review procedures. In many instances, formal findings of neglect or abuse may take up to a year after the initial petition. Adoption cannot even be considered until after a legal finding and disposition and at least two quarterly service plans have failed to reunify the child with the family.<sup>16</sup>

### Freeing the Child for Adoption

Once adoption becomes the plan, termination of parental rights becomes a primary task. In some states, like Illinois, this becomes the job of the specialized adoption staff. Therefore, the case will be transferred to a new worker. In other states, like Michigan, foster care staff will continue to control the case until termination of parental rights has been achieved. No matter how the system is structured to carry out this process, child welfare and legal professionals agree that this phase is complicated and takes too much time. Because it builds on the first phase, unfinished business is a major part of the job. For example, if due diligent search to determine parental or relative interest in the child did not occur previously, it must happen now; if case documentation is lacking, it must be corrected.

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Questions regarding the adoptability of the child are often raised throughout the process and often refuted by the court. Implementation of adoption plans may stop here, with decision making tied to the potential for legal success rather than to the best interests of the child. Children often remain in foster care for extended periods after adoption plans have been made because of delays in completing the necessary technical work to achieve legal termination. Factors contributing to the delays include: inadequate legal resources for child welfare cases; crowded court dockets, continuances and nonappearance hearings without procedural documentation; judicial biases or inaction.<sup>17</sup> In some states a permanent family must be found before termination can occur, limiting recruitment options and opportunities for the child.

### Moving Toward Adoption

Once a child is legally free, casework is focused on specific adoption procedures. Workers often find that the case lacks proper documentation and necessary

casework has not been done with the child or identified families. Adoption is a labor-intensive service, including both casework and technical procedures. If there are no relatives or foster parents willing to adopt, a new family must be recruited. This adds more time to the process. Services provided in this phase include child assessment and preparation, family identification, preparation and/or recruitment of a new family, and parent training and preparation. Once a family is identified and prepared, preplacement work and visiting begin. After a child moves in, many states require that a child live with the family at least 6 months before an adoption petition can be filed. Filing petitions involves many technical requirements, including written home studies and a series of legal documents.

It is not uncommon for workers or attorneys to discover that original court orders or procedures were faulty and that these must be corrected before an adoption petition can proceed. Also in many states, adoption assistance procedures are complicated and time consuming. It is not unusual for the adoption phase of the work to take a minimum of a year, often longer. In many states, there is such a backlog of cases waiting to be completed that there is talk of triaging adoption cases, concentrating more on the easier to move cases. For example, in Massachusetts the public child welfare agency has identified 3,553 children waiting to be adopted. The state has been able to complete 500 to 550 adoptions per year with present resources. At this rate, it would take more than 7 years to process the current backlog of cases, which is growing at a rate of 900 new cases each year.<sup>18</sup> In Wayne County, Michigan, alone, there are more than 1,300 children legally free and waiting to be adopted.<sup>19</sup> This number has more than doubled in the past 3 years, despite increased staff being added in the public and private sectors to process the cases.

The current situation for children of color is particularly alarming. The proportion of these children in foster care is three times greater than in the nation's population. States where a large proportion of children in foster care are African American include New Jersey (63%), Maryland (57%), Louisiana (54%), Delaware (50%), Alabama (49%), North Carolina (45%), and New York (45%). Those with a high percentage of Hispanic children in care include New Mexico (40%), Texas

(23%), Arizona (20%), Colorado (18%), and New York (14%). Native American children are disproportionately represented in South Dakota (65%), Oklahoma (10%), Washington (9%), and Nebraska (5%). In major urban areas the child welfare population is almost exclusively children of color—more than 80% in the Chicago metropolitan area and nearly 90% in New York City.<sup>20</sup>

This growing trend has important significance for special needs adoption in that the field has historically been less effective in developing families for children of color. More than half of the children waiting for adoption nationally are children of color, and this population is rapidly increasing in most states. In Detroit, for example, 80% of the children waiting for adoption are African American. In Massachusetts in 1988, 45% of waiting children were white, while 69% of the placed children were white. African-American children represent 41% of the waiting population there, but only 14% of the placements.<sup>21</sup> Likewise in California, African-American children represent nearly 40% of children in the adoption program but only 18% of the placements, while white children constitute 37% of the adoption program population and 55% of the placements.<sup>22</sup>

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Despite these very significant changes in racial demographics and needs of children and families, most agencies are doing very little to train current staff in cultural competence or to recruit new minority staff to respond to these changes. Throughout the country, the adoption workforce continues to be primarily white and female in both public and private adoption programs.<sup>23</sup> Despite this imbalance and the numbers of children who wait inordinate amounts of time, state and private agencies alike have been reluctant to fund minority agencies or even to refer children of color to them for service. The lack of appropriate community-based initiatives to serve families of color adds to

the numbers of them coming into care and restricts opportunities for those children who need adoptive families.

In summary, the most obvious factors which seem to be contributing to the growing adoption caseloads are in combination:

- Increases in numbers of children coming into foster care, especially infants and/or children of color.
- Increased emphasis on timelines and permanency procedures as a result of Public Act 96-272 and state legislation. Thus, more children are legally free and/or have a plan of adoption.
- Limited capacity in adoption programs to process the increasing numbers and complexities of cases.
- Lack of coordination between family preservation, foster care, adoption, and legal services, which contributes to duplication of efforts and prolongs a child's stay in foster care.
- Lack of a sufficient number of workers who are culturally competent and adequately trained in permanency planning and adoption.

## **Contributions of Special Needs Adoption to Child Welfare Practice**

Despite the issues raised, adoption continues to be a very beneficial service for those children with special needs who have been afforded access to it. Barth and Berry have found that adoption disruption (termination of an adoption before legal finalization) occurs in 10% of cases, a frequency less than expected. Their studies further demonstrated, however, that, to prevent disruption, social support and services for families are crucial.<sup>24</sup> The Child Welfare League reported similar findings. In one study, 73% of the families reported a high satisfaction with adoption.<sup>25</sup> In another, it was established that the disruption rate for adoption in New York City was 8.2%.<sup>26</sup> Groze and Rosenthal in a 1989 midwestern study found that 75% of adoptive families rated the experience as having a positive effect on their families. These researchers found that adoptive families with adopted adolescents are remarkably cohesive and adaptable.<sup>27</sup> Rosenthal, Groze, and Curiel also found that minority families reported more positive impacts than white families, including more positive parent-child rela-

tionships.<sup>28</sup> At Spaulding for Children in Michigan, more than half of the children placed in the past 2 years have had prior residential or psychiatric placements. Of these children, 90% were African American, of which more than 70% were boys over 10 years of age. Even with this highly specialized population, the agency's statistical reports show that the disruption rate has been consistently lower than 10%. Spaulding's clinical experience supports Rosenthal, Groze, and Curiel's conclusions that behavioral problems may be less damaging to parent-child relationships in minority families than in the white families.<sup>29</sup>

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Special needs adoption is a well-defined area of child welfare practice. Although most organizations cannot achieve an ideal practice model because of lack of resources, much progress has occurred in the field. The basic philosophy of special needs adoption is that families, not bureaucracies, are best at parenting children and that experienced families can be taught everything that social workers know about parenting children with special needs. Some experienced professionals now believe that families are the best teachers for other parents and professionals alike. Families are seen as resources and not clients and generally are not charged fees to adopt. Families are also seen as having an unlimited capacity to grow with support and training.

Special needs adoption practice has also led the way in improving services to children in foster care. Influenced by the work of Fahlberg and others, practitioners have applied separation and loss theory to help children and families grieve their losses and form healthy new attachments.<sup>30</sup>

## **Special Needs Adoption Services in the 1990s**

### **Children in Need**

Many of the children who will need adoption in the future will have entered care as

infants. Although it is believed that the majority of these babies will, with proper support, be able to develop normally, many of them will have been born drug exposed and/or will test positive for the HIV virus. These babies will challenge the system because it is difficult to predict the developmental sequence or long-range effects of prenatal drug exposure on individual children<sup>31</sup> and because, as Crocker has predicted, HIV infection will contribute to an increase in developmental disabilities in children. A significant number of these children may live for many years and require the care and nurture of permanent families.<sup>32</sup>

Older children or children who have spent many years in the system will present additional challenges. These youngsters will have experienced emotional trauma, including multiple separations from their families while in foster care. Frequently, they will have experienced deprivation and abusive treatment. A high percentage of them (estimates from workers in the field are as high as 75%) will have been exposed to sexual abuse either at home or while in the foster care system. Current experience of the National Resource Center for Special Needs Adoption indicates that the majority of them will have lived in families where drugs, alcoholism, and violence were prevalent. Many of these youngsters will be members of sibling groups, and the older children who wait will be mostly boys. Of all children waiting, given current demographic trends, a vast majority will be children of color. More than two-thirds of the children will be under 10 years of age by the time they are referred for adoption, a much younger group than has been seen in past years.

Many of these children will be difficult to parent. Their emotional problems—anger, irritability, inability to attach—will continue to be the most challenging problems for families to accept and manage over time.

### **Adoptive Families**

Special needs adoption professionals are proud of their work and their association with adoptive parents. The extraordinary progress that parents can make with troubled children has been truly gratifying. Many start out with only a keen commitment to parent children with problems, but with time and experience, they have become highly skilled parents and effective advocates for their children.

Overall, adoptive families of children with special needs are a diverse group of people. They include lower-income and middle-class families, most of whom will have parented other children. Some are

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childless couples; others single parents. However, the single most dominant feature of the special needs adoptive family is that the vast majority of them have been foster parents first. Some states are reporting that 80% to 90% of their adopters are foster parents. In a 1988 report on minority adoptions by the Inspector General of DHHS, it was found that in seven urban area agencies reporting, the average rate of foster parent adoption was 61%, with a range of 40% to 80%.<sup>33</sup> This report also indicated that, in 1984, 14 of 17 states reported a foster parent adoption rate of 50%. Given the current trends, we expect this percentage to increase steadily in the future; and as it does, we predict that many adoptive parents will be from 45 to 60 years of age, and many more will be families of color, primarily African-American families.

#### **Extended Family Members**

Another group of adopters will be extended family members. More and more state agencies are reaching across county and state lines to find relatives willing to care for children whose parents are involved in drugs, alcoholism, sexual abuse, and other dysfunctional behaviors. However, these relatives have no preparation or support to care for their young relatives, who are very likely to need specialized services.

#### **Foster Parents and Relatives**

Foster parents and relatives offer children continuity of relationships and a chance at normalization. However, they pose special practice challenges and risks for the child welfare agency. Of particular concern is the practice of placing children in the first available foster care home and leaving them there indefinitely. Many children are not well served by this practice when they are separated from siblings, placed with a family of a different race or culture,

and/or placed with families that are unable to meet their long-term needs, possibly because of the advanced age of the foster parents or grandparents. These families are often resistant to agencies intruding in their lives and reluctant to accept preparation for adoption or seek services when needed for fear of losing their children. In relative placements, families are not always informed of their rights to financial support and services through the adoption program, and, in some instances, the children cannot be adequately protected from the conditions that brought them into care in the first place. Foster parent and relative adoption are the most practiced and least well defined and studied areas of special needs adoption.

#### **Recruited, Prepared Families**

The third type of adopter is the recruited, prepared special needs adoptive family, including single- and two-parent families. Today most of these families differ from foster parents only in that they are definite in wanting to make a long-term commitment to a child at the onset. Most of these families will continue to be lower-income

families. Some will have had experience with fostering, perhaps with a different agency than the adoption agency. Many will have had prior experience with children with special needs. Regretfully, most state agencies are reporting a decline in the number of recruited families. Factors that may be influencing this decline are the economy, the aging of our population in general, the predominance of the two-career couple in our society, and the fact that most of the children who are waiting are children of color, while many families of color continue to distrust formalized

couples. Many of these adoptions are occurring through foster care placements. Given the fact that African-American families throughout the country are waiting to adopt infants and that African-American families adopt at a rate of 4.5 times greater than European-American or Hispanic families, there seems to be a lack of commitment to connect infants with potentially available families and agencies.<sup>34</sup> Advocates of same-race/same-culture placements have concluded that this development (i.e., transracial adoption) stems from culturally insensitive and/or adoption-fee-driven practices. Many traditional adoption agencies, which are staffed primarily by Caucasian administrators and workers and which place mostly infants for fees, find themselves in the positions where they have accepted custody of a minority child, even though they have no waiting families of the child's race or culture. Because the main funding source for services to the mother and baby is ultimately the paying adoptive parent, the agency places the child with a family that has already been screened and is willing to pay the fee. It has been well documented that fee practices are a disincentive to adopt for lower income and minority families.<sup>35</sup> Taken to an extreme, fee-driven practices may result in different prices for different children. For example, a San Antonio agency actually advertises different flat fees for children based on the shade of a child's skin color.<sup>36</sup> Such practices are often more subtle, but extremely offensive to communities of color. According to NACAC's study on "Barriers to Same Race Placements," of the 47 traditional agencies that do not specialize in special needs adoption, 49% of placements of African-American children and 70% of placements of Hispanic children were transracial adoptions. This was in contrast to a 6% transracial adoption rate in specialized agencies and a 9% rate in public agencies.<sup>37</sup>

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***Advocates of same-race/same-culture placements have concluded that this development (i.e., transracial adoption) stems from culturally insensitive and/or adoption-fee-driven practices.***

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adoption systems. In addition, agencies have few resources with which to recruit and develop new families, considering current caseload sizes. In the past, the lower-income couple with mother and other children at home seemed to do best with older special needs children. Most of these families are entering through the foster care system in current times, initially to augment the family income. These people, once successful, will frequently wish to adopt a child in their care who needs permanency. It is especially important therefore, that agencies consider this in advance of placement.

**Infertile Couples**

The fourth type of family is the infertile couple. Many of these couples are seeking to adopt a normal, healthy infant, but will "settle" for a preschooler or possibly drug-exposed infant. In these cases, it is essential that agencies prepare these couples by providing extensive training, including opportunities to meet with other families who have adopted children with special needs; giving full disclosure of information; including prognostic information; and offering early intervention services. These families may also need future access to adoption assistance for specialized services.

**Transracial Adoption**

At this time, we are again seeing more very young babies of African-American and mixed-race heritage adopted by white

Although there is no shortage of same-race/same-culture adoptive families for very young children, there is a desperate shortage of homes for children with severe disabilities, older minority children, especially boys, and large sibling groups. A national study of adoption exchanges, which are centralized data bases listing waiting children and waiting families and containing photolistings of the children, documents the problem that children who

wait and the families who wait do not match up.<sup>38</sup> Recruiting and, what is more important, developing families for these children who cannot be adopted by relatives or foster parent is becoming increasingly difficult and is an important challenge to be faced.

## Ways to Improve Services for Children and Families

### Provide Postadoption Services

Once families adopt, they demand more accessible and more appropriate postadoption services. Many families are discouraged by the way they are treated after the adoption is finalized. Mental health services are often insensitive to adoption issues and to the problems a child brings as a result of having been abused or in foster care. Some families have been subjected to investigations by protective service officials, sometimes initiated by complaints from their child or the school. These families acknowledge difficulties in parenting their children, but when confronted by protective services workers, they are often treated as if they are not “real” parents. Families believe that there is too great a tendency for protective service workers to seek inappropriate and precipitous removal of these children from their now permanent

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***Foster parent adoption should be seen as an excellent avenue toward permanency and should receive more emphasis and aggressive promotion.***

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homes. When adoptive families are offered intensive help, they are likely to be more responsive than other families. In an Oregon study of 1,752 families receiving family preservation services, 4.1% of families referred were adoptive families. At intake, the adopted children typically presented as more disturbed than other children in the study and the families were rated as more likely to require out-of-home placement than other families in the study. After being provided intensive services, these families were seen as more stable and no longer in need of placement services.<sup>39</sup>

### Offer Financial Assistance

Financial assistance is now and will continue to be critical. All states should provide adoption financial assistance at the same level as is paid a family for fostering a child. In almost all states, the level of financial assistance for adoption is significantly less than that provided for foster care. This serves as a considerable disincentive for foster parents to adopt a child, or children, in their care. Needs tests in determining the amount of assistance are not within the spirit of the law and should be eliminated. Adoption assistance should be made available to all children who are at risk of languishing in foster care, including infants of color and those who have been prenatally drug exposed. Debate as to whether infants should be classified as special needs in such instances is not productive while so many of them wait in foster care. Policymakers and practitioners should have confidence that, with the right kind of help, adoptive families have the strengths and commitment to parent even the most challenging children.

### Include Foster Parents and Adoptive Parents in the Process

Foster and adoptive parents can assist professionals in many ways. They are, for example, very credible recruiters of other parents. They can be formally involved in recruiting families for specific children in their churches and communities. They might be involved in preparing recruitment materials such as photolistings for adoption exchanges. Also, foster parents can be taught to help children with preparation of “life books” and to be involved in other meaningful ways to help children make the transition to adoption in their home or to a new family.

Foster parent adoption should be seen as an excellent avenue toward permanency and should receive more emphasis and aggressive promotion. Where foster and adoptive parents have been trained together in programs emphasizing permanency planning, there have been significant increases in the rate of foster parent adoptions. Foster parents who are given therapeutic help in dealing with child problems are also more likely to adopt their children and grow in confidence and competence. Video training programs in permanency and parenting skills can be particularly useful for busy foster and adoptive parents to use at home. Foster parents might be educated to participate

more directly in processing their own adoption paperwork and other procedures, thus reducing delays and work on the part of the social worker.

### **Accelerate the Processes of Family Preservation and Adoption Planning**

There must be a strengthened commitment to family preservation on the part of public and private agencies and policymakers. However, when an infant comes into care because a family refuses or is unable to make use of family preservation services or because an infant has been abandoned, immediate preadoptive planning should begin, even as reunification efforts are intensified. Birthparents should be told initially that adoption is a possible consequence of their child's placement, and birthparents who wish to

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***Linking family preservation and adoption efforts will lead to more timely and effective outcomes for children, be they reunification, extended family placement, and/or adoption.***

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take part in adoption planning should be offered the opportunity to do so. This should include open adoption and the opportunity to help their child move to a new permanent family. Linking family preservation and adoption efforts will lead to more timely and effective outcomes for children, be they reunification, extended family placement, and/or adoption.

An infant's placement in foster care should offer the chance of permanency within a year. It is the author's view that placements should be made within the child's race or culture, preferably with extended family members and with every effort to maintain sibling groups. Families who are willing to consider adoption, if reunification with birth or extended family is not feasible, are particularly appropriate candidates for fostering these children. Some states deliberately make such placement, referring to this practice as "legal risk adoption." In such instances, the prospective adoptive family's intentions are clear, but they bear the risk that a child might be returned home. When foster parents are part of a team with birthparents, possibilities of an agreeable, more open adoption plan and/or a supported reunification

plan are greater. Under Michigan Adoption Code it is permissible for a court to enter an order of adoption when parental rights have been terminated, but the birthparents have appealed the termination decision to a higher court. The adoption will not be finalized until the birthparents' appeal has been denied. This is a stricter definition of the term "legal risk adoption" and may be the best avenue for security and protection for a child in such cases which often drag on for months and sometimes years in the court system.

### **Eliminate Fees for Adoption of Children with Special Needs**

The practice of charging adoptive parents fees to adopt children with special needs, including younger children and infants of color, should be stopped. Public funding is needed to assure equal access to timely adoption placement for these youngsters and quality services to their birthparents. Otherwise, too many of these children will continue to enter the foster care system and remain there for many months and sometimes years before they are placed for adoption. Also, stable funding arrangements are needed to facilitate the networking of more traditional infant adoption agencies and large public agencies who are likely to have children of color waiting for adoption with specialized minority agencies and programs that are likely to have families waiting to adopt.

### **Improve Data Collection About Children in Care**

Who are the "children who wait"? We know more about those who are adopted than we do about those who never reach adoption. State agencies need timely and relevant data about the children in care. (See the article by Stolley in this journal issue.) Most states need to revise data collection systems and make them usable for management planning. Once the problems are better understood in a state, creative action will be needed by child welfare leaders to improve conditions for all children in foster care. Unfortunately, the children who enter the adoption track may be the least well served children in the system if current trends continue. Thus, adoption must have a higher priority in the states.

### **Increase and Support More Community-based, Minority-operated Agencies**

Collaborations between public and private agencies and communities, especially

communities of color, are needed to increase the pool of families waiting to adopt and/or foster the increasing numbers of children of color who are coming into the system. More community-based, minority-operated, agencies need to be adequately funded and licensed to do adoption work.

### Increase Recruitment and Education of Culturally Competent Workers

Specialized recruitment agencies and/or efforts are not enough. Funding should be provided to recruit, educate, and place desperately needed minority social workers. Additionally, workers who understand, and who are representative of, various cultures need to be available to support prospective adoptive families throughout the process leading to the adoption.

Specialized training in the competencies needed by foster care and adoption supervisors and workers should have high priority in states. The Special Needs Adoption Curriculum developed by Spaulding for Children's National Resource Center for Special Needs Adoption has been distributed to all 50 states and is one readily available resource. Whatever training programs are chosen, they should be based in family preservation philosophy and include these competencies: cultural competence knowledge and skills; family and

child assessment and preparation skills; crisis intervention skills; decision-making skills; collaborative, consultation skills; resource knowledge and ability to work within communities; and critical record-keeping skills.

### Expedite the Goal of Permanency

Juvenile courts must be made more accountable for their inaction on the part of all too many cases. Joint planning between child welfare agencies and juvenile courts is essential in carrying out requirements of Public Law 96-272 and in solving recurring system problems. High-level citizen advisory boards might be established in some communities to oversee and expedite this process.

### Conclusion

A new breed of leaders is needed in child welfare who will carry their mission and commitment to family preservation into their everyday work with birthfamilies, kinship families, foster families, and adoptive families. They will value diversity and work toward developing culturally competent organizations to better serve those families and children who most need them. Many of the new leaders should be persons of color.

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