

## MATCHING EXERCISE

Please rank these characteristics of resource parents in order of their importance to you in choosing an "ideal" family for a child. Rank the items from #1 (most important) to #12 (least important).

You do not have to share this material with the group unless you want to. Please be truthful about what you personally value.

\_\_\_\_\_ Educated

\_\_\_\_\_ Religious

\_\_\_\_\_ Two Parent Family

\_\_\_\_\_ Child Advocate

\_\_\_\_\_ Open to Trans-racial Placement

\_\_\_\_\_ Help-seeking

\_\_\_\_\_ Eccentric

\_\_\_\_\_ High Expectations

\_\_\_\_\_ Wealthy

\_\_\_\_\_ Over 40

\_\_\_\_\_ Non-traditional family

\_\_\_\_\_ Experienced parents

### Effective Matching Practices

The Adoption Exchange\* 14232 E. Evans Avenue\* Aurora, CO 80014  
303/755-4756\* 1/800-451-5246\* [www.adoptex.org](http://www.adoptex.org)

## Characteristics of Successful Adoptive Families

### 1. Tolerance for Ambivalence and Negative Feelings

Successful adopters keep going when “the warm, mushy feelings are gone”. They do not judge themselves too harshly for experiencing negative feelings towards the child. They accept the inevitability of such feelings given the child’s behavior. They understand that they may feel angry without acting on that anger.

### 2. Entitlement

Successful adopters feel that their adopted child is truly theirs. They make the transition from a tentative parental stance to **being** the parent in a relatively short time.

### 3. Intrusive and Controlling Qualities

Successful adopters are comfortable giving direction and providing structure for their adopted children. As the adults in the family, they take the lead in the relationship and are instructive and controlling in a caring way. They assume control, try to anticipate behaviors, interrupt negative behaviors early and provide a great deal of praise and physical affection. They are not deterred by a child’s protest or withdrawal.

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### 4. Flexible Expectations

Successful adopters, particularly of children with special needs, have realistic, flexible expectations of themselves and their children. They do not work to remake the child, but strive to help the child achieve success by acknowledging and appreciating small steps towards goals.

### 5. Tolerance for Rejection

Successful adopters are able to withstand testing behaviors by their adoptive children, including hurtful, angry and rejecting behaviors. They do not take it personally if the child is rejecting, because they recognize the rejection as the child’s fear of closeness. They realize that the child’s ties to the birth family, former foster families and others are not a rejection of them.

### 6. Ability to Delay Parental Gratification

Successful adopters are aware that the relationship with their adopted children may not be reciprocal. They can give nurturance without receiving much in return. They can postpone their own rewards and not equate the child’s behavior with failure as a parent.

### **7. Sense of Humor**

Successful adopters are able to use humor to cope with the stress that can result from adoptive parenting. They can laugh and vent feelings, finding humor in daily exchanges with their children.

### **8. Ability to Meet Personal Needs**

Successful adopters know how to take care of themselves. They refuse to be martyrs and recognize that taking personal time as a couple and as individuals is necessary. They take breaks from the child, using respite care and other resources to do this.

### **9. Ability to Use Resources**

Successful adopters seek and accept help. They learn how to identify and access help and support. They may do this on a formal or informal basis, seeking assistance, ranging from self-help support groups to professionally facilitated therapy. They let others into their family system to get the additional support they need.

### **10. Flexible Family Roles**

Successful adopters share the responsibility of parenting and nurturing. They look to the total family system to find answers for problems. Parents are able to detect signs of "burn out" in their partner and share the caregiving role for the children. Such flexibility greatly increases the likelihood of success.

These characteristics develop over time. Successful adopters are those who are willing to grow and change in order to maintain their commitment to their adopted child. They are also families who feel good about asking for help and use it appropriately.

## **National Resource Center for Special Needs Adoption**

From the videotape, *Characteristics of Successful Adoptive Families*, Spaulding for Children, and adapted from ideas put forth by Katz, Linda, "Parental Stress and Factors for Success in Older Child Adoption."

# Handouts

# Main Components of a Concurrent Planning Model

Handout #1

The potential benefits of concurrent planning are significant. Under this model, it is anticipated that children will experience fewer moves and be placed with permanent families more quickly. Because children do not linger in temporary foster care with multiple moves, problems of attachment and trust will be minimized. In addition, concurrent planning requires that focused, supportive services to promote reunification be provided early in the out-of-home placement experience. This level of service gives parents the best opportunity for changing the patterns that led to the child's removal. Finally, the simultaneous pursuit of both reunification and an alternative plan requires an enhanced level of support to "fost-adopt parents" (also called "permanency planning parents" or "resource families") if they are to support efforts toward reunification while caring for a child they are willing to adopt. Thus, concurrent planning potentially benefits not only children, but also their biological parents and providers of out-of-home care.

The main components of a concurrent planning model include:

- Early assessment of the core conditions that led to out-of-home placement, the strengths of the family, and the likelihood of reunification within 12-15 months;
- Initial placement of the child with a resource family who can, if necessary, become the permanent home;
- Early paternity determination;
- Firm time lines for permanency decision making — usually 12 months unless there are extenuating circumstances — during which both reunification and alternative permanency options are pursued;
- Full disclosure to the parents and foster parents about time lines, services, visitation, court actions, and alternative permanency decision making;
- Case planning that includes early and intensive service provision to parents, focusing on parental ability and willingness to make changes to undertake caretaking responsibilities;
- Coordination of service provision and court decision making around permanency time lines;
- Regular reviews of progress focusing on treatment plans and visitation; and when reunification is not possible within a reasonable timeframe, ongoing support to permanency resource parents through and after the adoption;
- Special recruitment efforts for resource families.

Adapted from "Implementing Concurrent Planning" National Resource Center for Organizational Improvement,  
Accessed from the Web December 2007  
<http://muskie.usm.maine.edu/helpkids/rcpdfs/concurrent.pdf>

# ASSESSMENT AND PREPARATION

Adapted from Finding a Fit to Last a Lifetime, AdoptUSKids 2006  
Handout #2

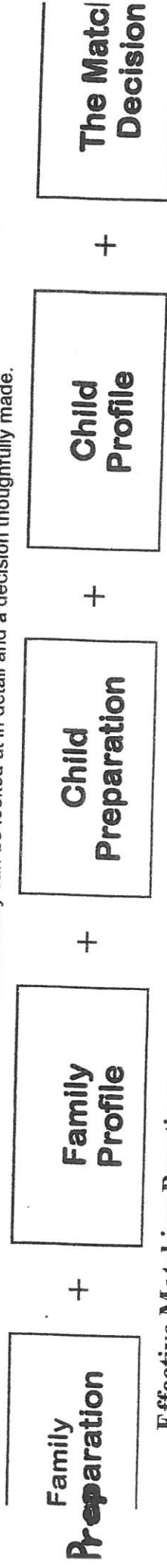
**Family Preparation** begins at orientation and continues throughout the entire process of home study, training, and post-placement visits. Be truthful and consistent with your message and do not gloss over potential problems. Although potential foster and adoptive parents are often trained together, there are issues primarily related to adoption. If these are not covered in the pre-service training, additional training prior to adoption should include adoption-related transition-related issues. No matter how good the training and how receptive the parents are to it, preservice training does not adequately prepare parents for foster or adoptive placements. If you include successful adoptive parents in your training, it brings more validity and legitimacy to the training. Post-placement visits and training are essential.

**Family Profiles** should be done according to standard processes, to criteria based on state rules. The Family Profile process should begin at training, as trainers are in a unique position to see the responses of the family to certain kinds of information and can share concerns with those responsible for matching. Training is also a good time for parents to reassess the type of child list previously filled out with the application in light of what they have learned about themselves and needs and challenges of children available for adoption. The Home study process provides the official Family Profile. Home study worker concerns about the family must be fully explored with the family.

**Child Preparation** is essential because children do not understand what adoption means and transitions of this magnitude create fear and trigger past issues. Children want to know who is going to take care of them, where they are going to school, what they will have to eat — basic concerns that are easy for adults to forget—as well as what adoption will mean for them personally. Children can make or break a placement. Workers need to remember that although a child may appear to be prepared and ready to join their new family, some negative feelings may be masked by fear and may later be reflected in difficulties attaching to the family and in negative behavior. Careful attention must be paid to the child responses, but also to the behaviors, which may be more reflective of the child's actual feelings and concerns.

**Child Profiles** should include placement and social history. They should be done according to a standardized process and include the child's strengths as well as needs so that families will be able to get an accurate picture of the whole child. They should be factual and any speculation should be clearly marked as speculation. It helps to put in information from several sources, such as teachers, former foster parents, and therapists. Child Profiles should include a chronological history from birth — both developmental history and placement history; birth family history including a genogram and medical information; child's social, medical and educational information; information about the child's birth parents and siblings, including their current whereabouts and the nature of any recent or current contact; and current functioning

**The Match Decision** should include information gleaned from Family Preparation, Family Profile, Child Preparation and Child Profile and should be done through a standardized process. Team decision making can assist in eliminating biases and can help determine if additional information needs to be gleaned from the family or the child. Before the team makes its final decision, home studies submitted for a particular child should be narrowed down to five or fewer so that they can be looked at in detail and a decision thoughtfully made.



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## **MATCHING:**

Choosing a home for a child based on the needs of that child and the emotional strengths of a family that make it possible for them to meet those needs. The purpose of careful matching of child to family is to prevent future disruptions.

## **DILEMMAS IN MATCHING:**

- Matches are always made on the basis of limited information
- Personal biases may get in the way of good matching practices. Workers must make sure that their own personal values and biases do not get in the way of a child finding a good home and that they choose parents to meet the child's needs and not the other way around. Matching in child welfare is NOT traditional, private adoption practice. In child welfare, adoptive parents are sought that can successfully work with children who have special needs.
- Parents often misjudge what they can handle in a child's behavior or the length of time they are capable of waiting prior to a child attaching to the family. Professionals must guide parents toward children with whom they are likely to be successful.

## **MAKING SUCCESSFUL MATCHES:**

- **Home Study:** Workers must gather and evaluate information about resource parents during the home study and make sure concerns are fully shared with the parents and the placing worker or committee.

It is the responsibility of the placing worker or committee to be sure that the meaning of certain "social work" shorthand phrases or interpretations that indicate red flags in the home study are fully explained. If further information is needed prior to accepting the home study, it should be obtained from the home study worker. For example, if the study indicates a parent has a history of substance abuse, the study should also indicate the extent and length of the problem, how it has affected the potential foster/adoptive parent's life and what has been done to ameliorate its effects, and whether there was any indication of safety issues for children during past behavior.

If the interpretations shared by the home study worker could have another meaning, this should be reexamined by the worker with the family. For example, if the worker identifies parental reactions as indicative of "ongoing grief because of multiple miscarriages" and the examples given could indicate other possibilities (e.g., difficulty with the length of time it took to get to the home study process and its intrusiveness), the potential adoptive parents should be given a chance to explain what they think are the reasons for their behaviors and this explanation should also be placed in the report for consideration.

- **Parental Capacity:** Parents must be chosen on the basis of the child's needs and their ability to meet them, rather than the other way around. The ability to

meet the child's needs can be based on experience or willingness **AND** ability to learn, so a good worker evaluation of parental capacity is essential.

- **Child Profile:** A full reading of the case file is necessary for the needs of the child to be understood and a child profile created. When presenting the child to prospective parents, workers must clarify terms such as "has been sexually abused," (by whom, how long, what effect does this have on the child's life, is there additional supervision needed to prevent sexual abuse by the child, etc.), "tantrums" (how long, how often, what happens during one, what seems to provoke one, what has worked) etc. so that when the child is presented, the prospective parents understand what the terms will actually mean in their daily lives if they adopt the child.
- **Realism:** Contact with former foster parents and birth parents will provide more detailed information about child's needs and actual behaviors so that prospective parents get a better idea of what the child may be like in their home. Foster parents can also provide a list of daily activities likes and dislikes, etc. which can help in the transition.
- **Disclosure:** A true and complete disclosure of the child's history must be made to prospective parents. Do not withhold, mislead or minimize. Disclose to the extent that you would want to be disclosed to if a child was coming to live in your home with your biological children.
- **Team Decision Making:** The agency must make matching decisions carefully -- a committee of experienced professionals, who have equal say, can be helpful, but should include the worker who knows the child best and the former foster parent for clarity and accuracy.
- **Stretching:** This may be used, but minimally. Stretching a couple of years in age or to behaviors that don't affect the safety of other children in a home may work very well, as it expands the parents' willingness to consider other children without placing a child with them who is beyond their capacity to parent. Stretching too far has been correlated with disruption.

### Mismatches (Partridge, et.al.1986)

According to Partridge, there are three categories of mismatches:

- A child has a specific characteristic that adoptive parents view as highly negative
- A child doesn't have a special characteristic that is considered to be important by the adoptive parents
- The parents' and child's personalities clash

### Mismatches often disrupt.

However, children with disrupted adoptions have been successfully adopted by other parents who are a better match. Parents who have disrupted adoptions with one child may successfully adopt another.

# Characteristics of Successful Foster and Adoptive Families

Handout #4

## 1. Tolerance for ambivalent feelings

Successful resource families keep going when "the warm, mushy feelings are gone." They do not judge themselves too harshly for experiencing negative feelings toward the child and/or the child's birth family. They understand that they may feel angry without acting on that anger. They have empathy for both the child and the birth family.

## 2. Firm and Controlling Qualities

They are comfortable giving direction and providing structure for their children. As the adults in the family, they take the lead in the relationship in a strong and caring way. They try to anticipate behaviors, interrupt negative behaviors early, and provide praise and physical affection. They are not deterred by a child's protest or withdrawal.

## 3. Flexible Expectations

When involved with children, they have realistic, flexible expectations of themselves and their children. They do not work to remake the child, but strive to help the child achieve success by acknowledging and appreciating small steps toward goals. They demonstrate flexibility in their expectations about the outcome of the placement.

## 4. Tolerance for Rejection

They are able to withstand testing behaviors by their foster/adoptive children, including hurtful, angry, rejecting behaviors. They do not take it personally if the child is rejecting, because they recognize the rejection as the child's fear of closeness. They realize that the child's tie to the birth family, former foster families, and others is not a rejection of their new parents.

## 5. Ability to Delay Parental Gratification

They are aware that the relationship with their foster/adopted children may not be reciprocal. They can give nurturance without receiving much in return. They can postpone their own rewards and not equate the child's behavior with their failure as a parent.

## 6. Sense of Humor

They are able to use humor to cope with the stress that can result from foster or adoptive parenting. They can laugh and vent feelings, finding humor in daily exchanges with their children and/or birth parents.

## 7. Ability to Meet Personal Needs

They know how to take care of themselves. They refuse to be martyrs and recognize that taking personal time as a couple and as individuals is necessary. They take breaks from the child, using respite care and other resources to do this.

# Characteristics of Successful Foster and Adoptive Families

Handout #4

## 8. Ability to Use Resources

They seek and accept help. They learn how to identify and access help and support. They may do this on a formal or informal basis, seeking assistance ranging from self-help support groups to professionally facilitated therapy. They let others into their family system to get the additional support they need.

## 9. Flexible Family Roles

They share the responsibility of parenting and nurturing. They look to the total family system to find answers for problems. Parents are able to detect signs of "burnout" in their partner, and share the care-giving role for the children. Such flexibility greatly increases the likelihood of success.

## 10. Spirituality

Resource families possess a spiritual or religious belief that supports altruism and providing care for others. They have acquired a sense of meaning and basic satisfaction with where they are in life.

These 10 characteristics develop over time. Successful resource families are those willing to grow and change in order to maintain their commitment to their child. They are also families who feel good about asking for help and use it appropriately.

\* Adapted from the videotape, *Characteristics of Successful Adoptive Families*, @ Spaulding for Children, 1989, and adapted from ideas first put forth by Katz, Linda, "Parental Stress and Factors for Success in Older Child Adoption." *Child Welfare*, LXV, 6, November-December 1986, pp. 569-5

# Predictors in Special Needs Adoptive Placements

Handout #5

## Conclusions of an Illinois study:

- The most important factors in determining the potential for a permanent adoptive placement are found within the characteristics of the adoptive parents, not the child.
- The character and personality of the mother and the father seen as individuals are, indeed, important. But the most important factor is the dynamic of their relationship.
- Traditionally, we have assumed that the mother is the critically important person in determining the success of the adoption. The characteristics of the mother do play an important role in determining the caretaking of the child, but the research suggests that this is a separate area, not a permanency issue.

## The dynamics of the mother-father relationship:

- The presence of essential traits (responsibility, self-discipline, sociability, organization and warmth) in both parents ensures their cooperation in the difficult task of parenting a special needs child.
- Successful parents have a tolerance for conflict that is supported by their confidence in their problem-solving and communication abilities. They talk to each other about their conflicts.
- A couple with a support system based on membership and affiliation, and who have demonstrated the willingness to seek and accept input from their support system, usually have the characteristics of a successful adoptive family.

## Red Flags

Red flags alert us to "proceed with caution" as they warn us of potential problems.

### Following are signs in the husband:

- High level of self-assertion and need for competition
- Apparent stubbornness
- Dogmatism
- Lack of affiliation, low need for friendship, social isolation
- Erratic, at times impulsive
- Need for frequent change and disorganized life style

### Following are signs in the wife:

- High need to be the focus of attention
- Marked difficulties in accepting blame
- Problems with authority figures
- Controlling behavior combined with carelessness
- Unpredictable and somewhat impulsive, adventurous behaviors
- Disorganized lifestyle

*A Study of Predictors in Special Needs Placements, Toward Successful Adoption.* Illinois Department of Children and Family Services, November 1989

# Family Paradigms

## Handout #6

The chart below is adapted from a July 1997 article from *Family Relations*, "Family Paradigms and Older-Child Adoption: A Proposal for Matching Parents' Strengths to Children's Needs." Author Margaret Ward suggests that Constantine's theory of Family Paradigms (1986, 1993) can be used as a framework for matching for successful adoptions. There are four basic family models: closed families, open families, random families and synchronous families. Each family has strengths and weaknesses. When families of any of the types are "enabled," or healthy, they manage to meet the needs of individual members and the family. When families become "disabled" due to stress, they tend to exaggerate their characteristics to extremes that get in the way of problem solving and might be problematic for a special needs child.

**In the real world, a specific family will not be a rigid example of only one paradigm, but may have a primary style with other features. Parents of one type may be able to parent some children well, while others will be a very bad match. In some families, the partners may each have a different style, which can complicate parenting, especially when children have very difficult histories and behaviors.**

<p><b>Closed Families</b>  <b>Enabled:</b> Hierarchical, with clear decision maker. Family takes precedence over individual. Meets needs for structure, stability, a sense of belonging. Rules &amp; limits clear &amp; consistent  <b>Disabled:</b> Rigid, over-involved, like a jail</p>	<p><b>Good matches:</b> Younger children who can learn to rely on parents to meet needs. Emotionally disturbed children, sibling groups  <b>Avoid:</b> Adolescents, Sexually active children  <b>Watch for:</b> Low tolerance for dissent and opposition—may put in more rules and tighten up when someone rebels</p>	<p><b>Open Families</b>  <b>Enabled:</b> Consensual decision making. Values mutuality &amp; emphasizes both group and individual. Premium on information sharing. High level of verbal communication. Provides sense of mastery &amp; efficacy  <b>Disabled:</b> Get tied up in process and can't achieve consensus</p>	<p><b>Good matches:</b> Children who need: nurturing but do not demand it; to express selves &amp; difficult feelings. Articulate, argumentative  <b>Avoid:</b> Highly manipulative children, sibs groups with difficult parentified children, kids who need to "feel the walls"  <b>Watch for:</b> significant differences in the desire to adopt, as other parent may feel abandoned during the transition</p>
<p><b>Synchronous Families</b>  <b>Enabled:</b> Harmonious identification among members based on shared values. Fosters a sense of security &amp; belonging. Expectations communicated implicitly, rather than explicitly  <b>Disabled:</b> Energy for developmental tasks invested in reducing tensions &amp; keeping up facade of family peace</p>	<p><b>Good matches:</b> Children who are younger children &amp; can attach  <b>Avoid:</b> Adolescents, children who have difficulty taking cues (e.g., AD/HD) oppositional defiant &amp; angry  <b>Watch for:</b> families may not ask for help until there are serious difficulties they can't ignore</p>	<p><b>Random Families</b>  <b>Enabled:</b> Permissive, egalitarian. Value individual over group. Help meet personal needs and goals. Contribute to creativity &amp; individuality. Enough structure to meet dependency needs  <b>Disabled:</b> Insufficient boundaries and structure. Weariness of parenthood. Family members uninvolved</p>	<p><b>Good Matches:</b> Adolescents, "Different" kids, child who is able to be rewarding quickly  <b>Avoid:</b> Child who needs significant structure to reduce survival behaviors  <b>Watch for:</b> Primary parent must put high emphasis on parenthood for own development's sake</p>

## Type of Child Lists

These are lists of characteristics, behaviors, physical and mental issues, and historical facts that are given to prospective parents to help them evaluate their willingness to care for children with certain special needs. Workers then use these to make the match. If these lists do not have a scaled response (and even if they do) parents may overestimate their ability to deal with issues with which they have no experience.

These lists are only a beginning. A thorough assessment of parents' characteristics and wants as well as child's needs and wants must be done. Parents must be told how much time and effort it will take to parent a child with a certain disorder or difficult behavior so that they can evaluate their commitment. For example, parents who adopt children with Fetal Alcohol Spectrum Disorder or from a mother who has been drinking during the pregnancy need to have it explained to them that these things may have lead to some problems for the child that are lifelong and will need a special kind of parenting. Failure to explain fully what a specific disorder can mean to family life and to get parents to make a fully informed commitment to a child could be a source or later disruption.

## Stretching

Stretching is a very common practice in matching. It means to increase the likelihood of a child getting a home with specific parents by:

- Encouraging a potential adoptive parent's attraction to a child or their concern about a particular child, (e.g., showing a picture of a beautiful baby prior to telling prospective parents that the mother was addicted to prescription drugs during the pregnancy and the child has serious trouble eating). Workers should first describe the time and special techniques required to get such a child properly fed. Disclosure should also include information about the lack of professional understanding about lingering side effects of the in vitro prescription drug use and the prognosis for the child). Parents often "fall in love" with a particular child's picture (in person or on the internet). Workers must understand the difference between love at first sight and the potential for true love based on acceptance and ability to meet the needs of a real child.
- Expressing confidence that they can learn to parent to meet the child's special need (this is certainly acceptable if it is true, but not acceptable just to place a child).
- Presenting only a certain type of child to a family or telling them they need to be realistic about the type of child they will have the option to adopt, (e.g., trying to match a difficult to place child with a family you consider marginal). This is poor practice, as some families considered "marginal" may not be able to parent these children successfully. At other times, this characterization of

# Adoption Matching Tools

Handout #7

the family as "marginal" may reflect worker bias, when the family could successfully parent the child. This kind of stretching may also result in lawsuits (e.g., you leave a child in foster care for a year with an approved foster family and then say they cannot adopt the child because they don't meet the criteria you have set up for the potential adoptive parent of this child.)

- Failure to provide full disclosure about, or minimizing a specific child's needs and behaviors

While some stretching in areas of lesser importance (a year in age, the gender--for some families), too much stretching can result in disruption because it ignores parental capacity and bias. It is important to listen to prospective families, but it is also important to guide them from your experience

# Successful Transracial Adoptions

Handout #8

**Special care must be taken when children are matched to be adopted transracially. These children need:**

- Parents who are willing to accept that with trans-racial adoption, they and their family will be looked at differently because of societal values about race. Parents who are willing to prepare their children for what this actually means in the way the child must present himself in the world to be safe.
- Parents who develop a knowledge of the values and culture of their child's race or ethnic group and embrace that culture from the time of placement if not before. (Including learning to cook ethnic foods, purchasing book, magazines, toys and home decorations and art that celebrate this child's heritage).
- Parents who are willing to look at their lifestyle and make changes that benefit their child and contribute to a positive cultural environment.
- Parents who are accepting of differences, talk about race and culture and celebrate the value of all cultures.
- Parents who have friends of different race and ethnic groups, including that of their child.
- Parents who develop mentors for the child from their child's heritage.
- Parents who develop advisors to give advice on special needs of the child as well as unfamiliar issues and challenges.
- Parents who are able to expose their child to a racially diverse community and experiences including neighborhoods, school, churches, activity groups and etc.
- Parents who support their child's development of close friends of similar race, ethnicity and culture.
- Parents who foster a strong self esteem by exposing their child to a wide variety of opportunities to develop intellectual, artistic and athletic skills.
- Parents who are strong advocates for their children at school.
- Parents who have a "zero tolerance" rule regarding racist and biased remarks and jokes. Parents who are also prepared also to deal with harsh comments from their own race as well as from the race of the child. (e.g. "White folks are stealing our children")
- Parents who assess extended families' and close friends' biases and prepare a plan to deal with discrimination from these individuals.
- Parents who enjoy challenges and believe that life's greatest challenges can reap its greatest rewards.

Developed by Enita Kearns-Hout, B.S. for The Adoption Exchange (November, 2000)

# Open Adoption and Cooperative Agreements

Handout #9

Research suggests positive outcomes from openness in adoption from both the perspective of the birth and adoptive families. Increasingly in many parts of the country, open adoption is considered the “norm.” However, it is not always clear what is being meant when people use the term. What constitutes open adoption in one family may be unacceptable in another. The level of ‘openness’ must always be defined, but cannot always be the same, because families and situations are different in each case.

Basically, open adoption means some kind of contact between birth family members and the adoptive family/child. Examples include:

- ⊕ The adoptive family updates the biological family on the child’s development each year and sends pictures and mementoes.
- ⊕ The biological family and the adoptive family agree to exchange information as it becomes important to the child, e.g., medical information, pictures, family history.
- ⊕ The birth parent may send birthday presents to the child each year.
- ⊕ The non-offending parent in a child welfare case keeps in touch with the adoptive family and occasionally visits the child.
- ⊕ The adoptive family also “adopts” the grandparents, who still want to be involved but feel they are “too old” to adopt their grandchild. Child visits them regularly.
- ⊕ Birth parents are allowed to have occasional visits with child over the years.
- ⊕ Adoptive family and birth family are comfortable with one another and the child can see the birth family often, if he wishes.

As you can see from this list, open adoption can mean contact that is minimal up to regular contact that includes ongoing in-person family relationships—and everything in between.

Open adoption agreements are often codified in a cooperative adoption agreement, which may be formal or informal. These guarantee certain post-adoption contractual rights of the kind listed above if formalized as written agreements, signed by both parties. There are currently 22 states that allow written and enforceable cooperative adoption agreements (Child Welfare Information Gateway 2005).

Open adoption is not for everyone. You can find research and comment on open adoption on the E.B. Donaldson Adoption Institute website: [www.adoptioninstitute.org](http://www.adoptioninstitute.org).

## Handout #10 Talking With Children About Adoption

- Talk about adoption in ways suited to the child's capacities and age, in ways he/she can handle. Introduce more complex details into the adoption story as the child ages.
- Emphasize that the rejection is not of the child him/herself, but of the role of parenting at that particular time in the birth parents' lives.
- Try to understand what is going on at the present time in the child's life that contributes to or elicits a particular image and emotion.
- Be prepared that most children use splitting (good parent/bad parent) as a way to relieve and gradually deal with the painful, ambivalent feelings that inevitably arise towards birth parents.
- Provide a comfortable, accepting atmosphere in which the child can express whatever he/she is wondering about, and give answers to their questions that are meaningful to them at their point in development.
- Refrain from projecting adult ways of understanding onto a child or from overwhelming him/her with an agenda of our own.
- Allow a child to abandon a conversation when they have gotten what they need or can handle.
- Allow "in-between spaces" where a child feels free to raise or express adoptive wonderings.
- Engage in pretend or fantasy play with babies and animals to allow the child to express concerns. Guard against trying to make the play realistic or to interpret the story line the child is following.
- Understand that when a child becomes more interested in fantasizing about the birth family, there is a greater propensity for feelings of loss and grief.
- Allow a child to be angry and try to understand the function of the child's anger.
- Tell the child that, whatever happened that resulted in the loss of their birth family, it was not their fault.
- Give the child permission to have a variety of feelings about what has happened and accept their right to have negative feelings about being adopted.
- Help children identify some positives in their biological parents. Often children feel/think their birth parents were all bad and, therefore, they must be all bad.
- Teach children to cultivate a positive, rather than a negative or victim, outlook.
- Teach the child that there are healthy alternatives and choices.

Adapted from Watkins, Mary and Fisher, Susan. *Talking With Young Children About Adoption*. Yale University Press, 1993.

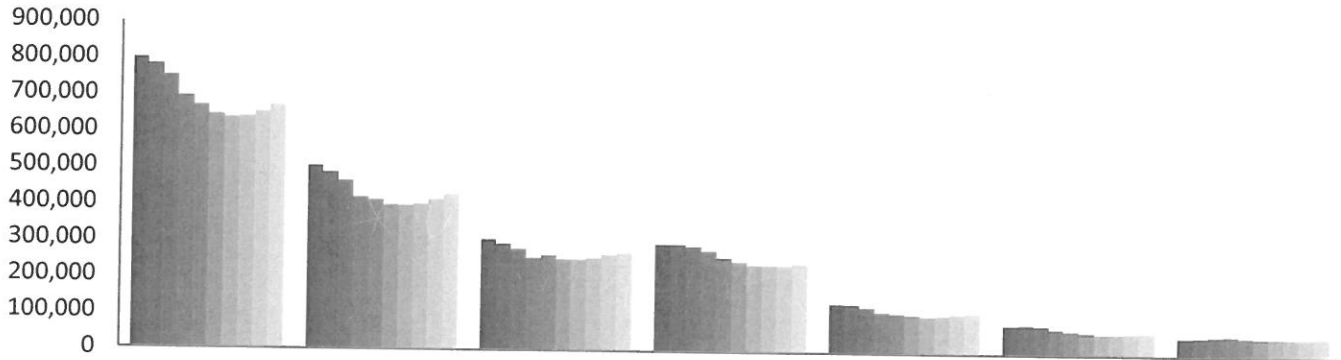
# **Toolbox**



## Trends in Foster Care and Adoption: FY 2006 - FY 2015

(Based on data submitted by States as of June 8, 2016)

Source: AFCARS data, U.S. Children's Bureau,  
 Administration for Children, Youth and Families



	Served	In care Sept 30th	Entered	Exited	Waiting for Adoption	Parental Rights Terminated	Adopted
■ 2006	800,000	505,000	305,000	295,000	135,000	79,900	50,700
■ 2007	783,000	488,000	293,000	295,000	134,000	82,000	52,700
■ 2008	752,000	464,000	280,000	289,000	126,000	79,400	55,300
■ 2009	696,000	419,000	255,000	278,000	114,000	71,400	57,200
■ 2010	670,000	412,000	262,000	259,000	109,000	65,900	53,500
■ 2011	645,000	398,000	251,000	248,000	106,000	61,900	50,900
■ 2012	637,000	397,000	251,000	240,000	102,000	58,200	52,000
■ 2013	640,000	401,000	255,000	239,000	104,000	58,600	50,800
■ 2014	652,000	414,000	265,000	238,000	108,000	61,000	50,600
■ 2015	671,000	428,000	270,000	243,000	112,000	62,400	53,500

This chart includes data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) by States, the District of Columbia and Puerto Rico by June 8, 2016.

Please note that, for all of the years shown, some of the data may differ from that shown in earlier versions of this chart. This is due to the fact that some States have resubmitted their AFCARS data after addressing data quality issues.

FY = Federal Fiscal Year (October 1 through September 30)



## Discussion of Trends

**Numbers of Children in Foster Care:** After declining more than 20 percent between FY 2006 and FY 2012 to a low of 397,000, the number of children in foster care on the last day of the fiscal year increased to 428,000 in FY 2015, with a slightly higher percent change from 2014 to 2015 (3.3%) than observed from 2013 to 2014 (3.2%).

**Entries into and Exits from Foster Care:** Trends for children entering the system follow a similar pattern. In FY 2006, the number of entries into foster care was at its highest point in the last decade with 305,000 entries reported that year. The number of entries to care generally declined through FY 2012 to 252,000, increased slightly to 255,000 in FY 2013 and continued to rise to 270,000 in FY 2015. The number of exits, which reached a peak between FY 2006 and FY 2007 at 295,000, had been on a continual decline to 238,000 in FY 2014 before increasing slightly to 243,000 in FY 2015.

**Children Waiting to be Adopted:** The numbers of children waiting to be adopted are a subset of those in care on the last day. As numbers of children in care were declining, the numbers waiting for adoption declined, as well. Similarly, in the last four years a slight increase in the numbers of children waiting for adoption has been observed, moving from a low in FY 2012 of 102,000 up to 112,000 in FY 2015. The percentage of children who are defined as waiting to be adopted has remained extremely stable over the last decade, hovering around 26% of children in care on the last day.

**Children Waiting to be Adopted Whose Parents' Rights Were Terminated:** In spite of the numbers of children whose parental rights were terminated remaining stable, the percentage of children waiting to be adopted whose parents' parental rights had been terminated has shown a continuous decline, from 63% in FY 2008 to 56% in FY 2015. There was little change in absolute numbers between FY 2012 and FY 2013 in the numbers of children whose parents' rights were terminated, and slight increases in the numbers of children whose parent's rights were terminated in both FY 2014 and FY 2015.

**Children Adopted:** The number of adoptions that are finalized each year has remained relatively flat (between 50,000 to 53,500) over the last decade, with the exception FY 2008 and FY 2009, when the numbers rose to over 57,000. Since then, the numbers have leveled off again, similar to the first three years of the last decade, to approximately 51,000 in FY 2013 and FY 2014, and 53,500 in FY 2015. As a proportion of the exits, adoption has remained very stable as well, making up about 21% of the discharges each year since FY 2009.

## Technical Discussion

In this report, each child is counted only once, using the report representing the child's most recent foster care episode. There are some children who exit foster care and re-enter during the year one or more times. These children would be counted as entries, but not as exits, if they remained in care through the last day of the fiscal year (September 30). In these circumstances, the prior exit is not counted, even though it occurred during the fiscal year. We estimate the number of these uncounted exits to be approximately 6,000 per year.

There is also a data quality issue that has had an impact on the number of exits, particularly for earlier years. AFCARS data are submitted every six months and cover a six-month period. Sometimes a child who is reported during one six-month period does not appear in the next period, and there is no record that the child exited. Case reviews have shown that the majority are situations in which the child actually exited, but the exit was not reported to AFCARS. However, because the actual number of these "dropped" exits cannot be calculated, they have not been accounted for in the exit count. The number of dropped cases ranges between 4,000 and 5,000 cases per period in the most recent years, but the numbers may drop over time as States correct and resubmit their data. These dropped cases range from about a half a percent to one percent of the total population served in the year. Please note that dropped cases are excluded from all of the estimates shown in the table.



## Definitions

**Served:** This is an estimated count of all children who were in the public foster care system **during the FFY**. This number is the sum of two mutually exclusive groups of children: the children who are already in care on the first day of the fiscal year (as of October 1) and the children who enter foster care during the year. An individual child is counted only once for each year.

**In Care 9/30:** This is an estimated count of all the children in foster care **on the last day** of the FFY. An individual child is included in the count for each year for which he or she is in foster care on the last day.

**Entered:** This is an estimated count of all children who entered foster care **during** the FFY. An individual child is counted only once for each year, even if the child entered, exited and reentered care during the year. The most recent date of removal from home is used to determine whether the child entered foster care during the period. If an individual child entered in one year and then exits and re-enters in a subsequent year, he or she is included in the count of entries for both years.

**Exited:** This is an estimated count of all children who exited foster care during the FFY **at the end of their most recent foster care episode**. An individual child is counted only once for each year, even if the child exited, re-entered and exited again during the year. The most recent date of discharge (from foster care) is the one counted. If an individual child exited care in one year and then re-enters and exits again in a subsequent year, he or she is included in the count of exits for both years.

**Waiting for Adoption:** This is an estimated count of all children who are waiting to be adopted **on the last day** of the FFY. An individual child is included in the count for each year in which he or she is waiting to be adopted on the last day. There is no Federal definition for children waiting to be adopted. For the purposes of this analysis, children waiting to be adopted include children with a goal of adoption and/or whose parental rights have been terminated. The "waiting" population excludes children whose parents' rights have been terminated, who are 16 years old and older, and who have a goal of emancipation. An individual child is included in the count for each year that he or she has these characteristics on the last day of the year.

**Parental Rights Terminated:** This is an estimated count of all children in care **on the last day** of the FFY whose parental rights have been terminated and who are waiting for adoption. An individual child who has these characteristics on the last day of the year is counted only once for that year.

**Adopted:** This is an estimated count of all children adopted with public child welfare agency involvement **during the FFY**. An individual child is counted only once for each year, even if (in rare cases) the child was adopted multiple times during the year. In cases when an individual child is adopted in one year and then adopted again in a subsequent year, he or she is included in the count of adoptions for both years.



# The AFCARS Report

Preliminary FY<sup>1</sup> 2015 Estimates as of June 2016 • No. 23

**SOURCE:** Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2015 data<sup>2</sup>

## Numbers At A Glance

	2011	2012	2013	2014	2015
Number in <b>foster care</b> on September 30 of the FY	397,605	397,301	401,213	414,429	427,910
Number <b>entered</b> foster care during FY	251,450	251,354	254,712	264,555	269,509
Number <b>exited</b> foster care during FY	247,543	239,535	238,930	237,554	243,060
Number <b>waiting to be adopted</b> on September 30 of the FY	106,440	101,935	104,387	108,189	111,820
Number waiting to be adopted whose <b>parental rights (for all living parents) were terminated</b> during FY	61,904	58,187	58,638	61,070	62,378
Number <b>adopted</b> with public child welfare agency involvement during FY	50,913	52,025	50,820	50,625	53,549

## Children in Foster Care on September 30, 2015 • N=427,910

Age as of September 30th	Years	Sex	Percent	Number
Mean	8.6	Male	52%	222,849
Median	7.8	Female	48%	204,999

Age as of September 30th	Percent	Number	Most Recent Placement Setting	Percent	Number
Less than 1 Year	7%	29,684	Pre-Adoptive Home	4%	15,107
1 Year	8%	35,642	Foster Family Home (Relative)	30%	127,821
2 Years	7%	31,340	Foster Family Home (Non-Relative)	45%	191,842
3 Years	6%	27,633	Group Home	6%	24,021
4 Years	6%	24,613	Institution	8%	32,204
5 Years	5%	22,825	Supervised Independent Living	1%	4,107
6 Years	5%	22,469	Runaway	1%	4,648
7 Years	5%	21,526	Trial Home Visit	5%	22,974
8 Years	5%	20,129			
9 Years	4%	18,482			
10 Years	4%	16,967	<b>Case Plan Goal</b>	<b>Percent</b>	<b>Number</b>
11 Years	4%	15,528	Reunify with Parent(s) or Principal Caretaker(s)	55%	227,955
12 Years	4%	15,603	Live with Other Relative(s)	3%	12,408
13 Years	4%	16,587	Adoption	25%	102,798
14 Years	5%	19,266	Long Term Foster Care	3%	13,546
15 Years	5%	22,310	Emancipation	4%	17,188
16 Years	6%	25,669	Guardianship	3%	14,214
17 Years	6%	26,668	Case Plan Goal Not Yet Established	6%	23,573
18 Years	2%	8,459			
19 Years	1%	3,010			
20 Years	1%	2,299			

<sup>1</sup> 'FY' refers to the Federal Fiscal Year, October 1<sup>st</sup> through September 30<sup>th</sup>.

<sup>2</sup> Data from both the regular and revised AFCARS file submissions received by June 8, 2016 are included in this report. Missing data are excluded from each table. Therefore, the totals within each distribution may not equal the total provided for that subpopulation (e.g. number in care on September 30th may not match the sum across ages for that group).

Race/Ethnicity	Percent	Number	Time in Care	Months
American Indian/Alaskan Native	2%	10,130	Mean	20.4
Asian	1%	2,232	Median	12.6
Black or African American	24%	103,376	<b>Time in Care (Months)</b>	<b>Percent</b>
Native Hawaiian/Other Pacific Islander	0%	850	Less than 1 Month	6%
Hispanic (of any race)	21%	91,105	1 - 5 Months	22%
White	43%	182,711	6 - 11 Months	20%
Unknown/Unable to Determine	2%	7,990	12 - 17 Months	15%
Two or more Races	7%	28,751	18 - 23 Months	10%
			24 - 29 Months	7%
			30 - 35 Months	4%
			3 - 4 Years	9%
			5 Years or More	6%

**NOTE:** All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

### Children Entering Foster Care during FY 2015 • N=269,509

Age at Entry	Years		Race/ethnicity	Percent	Number
Mean	7.3		American Indian/Alaskan Native	2%	6,350
Median	6.3		Asian	1%	1,653
Age at Entry	Percent	Number	Black or African American	23%	60,733
Less than 1 Year	18%	47,219	Native Hawaiian/Other Pacific Islander	0%	712
1 Year	7%	20,077	Hispanic (of any race)	20%	54,001
2 Years	7%	17,793	White	45%	122,088
3 Years	6%	15,767	Unknown/Unable to Determine	2%	5,803
4 Years	5%	14,416	Two or more Races	6%	17,264
5 Years	5%	14,027	<b>NOTE:</b> All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.		
6 Years	5%	13,559	Reasons for Removal*	Percent	Number
7 Years	5%	12,702	Neglect	61%	161,791
8 Years	4%	11,665	Drug Abuse Parent	32%	85,937
9 Years	4%	10,312	Caretaker Inability to Cope	14%	37,243
10 Years	3%	9,354	Physical Abuse	13%	34,647
11 Years	3%	8,871	Child Behavior Problem	11%	30,124
12 Years	3%	9,317	Inadequate Housing	10%	27,002
13 Years	4%	10,640	Parent Incarceration	8%	21,006
14 Years	5%	12,582	Alcohol Abuse Parent	6%	14,978
15 Years	5%	14,578	Abandonment	5%	12,363
16 Years	6%	14,826	Sexual Abuse	4%	10,330
17 Years	4%	10,375	Drug Abuse Child	2%	6,085
18 Years	0%	1,011	Child Disability	2%	4,514
19 Years	0%	296	Relinquishment	1%	2,569
20 Years	0%	97	Parent Death	1%	2,019
			Alcohol Abuse Child	0%	1,320

**NOTE:** These categories are not mutually exclusive, so percentages will total more than 100% and counts will be more than the total number of entries.

## Children Exiting Foster Care during FY 2015 ● N=243,060

Age at Exit		Years		Race/ethnicity		Percent	Number
Mean		8.9		American Indian/Alaskan Native	2%	5,249	
Median		7.9		Asian	1%	1,598	
Age at Exit	Percent	Number					
Less than 1 Year	5%	10,967		Black or African American	23%	54,795	
1 Year	8%	19,377		Native Hawaiian/Other Pacific Islander	0%	519	
2 Years	8%	19,593		Hispanic (of any race)	21%	51,667	
3 Years	7%	16,789		White	45%	109,132	
4 Years	6%	15,109		Unknown/Unable to Determine	2%	4,105	
5 Years	6%	13,796		Two or more Races	6%	15,596	
6 Years	6%	13,385					
7 Years	5%	12,669		<b>NOTE:</b> All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.			
8 Years	5%	11,594		Reasons for Discharge		Percent	Number
9 Years	4%	10,129		Reunification with Parent(s) or Primary Caretaker(s)	51%	123,894	
10 Years	4%	9,128		Living with Other Relative(s)	6%	15,621	
11 Years	3%	8,137		Adoption	22%	52,931	
12 Years	3%	7,985		Emancipation	9%	20,789	
13 Years	3%	7,940		Guardianship	9%	22,303	
14 Years	4%	8,911		Transfer to Another Agency	2%	4,363	
15 Years	4%	10,168		Runaway	0%	985	
16 Years	5%	11,853		Death of Child	0%	336	
17 Years	5%	11,698					
18 Years	7%	18,005					
19 Years	2%	4,246					
20 Years	0%	743					
Time in Care		Months					
Mean		19.0					
Median		13.5					
Time in care	Percent	Number					
Less than 1 Month	11%	25,640					
1 - 5 Months	15%	36,927					
6 - 11 Months	20%	47,865					
12 - 17 Months	16%	39,727					
18 - 23 Months	12%	28,826					
24 - 29 Months	8%	19,714					
30 - 35 Months	5%	13,172					
3 - 4 Years	9%	20,715					
5 Years or More	4%	10,047					

## Children Waiting to be Adopted<sup>3</sup> on September 30, 2015 • N=111,820

Age as of September 30th		Years	Age at Entry into Foster Care		Years
Mean		7.6	Mean		5.0
Median		6.8	Median		4.1

Age as of September 30th	Percent	Number	Age at Entry into Foster Care	Percent	Number
Less than 1 Year	4%	3,980	Less than 1 Year	25%	28,356
1 Year	10%	10,915	1 Year	9%	9,788
2 Years	9%	10,517	2 Years	8%	8,674
3 Years	8%	8,983	3 Years	7%	7,842
4 Years	7%	7,900	4 Years	7%	7,545
5 Years	6%	7,145	5 Years	7%	7,386
6 Years	6%	7,053	6 Years	6%	6,949
7 Years	6%	6,672	7 Years	6%	6,175
8 Years	6%	6,180	8 Years	5%	5,477
9 Years	5%	5,832	9 Years	4%	4,874
10 Years	5%	5,322	10 Years	4%	4,420
11 Years	4%	4,797	11 Years	4%	3,956
12 Years	4%	4,652	12 Years	3%	3,380
13 Years	4%	4,539	13 Years	3%	2,937
14 Years	4%	4,781	14 Years	2%	2,044
15 Years	4%	4,899	15 Years	1%	1,364
16 Years	4%	4,287	16 Years	1%	560
17 Years	3%	3,366	17 Years	0%	86

Placement type	Percent	Number	Race/ethnicity	Percent	Number
Pre-Adoptive Home	12%	13,433	American Indian/Alaskan Native	2%	2,112
Foster Family Home (Relative)	25%	28,296	Asian	0%	462
Foster Family Home (Non-Relative)	52%	58,119	Black or African American	23%	25,510
Group Home	4%	4,033	Native Hawaiian/Other Pacific Islander	0%	131
Institution	5%	5,932	Hispanic (of any race)	22%	25,093
Supervised Independent Living	0%	94	White	43%	48,195
Runaway	0%	431	Unknown/Unable to Determine	1%	1,673
Trial Home Visit	1%	714	Two or more Races	8%	8,600

Sex	Percent	Number
Male	53%	58,746
Female	47%	53,069

**NOTE:** All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race

<sup>3</sup> Waiting children are identified as children who have a goal of adoption and/or whose parents' parental rights have been terminated. Children 16 years old and older whose parents' parental rights have been terminated and who have a goal of emancipation have been excluded from the estimate.

Time in Care	Months
Mean	31.7
Median	25.0

Of Children Waiting for Adoption whose Parents' Parental Rights have been Terminated (N=62,378), Time elapsed since termination of parental rights as of September 30, 2015

Time in Care	Percent	Number	Time since TPR	Months
Less than 1 Month	0%	384	Mean	20.5
1 - 5 Months	4%	4,110	Media	10.0
6 - 11 Months	9%	10,585		
12 - 17 Months	17%	19,043		
18 - 23 Months	17%	18,866		
24 - 29 Months	15%	16,253		
30 - 35 Months	10%	10,674		
3 - 4 Years	18%	20,484		
5 Years or More	10%	11,421		

### Children Adopted with Public Agency Involvement in FY 2015<sup>4</sup> • N=53,549

Age at Adoption	Years		Time elapsed from Termination of Parental Rights to Adoption	Months	
Mean	6.2		Mean	11.9	
Median	5.2		Median	8.7	
Age at Adoption	Percent	Number	Time elapsed from Termination of Parental Rights to Adoption	Percent	Number
Less than 1 Year	2%	1,096	Less than 1 Month	2%	1,207
1 Year	12%	6,453	1-5 Months	29%	15,517
2 Years	14%	7,624	6-11 Months	35%	18,447
3 Years	11%	5,912	12-17 Months	17%	8,876
4 Years	9%	4,886	18-23 Months	7%	3,848
5 Years	8%	4,249	24-29 Months	4%	1,949
6 Years	7%	3,801	30-35 Months	2%	1,014
7 Years	6%	3,458	3-4 Years	2%	1,298
8 Years	6%	3,004	5 Years or more	1%	580
9 Years	5%	2,493	Race/ethnicity	Percent	Number
10 Years	4%	2,132	American Indian/Alaskan Native	2%	898
11 Years	3%	1,809	Asian	0%	203
12 Years	3%	1,513	Black or African American	18%	9,764
13 Years	2%	1,331	Native Hawaiian/Other Pacific Islander	0%	79
14 Years	2%	1,160	Hispanic (of any race)	22%	11,683
15 Years	2%	919	White	48%	25,870
16 Years	2%	872	Unknown/Unable to Determine	1%	714
17 Years	1%	666	Two or more Races	8%	4,316
18 Years	0%	136			
19 Years	0%	17			
20 Years	0%	10			

<sup>4</sup> Note that the adoption data reported in this section are from the AFCARS Adoption file. Therefore, the number of adoptions reported here may not equal the number reported as discharges to adoption from foster care.

Adoptive Family Structure	Percent	Number	Sex of Child	Percent	Number
Married Couple	68%	35,829	Male	51%	27,237
Unmarried Couple	3%	1,735	Female	49%	26,307
Single Female	26%	13,671			
Single Male	3%	1,623			

Relationship of Adoptive Parents to Child Prior to Adoption	Percent	Number	Receive Adoption Subsidy	Percent	Number
Non-Relative	14%	7,316	Yes	92%	49,284
Foster Parent	52%	26,983	No	8%	4,222
Stepparent	0%	46			
Other Relative	34%	17,853			

**NOTE:** For the purposes of this table, relatives who were also foster parents are classified only as relatives.

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## Appendix A: The F Family's Statement\*

The following example is an adaptation from a portion of the fictional F's Family Profile. It provides the couple's assessment of their strengths and the type of child whom they believe they could parent successfully.

### **Our Strengths**

We talk things out in our family. There are three adults in our family to provide supervision of a child – the two of us and L's (Mrs. F's) mother. We have experience raising our daughter, E, and working with other children. We have a good marriage. Children and teenagers like us. We have a lot of support from family, friends, neighbors, and our church. The Js, our "buddy family," have really helped us understand adoption, and their daughter and E like one another. They have said they will help us out. We have a good school in our area, and we know the principal and teachers. L works with them. There is a park and recreational center just two blocks from our house. We have room in our house and our family for another child.

We could parent a child who:

- is older, a teenager;
- has learning and school problems;
- is in therapy or needs therapy;
- has some medical problems;
- wets the bed;
- cares about his birth parents and foster family;
- is lesbian, gay, bisexual, transgender, or questioning (LGBTQ);
- is shy and has trouble making friends;
- has been abandoned, abused, or neglected (with help, a child who has been sexually abused);
- has been in a residential treatment center.

We would have difficulty with a child who:

- is taking drugs or drinks;
- is in a gang;
- has parents who would come to the house and hurt him or anyone else in our family;
- physically fights with children or adults.

We would be unable to parent a child who:

- has severe handicaps (a child who can't walk, needs a lot of equipment, and/or needs someone to watch him all the time because the bedrooms are upstairs, we both work, and L's mother does not have the strength to lift this kind of child);
- has a history of psychiatric hospitalizations and is suicidal or homicidal.

*\* Adapted from: The Special Needs Adoption Curriculum ©1991, Spaulding for Children. Authors: Linda Whitfield, M.S.W., Lynn M. Nybell, PhD., Sylvia Sims Gray, PhD., Drenda Lakin, M.S.W., A.C.S.W., and Judith McKenzie, M.S.W., Marcia Jaffe Cipriani, B.A.*

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# Worksheet #1: Family Profile Cover Page\*

**Applicant A** \_\_\_\_\_

**Applicant B** \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of marriage/civil union

if applicable: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caseworker Name: \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Primary language spoken at home:

**Date Family Profile was completed** \_\_\_\_\_

**Number of children desired for adoptive placement:**

**Age ranges desired:**

**The following are characteristics of a child we could parent:**

Children already in the home:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Adopted/Foster/Relative or By Birth \_\_\_\_\_

Other people living in the home:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

*\* The family's caseworker can save time by asking the family to complete this information. Handwritten forms are fine but should be legible.*

Children raised and out of the home:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Dates of Adoptive/Foster Parent Preparation classes:

**Signature(s) of Applicant Parent(s)**

**Signature of Family Adoption Caseworker**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTACH A PHOTO OF THE FAMILY TO THIS COVER SHEET

**TO BE COMPLETED BY CHILD'S CASEWORKER**

\_\_\_\_ Family has been contacted and family has confirmed receiving and reviewing the child's profile.

\_\_\_\_ Family has confirmed their continuing interest in the child.

Caseworker Name: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

---

# Worksheet #2: A Decision-Making Framework for Matching

*Created by: Spaulding for Children. Authors: Linda Whitfield, M.S.W., Lynn M. Nybell, PhD., Sylvia Sims Gray, PhD., Drenda Lakin, M.S.W., A.C.S.W., and Judith McKenzie, M.S.W. (1991).*

## **Level 1: Child Specific-Decision**

What are the strengths of this particular family? What are the family's requests in terms of adoption? What kind of child or children might they be most willing and prepared to parent? What behaviors of children have they identified as most disturbing or difficult for them? What behaviors would they find tolerable?

What are the strengths of this particular child? What are the child's needs or requests in terms of adoption? What kinds of family situations might be the most disturbing or difficult for this child? What situation has the child found intolerable?

## **Level 2: Placement Plan**

### **Part 1: Health, Education and Housing Needs**

#### **Health Needs**

What specific health needs does the child currently have or is he projected to have? How have these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family?

What strategies or coping strategies has the family used to meet health needs? What support have they requested?

#### **Educational Needs**

What specific educational needs does the child currently have or can be projected to have? How have these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family?

What strategies or coping strategies has the family used to meet unique educational needs? What support have they requested?

#### **Housing Needs for children with physical disabilities**

What specific needs in terms of housing does the child have? How have these needs been shared with the family? What resources does the family have to meet these needs? What support have they requested?

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## ***Level 2: Placement Plan***

### ***Part 2: Emotional Support and Continuity Needs***

#### **Emotional Support Needs**

What specific needs for emotional support does the child have or is he projected to have? How has information about these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family?

What strategies or coping strategies has the family used to meet these needs? What support have they requested?

#### **Continuity Needs**

What specific needs does the child have for continuity with his birth family and his cultural or religious background? How have these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family? What support have they requested?

Is the child at risk of a disrupted adoption if he is placed with the family? What are the specific risks and what evidence do we have? Has the family been informed of these risks? Can anything be done to reduce or eliminate these risks?

#### **Conclusion**

*After examining and exploring the above issues discussed, does the family wish to proceed with the placement? If not, will they have the option to consider placement of another child?*

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# Worksheet #3: Guide to Preplacement Conference

*Contributed by: Virginia Sturgeon, Child Welfare Consultant and Trainer and Adoptive Parent*

The preplacement conference is designed as a forum to share information with and provide an opportunity for prospective adoptive parents to ask questions regarding a child/children for whom they have been selected. The conference should involve all persons who have relevant information to share regarding the needs of the child/children. Because it can be difficult to have all parties meet in the same location, caseworkers need to be creative through the use of teleconferences and video conferences. The conference should provide the prospective adoptive family with any additional information they need to make a decision regarding whether they want to proceed with visitation with the child/children. Adoptive families are under no obligation to proceed with an identified adoptive referral. (This should be stressed to the family at the beginning of the conference.)

## **Who Should Attend the Preplacement Conference**

Essential participants at the preplacement conference are:

- The prospective adoptive parent(s)
- The social worker for the prospective adoptive parent(s)
- The child's/children's social worker
- The foster parents or primary child care provider for the child/children should he/she be in a group home or residential treatment facility

Other important persons who may attend the conference:

- Adoption specialist for the agency
- The therapist/counselor for the child/children
- Teachers
- Supervisors for the social workers involved
- Doctors/nurses, physical therapist, occupational therapist, or speech therapist for children with special medical needs
- Child's CASA, GAL or attorney
- Representative from the child's Tribe even if the Tribe has declined jurisdiction

## **Outline for the Conference**

### **I. Introductions**

- A. The conference should be chaired by either the adoption specialist or one of the supervisors involved. (The chair should also record the information shared in the conference, summarize the conference and distribute the recorded information to the essential participants after the conference.)
- B. Participants should introduce themselves and explain their role in the life of the child/children.

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## **II. Review of Background Information**

### **A. Overview of Information Previously Shared**

- The worker for the prospective adoptive family should have previously shared all written background information with the family and provided them with a copy of it.
- A brief overview of this previously shared information should be provided by the worker for the child/children.
- The foster parents/caretaker and other participants should be asked to contribute any additional information regarding the child/children's background.

### **B. Questions Regarding Background**

- Following the sharing of background information, the prospective adoptive parent(s) should be given the opportunity to ask any questions they may have regarding the child's background.

## **III. Special Needs of the Child**

A. This portion of the conference is devoted to those professional participants who work with the child to meet his/her special needs. Each participant will be asked to share relevant information regarding his or her work with the child. For example:

- Doctors/Nurses may share information regarding medical treatment needed, medication the child is taking, and future prognosis regarding ongoing medical needs.
- Physical therapist, occupational therapist, and speech therapist might share the therapy schedule, goals for the therapy, progress in therapy, and plans for future therapy.
- Therapist/counselors will address the emotional needs of the child. They would discuss ongoing therapy needs, issues that are being addressed in therapy, and what role the adoptive parents will play in therapy.
- Teachers should discuss the child's intellectual and academic functioning. Is the child in special education? Does the child require additional assistance with schoolwork? What is the child's potential for academic achievement?
- Foster parents/caretakers should discuss any special requirements/challenges to providing ongoing parenting to the child/children.

### **B. Questions of Prospective Adoptive Parents**

- Following the sharing of this information, the prospective adoptive parents should again be given the opportunity to ask questions regarding the information they have heard.

## **IV. Living with the Child on a Daily Basis**

This part of the conference is devoted to an exchange of information primarily between the foster parents/caretakers and the prospective adoptive parents. The chairperson of the conference should ask the foster parents/caretakers to share the following information:

- A. Describe the child/children's typical day. What time does the child get up in the morning? What does he/she eat for breakfast? What is the routine for getting ready for school/day care and what happens when they get home in the afternoon? What time does the child/children go to bed and what is their bedtime routine? Are there any fears/worries regarding bedtime? The foster parents/caretaker should paint a picture of the child's day for the prospective adoptive parent.
- B. The child/children's personality. Again the foster parents/caretaker should provide the prospective

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adoptive parents with a “picture” of the child. Is he/she cheerful in the morning or grumpy? What does the child enjoy? What are his/her fears/worries? How do you know if the child is sick, upset, or angry? Does the child like to give/receive affection?

- C. Discipline techniques and other parenting skills. The foster parents/caretakers should describe for the prospective adoptive parents the discipline techniques they use that are effective. They should also discuss any other skills they use in parenting this child such as how they get the child to talk about his or her feelings and issues and how they deal with the child’s moods or anger. Are there any triggers (i.e., holidays, a particular time of the year, certain smells) from the child’s past that arise and cause difficulty?
- D. Other pertinent information. The foster parents/caretakers should share any additional information they feel is essential for the prospective adoptive parents to have with regard to parenting this child/children. This might include the chores the child is used to doing at home (i.e. making his/her bed in the morning, setting the table for meals), whether the child is used to sharing a room or having a room of his/her own and if the child has pets or a fear of animals.
- E. Give the adoptive family information on the child’s daily routine that has been provided by the foster parent/caregiver.
- F. Questions. Allow the prospective adoptive parents or other participants to ask any questions they may have that are pertinent to this section of the conference.

#### **V. Preparation of the Child/ren for Adoption and Important Connections**

- A. What has been done to prepare the child for adoption?
  - What is the child’s understanding of adoption?
  - Who is working with the child to get him/her ready?
  - Does the child understand that he/she will not be returning to his/her birth family?
  - What are the child’s feelings about being adopted?
  - Does he/she have any fears/worries about adoption?
- B. Important Connections
  - Are there important people in the child’s life now with whom he/she will need to maintain connections after adoption?
  - If so, who are they and what type of contact (visits, phone calls, cards, or letters) will be needed?

#### **VI. Additional Questions**

- A. Allow an opportunity for the prospective adoptive parents to ask any questions they have that have not been answered.
- B. Provide the opportunity for the child’s worker, foster parents/caretakers or other participants to ask any questions they may have of the prospective adoptive family.

#### **VII. Break and Contemplation Time**

- A. Explain to the participants that you are going to take a break (15 minutes or so). Ask the prospective adoptive parents to talk with each other and with their social worker about the information they have received in the conference.

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- B. During the break, ask the adoptive family to make a decision regarding the next steps in this referral. Again point out to them that they are under no obligation to accept this referral and that their options include:
- Taking more time to discuss the information they have received with each other and with their worker before making any decision.
  - Based on the information they have received they may decide that this is not an appropriate referral and this is not a child/children they feel they can parent. They may ask that the referral be withdrawn.
  - They may feel positive about the information they have received and that they would like to proceed to the next step of meeting the child/children and having visits.
- C. Stress the importance of taking this time to discuss their feelings and again point out that the purpose of this conference was to provide them with the information they need to make an informed decision about parenting this child/children. Whatever their decision, assure them that they will be supported.

### **VIII. Reconvene and Discuss the Decision**

At the end of the established time, reconvene as a group and ask the adoptive family what their decision is. Based on what they have decided, you will proceed in the following manner:

- A. If their decision is not to proceed, assure them that you support their making a conscientious decision based on the needs of the child/children and their ability to meet them. Also assure the family that because they have decided not to proceed with this referral it will not prevent them from being selected for other children. Thank the family for their time and interest.
- B. If they need more time to consider this referral, establish a target date for them to reach a decision and share it with their worker. The worker for the prospective adoptive family can then contact the child's worker with the decision and they can plan from there.
- C. If their decision is to proceed with the referral and meet the child, plans should be made to accomplish this. The first visit should be scheduled as well as a discussion of a visitation schedule. How often will the child visit? Where will the visits occur? How will the visits be evaluated?
- D. If visitation is to begin, there should be an understanding of how and who will determine when the child is ready for placement. Should the family, child, or agency decide during the visitation process that this is not going to be a workable placement, how should that decision be conveyed and what will happen then?

### **IX. End the Conference**

- A. The decision reached and the plan for what will now occur should be restated and names, address and telephone numbers of participants should be shared for future contact.
- B. All parties should be thanked for their participation and contribution to the conference
- C. Adjourn the conference.

# Worksheet #4: Information Sharing Checklist\*

Child:

Prospective Adoptive Family:

Child's Caseworker:

Date:

	<b>Information Shared</b>	<b>Information Not Available</b>
Child's strengths, special qualities and interests	<input type="checkbox"/>	<input type="checkbox"/>
Maternal birth family history	<input type="checkbox"/>	<input type="checkbox"/>
Paternal birth family history	<input type="checkbox"/>	<input type="checkbox"/>
Sibling information	<input type="checkbox"/>	<input type="checkbox"/>
Developmental history	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
Medical history (including physical disabilities)	<input type="checkbox"/>	<input type="checkbox"/>
Educational history (including special education needs)	<input type="checkbox"/>	<input type="checkbox"/>
History of neglect	<input type="checkbox"/>	<input type="checkbox"/>
History of physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Placement history	<input type="checkbox"/>	<input type="checkbox"/>
History of emotional and/or behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>
Post adoption services	<input type="checkbox"/>	<input type="checkbox"/>
Under state rules, eligibility for IVE or state funded only (circle one)		
Adoption assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

*\* Adapted from the Information Sharing Checklist created by Spaulding for Children.  
Authors: Linda Whitfield, M.S.W., Lynn M. Nybell, PhD., Sylvia Sims Gray, PhD.,  
Drenda Lakin, M.S.W., and Judith McKenzie, M.S.W. (1991).*



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anisms in her journey which may not serve her as well in your home. Be patient with her when she acts out and try to understand that she is scared and hurting.

7. Jessica appears to have been very “parentified” in regards to her birth mother. This is a social worker term meaning that the child and parent switched roles. Jessica had to take care of herself and her birthmother because her birthmother was unable to do this. Because she has had so much responsibility, it will take a long time for her to just relax and be a kid. Encourage the child in her whenever possible.
8. Jessica will have strong loyalty toward her birth family. It is noted in the record that her birth mother told her to misbehave so she could come back to her birth mother. Jessica appears to be beginning to believe that her birth mother will not be able to care for her; however, be ready for her to revert to total loyalty to her birth family when she is angry at you.
9. There is a strong possibility that Jessica was sexually abused by her birth father. Children who have been sexually abused often have a great deal of confusion regarding trust and appropriate expressions of affection. It will be necessary to be vigilant about her behaviors. Because Jessica is very immature for her age, she may choose to play with younger children. You will need to watch her carefully and not leave her unsupervised with children as she could act out sexually with them. Many girls Jessica’s age are sexually active – she may choose to begin having sex, even though she is very young. You will need to have discussions regarding “safe sex” and birth control. Additionally, she may display some inappropriate sexualized behaviors with her dad (Stan) and other men. Be sure to redirect her behaviors without shaming her. She has had so much shame in her life and it is important to remember that she might never have been taught many of the appropriate ways to express affection that you take for granted.
10. Jessica was physically abused by her birth parents. Consequently, any type of physical discipline will be detrimental. Jessica needs to know that in your home hitting and touching people offensively is not tolerated. She will need to be given choices. The parenting techniques you learned in group and have started to practice will be most beneficial in dealing with negative times with Jessica.
11. It has been suggested that Jessica’s birth family was verbally very abusive. Because she has experienced so much abuse, it is possible that it will take her a very long time to begin to trust you. Remember that we suggest that it takes one year for every year a child was in care for the child to begin to heal.
12. Jessica has a beautiful smile and contagious laugh. She will brighten your home and make it more alive than it has ever been.
13. To our knowledge, Jessica has never exhibited any negativity towards animals; however, it would be good to watch her very carefully while she is with your cat until she is very settled in your home. She should not be left alone with the cat (even while you are in another room) until you are absolutely sure she is able to be very gentle with her.
14. Jessica has a good appetite and sleeps well.

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15. Although Jessica's relationship with her birth mother has been tumultuous, she is still emotionally very connected to her. It will be good to encourage her to talk about her feelings regarding her birth family without making it too much of an issue.
  16. Jessica does not seem to have difficulty making friends and she can be very charming. She will be able to enjoy activities with you and your families and friends.
  17. Jessica has a very strong temper. She has exhibited aggressive behaviors such as kicking and screaming. If she becomes very angry, she may damage furniture and/or other belongings. Keep in mind that things are replaceable and if they are not, please don't have them where she could destroy them if she becomes enraged.
  18. Jessica is a very bright child with a great deal of potential. Channeling her energy will be your most challenging task.
  19. Jessica will need a great deal of therapy to address the many losses and difficult experiences she has had. She will be seeing Dr. Good Therapist and some of the work that you do as a family may be difficult – expect Jessica to act out after difficult therapy experiences.
  20. Because this is a small community, Jessica may encounter relatives and acquaintances from when she was living with her birth family. Expect her to act out after this happens.
  21. Because Jessica's birth mother was so dependent and unable to care for her children, it is probable that Jessica did not receive adequate nurturing in her early years. She will have some issues regarding attachment and will need you to be patient with her emotional delays. She may need to regress to earlier years and redo them with you. Examples of this are long tantrums followed by a need for hugging, following you around while being very upset, and eating constantly. It is helpful to have a rocking chair and rock her to calm her and allow her to revert to a younger time.
  22. Jessica likes to please people – give her a great deal of positive feedback and she will probably try to do more to please you.
  23. Jessica will need you to be open to her confusion about her birth family. As she becomes closer to you, she will begin to be protective of you and – as she struggles with loyalty issues – her confusion will increase. It is important for her to know you value her birth family and that you are willing to talk about them.
  24. Jessica is a very fun person who loves shopping, pretty things, and make-up. She will probably involve herself in all sorts of "girl stuff."
  25. Due to her early childhood experiences, Jessica does not believe that adults can take care of her – she needs you to show her that they can.
  26. In addition to taking care of Jessica, you need to take care of you! Schedule time alone together (dinner out, movie, short drives) so that you are able to refill your engine and handle all the positive and negative things that come along.
  27. Continue to participate in the adoptive parent support group. The families there will be very supportive and understanding – they are also available to swap children so you get some down time.

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28. Jessica is a very resilient young lady. She has survived a great deal. She has the capability to greatly enhance your life if you respect her resilience and don't expect her to immediately give up all the behaviors that have kept her functioning. Remember that in Group we talked about our kids needing marathoners, not sprinters. Jessica needs you to take the long view and understand that she will progress at her own pace and you can't rush that!

- Although this seems like a great deal to consider, please HAVE FUN and GIVE LOTS OF HUGS! This will make everyone happier!

Please feel free to add your comments, suggestions, and your own predictions if you would like. (If you do not have enough room, you may use the other side of this page.)

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_

Date: \_\_\_\_\_