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AMERICA'S WAITING CHILDREN: REMOVING THE BARRIERS TO
ADOPTION

...let us look to others in our land who cry out for children to adopt. I pledge to you...I will work to remove barriers to adoption and extend full sharing of family life to millions of Americans, so that children who need homes can be welcomed to families who want them and love them.

Ronald Reagan

State of the Union Message, 1988

(TITLE PAGE)

FOREWORD...By President Reagan (picture of the signing ceremony with caption followed by:

During National Adoption Week and throughout the year we should do all we can to make adoption a true national concern. There is much that each of us can do to foster awareness of adoption--in schools, churches, businesses, communities and government. The new report by the Interagency Task Force on Adoption will help us find innovative ways to encourage adoption and eliminate barriers to it, and that is good news for everyone.

s/Ronald Reagan

LETTER TO PRESIDENT SUBMITTING REPORT...By Mary Gall,
Chairman of the President's Task Force on Adoption

(PAGE with QUOTES from older adopted child, biological parent, child welfare worker, waiting child, adoptive parent)

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I. A POSITIVE ADOPTION POLICY FOR AMERICANS

...Family life is a precious gift, and it is something adoption affords both children and parents in a truly special way. In recent years many Americans have been discovering adoption and all its blessings, but for many it remains an untapped opportunity.

Ronald Reagan

National Adoption Week, 1987 Proclamation

Each year over 140,000 children are adopted. Two-thirds of these children are adopted by step-parents or relatives. The remaining 50,000 children are infants, children in foster care or children with special needs adopted by non-relatives. These joyous adoptions are a signal of hope for the thousands of children waiting to join new families. They also serve as a hopeful backdrop to the efforts of thousands of childless couples and other individuals and families who still wait for children to adopt.

Thousands of women, many of whom are teenagers, are considering the option of adoption as a solution for a pre-marital or crisis pregnancy. Over 17,000 healthy infants are adopted each year, most of whose mothers are young, unmarried and unprepared for parenthood. In making plans for infant adoption, there are legal and societal hurdles which loom high for these pregnant women. However with empathetic counseling that embraces each woman's individual needs and circumstances, the adoption choice can help mother and child.

The adoption of foreign children has increased steadily over the past decade. Over 80,000 foreign-born children have been adopted by Americans--married couples and singles--in recent years. Unlike the cases of earlier foreign adoptions, most of the children adopted today are not "war orphans". They are children who need a home and are brought to the attention of orphanages and others who facilitate their adoption by Americans.

There are 36,000 children now in foster care in America for whom adoption is considered the best plan for their welfare. Of these waiting children, about 60 percent are "special needs" with physical or emotional disabilities, belong to sibling groups, are minorities or are older children. They also include "boarder babies" who experience drug withdrawal at birth due to their mothers' addiction, and are abandoned in hospitals. Tragically, there are now increasing numbers of newborns who test positively for AIDS

and they also need loving, home care. Special needs children challenge the people involved in child welfare to make permanent familial plans for them. However difficult children are to place, the task is possible.

The Reagan Administration has actively supported policies which encourage adoption. It has been especially committed to promoting adoption as an alternative to abortion and supporting the adoption of children with special needs. In August 1987 President Reagan formed an interagency Task Force on Adoption and asked it to look at ways adoption could be encouraged. The Task Force delivered its report to the President in November. The President's Domestic Policy Council has requested the publication of the Report in an expanded version.

A detailed explanation of the Task Force recommendations is incorporated in the following chapters of this Report. Included are: ways adoption can be encouraged through federal programs, state and local initiatives, and enhanced adoption awareness. These recommendations provide concerned Americans in government, adoption agencies, organizations supportive of adoption, and adoptive families with a positive adoption policy committed to helping America's waiting children.

All recommendations are guided by principles of federalism. These mandate that there be no undue interference by the Federal Government in areas of family law, which traditionally and correctly rests with State governments. All proposals were also examined in light of the President's Executive Order on the Family, the recommendations of the White House Working Group on the Family, deregulation initiatives, and the reality of budgetary constraints.

The Task Force held 12 meetings and reviewed the following areas:

- Pending Congressional legislation
- Federal laws and regulations on adoption
- Federal and State tax codes
- Adoption problems experienced by military families
- State laws pertaining to adoption
- Recommendations of interested groups and individuals
- Educational activities to highlight all aspects of adoption
- Successful public and private adoption initiatives.

The Task Force communicated with over 130 organizations and with interested state and local agencies, judges, caseworkers, attorneys and others who identified problem areas in adoption and recommended solutions. Birth parents, adoptive parents, and adoptees, along with organized groups representing these members of the adoption "triangle", also provided helpful information and insights to the Task Force.

As a result of the Task Force's work, three major areas of concern emerged as fundamental to a positive adoption policy

- o First, the promotion of adoption as an alternative for a crisis pregnancy. This includes addressing those issues that prevent a woman facing a crisis pregnancy from being as informed about adoption as she may be about her other alternatives.
- o Secondly, examining the case of children waiting in foster care, many of whom are free for adoption. Children with "special needs" are adoptable. However, the legal and administrative barriers, as well as inertia in the current foster care system, require focused attention and recommendations for change.
- o Thirdly, expanding the pool of prospective adoptive parents. Many individuals and families with the capacity to love and the capabilities to parent have doors to adoption closed to them. Opening up adoption opportunities for older persons, singles, or individuals with disabilities is a very important component of an effective adoptive parent recruitment strategy for America's waiting children.

The Task Force believes policy-makers must realize the importance of finding homes for America's waiting children and recognize that it is an investment in the nation's future. A compassionate and caring society cannot forget its children. This country's governmental programs must be especially attentive to those children whose parents have abdicated their responsibility and left their children in the care of the government's foster care system. Not only are current tax dollars for foster care saved, but future tax expenditures are minimized when those children are adopted. On-going support and rehabilitation is costly and the need is real for some parentless children who grow up to be rootless or dependent adults. Providing adoption services as a "prevention program" rather than paying for expensive "intervention or treatment models" makes more sense, both in terms of human potential and financial capital.

The lack of national data and research on these forgotten children must be rectified. The Federal Government can provide leadership through the collection of facts and figures that shed light on the status of waiting children. The newly established National Adoption Information Clearinghouse will serve an important role by collecting and disseminating current adoption information nationwide.

This study of adoption must begin by recognizing the people involved in helping children and families. The Task Force is grateful to the thousands of adoption caseworkers, foster care supervisors, judges, pregnancy counselors, lawyers, physicians, teachers and supportive volunteers at adoption agencies, public child welfare departments, and support groups for adoptive families and birth parents who dedicate their lives to finding children adoptive homes. They deserve the support and admiration of all Americans. An important criterion for the Task Force recommendations was whether the policy would "help those who help children".

The Task Force believes that the recommendations in this Report will prove to be positive steps toward improving policies on adoption for America's waiting children.

II. FACTS ABOUT ADOPTION

Federal data collection on adoption ceased in 1975. While national, State and local adoption groups occasionally publish useful brochures, none are comprehensive and most are colloquial. Still, access to factual information is essential to rational decisions by adoptive parents, biological parents, agencies, support groups, social workers, attorneys, and policymakers.

Introduction, Adoption Factbook
National Committee For Adoption

A. Adoption as a Family-building Option

Adoption is the legal process by which permanent custody of a child is transferred from the biological parents to adoptive parent(s). The biological parents may make an adoption plan and voluntarily surrender their parental rights. Parental rights may be terminated involuntarily if a court determines there has been parental neglect or abuse. Then the adoptive parent(s) petition the court to adopt the child. There is a waiting period of a few months before the final adoption decree is issued by the court. During that time the child lives with the adoptive parent(s). When the adoption is final, the child becomes a legal and permanent member of the adoptive family.

The adoption of a child may take place by a step-parent or other relative. Because of death, remarriage or a break-up in the family, a child may be legally adopted by another family member or by a parent's new spouse. In fact, the majority of adoptions that occur each year are adoptions by related persons. These situations differ from making an informal, usually inter-familial arrangement, for someone else to care for a child. In this circumstance, often called "informal adoption", the biological parents still retain all legal responsibilities for the child.

In the case of infant adoption, there are mothers and fathers of babies who choose adoption rather than marriage, unmarried parenthood or abortion and voluntarily make plans for their babies to be raised by other parents. The legally binding decision of consenting to the adoption of her child is made by the mother after the baby is born. In most cases, the parental rights of the father of the baby also must be terminated through his consent to the adoption. There are also instances when a married couple feels they are unable to responsibly care for a new baby and make an adoption plan.

Special needs adoptions involve children whose families relinquish their caretaking responsibilities. These are children living with foster parents or in group homes or larger child care institutions. When their parents' rights are legally ended, due to lack of responsibility caused by absence, neglect or abuse, then plans for adoption can begin. Some of these children have "special needs" which make them eligible to receive on-going governmental assistance (adoption subsidies) upon becoming a permanent member of an adoptive family. These special needs children may have emotional or physical disabilities, be minorities, members of a group of siblings, or are older, or have been cared for by the foster care system for an extended period of time.

Each year thousands of children from other countries are brought to the United States by American citizens who have adopted them abroad or are planning to adopt them. These international adoptions include infants and toddlers who are orphaned as well as children with special needs who are abandoned to the streets or are cared for in orphanages.

These various forms of adoption (step-parent, relative, infant, special needs, and international) differ in legal procedures required, agencies and individuals involved, and situations which must be handled. However, all adoptions have three things in common: 1) parents who bear a child they cannot raise; 2) parent(s) who welcome a child they want to raise; and 3) a child who has biological bonds to one set of parents as well as bonds to his or her adoptive family built by caring love and preserved by law.

B. Brief History of Adoption in America

A review of the history of adoption in this country can increase understanding of the adoption process as it exists today.

The adoption of children can be documented historically back to ancient times and, generally, involved older or orphaned children. The adoption of newborn infants is a relatively recent development. Not until the late 1920's when it became possible to feed infants with formulated nutrition, did a pregnant woman have the option of choosing adoption immediately after the birth of her baby. Prior to formula nutrition, adoption in the United States was mostly for homeless, abandoned or orphaned children: a group of children who, today, would be called special needs children.

In 1851, Massachusetts became the first state to pass a law regulating the adoption of children. At that time, institutions for parentless children were established by religious and other charitable organizations. In the late 1800's "orphan trains" traveled westward from the industrialized east to find homes for orphaned children in small towns and farming communities of the midwest. Approximately 90,000 children joined new families through this process, although many arrangements were more apprenticeships than formal, legal adoptions. Adoption agencies, many still in existence today, were established as a result of the orphan train process. They developed more professional and routine adoption procedures and worked for the enactment of state adoption laws.

Another institution to emerge early in the Twentieth Century was homes for young, unwed mothers. Known as maternity homes, these privately run institutions provided young and/or impoverished, unmarried pregnant women with a place to stay while they nursed their babies and made plans for the future. As the use of infant formulas increased, these mothers could make adoption plans earlier. During this period, state laws were enacted to provide privacy for both the unmarried mother and the child born out-of-wedlock since both carried a stigma. The adoption process soon became a more formal, legal and confidential procedure.

After World War II and the Korean War, the adoption of "war orphans" set the stage for today's international adoption activities. International adoptions were seen as a solution for thousands of children in chaotic situations due to civil unrest, economic upheaval, or refugee conditions caused by war. In 1975, the much publicized Vietnam babylift was a response to the war-torn condition in which many children survived. Since that time, international adoptions have increased as humanitarian relief, development assistance, and contacts with other countries' child welfare systems have been strengthened.

In the 1950's, adoption began to emerge as an option for American children who were "hard-to-place". These toddlers and older children, those with mental and physical disabilities, minority backgrounds and sibling groups, had "special needs". Many lived in child care institutions or had been placed in long-term foster care. Considering such children as potential candidates for adoption became a challenge for the child welfare professional community.

During the 1970's, several legal and societal trends affected adoption. The decline of adoption as an option for women with unplanned pregnancies was, in large part, a

result of several U.S. Supreme Court decisions. The legalization of abortion in 1973 meant that pregnant women could terminate their pregnancies and were guaranteed confidentiality regardless of marital status or age. During the same period, the legal rights of fathers in adoption cases were significantly increased. Supreme Court decisions in 1972 and 1979 required notification, as well as consent, in most cases irrespective of the father's responsibility taken prior to the adoption.

Welfare benefits to unmarried mothers and their children became less stigmatized, providing a more widely-used economic support for single-parent families. The rise in the number of divorces and the increasing acceptance of single-parent families also reduced the stigma felt by young, unwed women who decided to raise their children as single parents rather than to choose adoption.

The growing number of children in foster care was an issue of Congressional attention during the 1970's. These investigations resulted in the availability of Federal funds for demonstration projects, technical assistance and training for improving State procedures for special needs adoptions. In 1980, the Adoption Assistance program was enacted. It provides federal matching funds to the States for medical coverage and for financial subsidies to children with special needs who had been in foster care but who were now adopted.

The Indian Child Welfare Act of 1978 gave Indian tribal organizations legal responsibility for all child welfare placement decisions concerning children who either are members of an Indian tribe or who have one biological parent who is a member of a tribe. Under the law, in order for adoption planning to take place, preference must be given to extended family, to members of the Indian child's tribe, or to another Indian family.

Today, adoption in the United States continues as an option serving the needs of many children--children whose parents re-marry or whose families shift legal responsibility for them; infants born to adolescents, single or troubled women; older children living in foster homes or institutions; children with special needs; and homeless infants and children from other countries. Adoption practices and laws also continue to change in order to meet the needs of these children and their birth parents choosing adoption.

C. Adoption Data

Three methods have been used to gather national data on adoption. One is the collection of annual statistics from records kept by the States. Beginning in the 1950's, a Federal reporting system had conducted an annual survey of the States. However, in 1975, this effort ended. The National Committee For Adoption, a national, non-profit group working to promote adoption, conducted a privately-funded survey of state health, welfare and vital statistics offices to collect national data on adoptions during 1982. Much of their data is used here. The latest available data on public adoption and foster care comes from the Voluntary Cooperative Information System, a federally funded project administered by the American Public Welfare Association. As implied by its name, the States voluntarily share data that pertain to those children directly under the care and supervision of the States public' child welfare departments.

The second approach to collecting information on adoption is as part of large, nationally representative surveys of Americans. While plans are underway to include questions on adoption on other national survey instruments, at this time the survey with the most available data has been the National Survey of Family Growth (NSFG). The most recent survey data available is from the NSFG, Cycle III, conducted by the National Center for Health Statistics in 1982.

Third, many research and evaluation studies exist on selective model adoption programs or on demonstration efforts funded by Federal or State governments. Data from these projects, as well as from other privately funded or university-based research on adopted children or adoptive families, provide additional information on adoption outcomes.

How Many Adoptions Occur Each Year? In 1975, the last year the Federal Government gathered comprehensive adoption statistics, there were an estimated 129,000 adoptions. Approximately 48,000 of these adoptions were by unrelated adoptive parents. In 1982, according to the National Committee For Adoption, there were 141,861 adoptions, of which 50,720 were unrelated adoptions. The unrelated adoptions can be broken down by type of adoption and type of child adopted.

Type of Adoption	Number of Unrelated Adoptions
Arranged by public agencies	19,428
Arranged by private agencies	14,549
Arranged by private individuals	16,743

Total 50,720

Type of Child Adopted	Number of Unrelated Adoptions*
Healthy infants	17,602
Children from other countries	5,707
Children with special needs	14,005
Children adopted by foster parents	9,591

*These four categories are not mutually exclusive and do not

Total 50,720.

The latest available data (1985) from the Voluntary Cooperative Information System indicate that of the 276,000 children in foster care, 36,000 children have a plan for adoption and are waiting. Of these waiting children, 60 percent (21,600) are special needs children. About 43 percent (15,480) of the 36,000 are minority children. It is estimated that 44 percent (16,000) waiting children are adopted each year and that 41 percent of the foster care children remain in foster care two or more years.

According to reports from the Bureau of Indian Affairs, 778 Indian children were adopted in 1983. The Voluntary Cooperative Information system data for 1983 found that 2 percent of the children in state foster care systems were American Indian or native Alaskan children.

International adoptions have increased from 4,323 in 1973 to a total number of 9,945 in 1986. Of the 1986 totals, 6,188 children came from Korea, 634 from the Phillipines, 588 from India, and the remaining predominately from Central and South American countries.

Who Chooses the Adoption Option? The National Survey of Family Growth provides data on the characteristics of women 15-44 years old who have made an adoption plan (placed a baby for adoption). This data has limitations because it focuses on plans women made for infant children rather than for older children.

Of the 594,000 babies for whom the women in the NSFG survey had planned adoption, 88 percent were born to never-married mothers, 6 percent were born to mothers who had been

married but were unmarried at the time of the birth, and 6 percent were born within a marriage.

Of all pre-marital births, 6 percent of the babies had been adopted. Babies born to white mothers were much more likely to be adopted (12%) than were babies born to black mothers (less than 1%). However, the percentage of children living with relatives or others was higher for blacks suggesting that informal adoptions have occurred more often among blacks than whites. White mothers were more likely to make adoption plans if the pre-marital birth occurred before 1973 and if their own fathers had some college education.

Those mothers who had received pregnancy counseling were more likely to choose adoption. Among unmarried mothers 15-24 years of age who received pregnancy counseling, 13.9 percent made adoption plans, while only 1.5 percent of those who did not receive counseling chose adoption.

Unmarried mothers who placed their babies for adoption were similar with respect to income, welfare dependency and educational status (at the time of the 1982 survey) to women who had married before giving birth or who had a pregnancy loss due to miscarriage, stillbirth or induced abortion. Compared with women who gave birth premaritally and parented, mothers who chose adoption were less likely to be poor, less likely to have received some form of public assistance in the previous year, and more likely to have completed high school.

Research sponsored by the Office of Adolescent Pregnancy Programs of the Department of Health and Human Services found that adolescent mothers making adoption plans had higher educational and occupational goals, came from higher socio-economic backgrounds, and showed more advanced psychological development than adolescents who decided to parent their children. During counseling, adolescent mothers choosing adoption relied upon a highly consultative process with parents, the father of the baby, peers and other adults. Their decision was based upon an understanding of what was in the best interest of their baby. On the other hand, adolescents who chose to parent generally did not demonstrate a capacity for future-oriented reasoning and decision-making.

There is little information on characteristics of those mothers and fathers whose children are relinquished to foster care. Data for 1984 collected from 23 states, the District of Columbia and Puerto Rico, describe why children entered foster care families or group homes. Nearly three-fourths of the children were in foster care because

of their parents' conditions or actions: 56 percent due to serious parental neglect or abuse and 17 percent due to the absence of their parents who were hospitalized, incarcerated, dead, or in difficulty as a result of financial hardships. Only 2 percent of the children were in foster care because their disability was too much for their parents to handle, and 10 percent were court-referred cases against youth who were truant, runaways, or delinquents.

Who Wants to Become Adoptive Parents Couples who want a child may discover that they have an infertility problem. About 15 percent of all married couples are infertile, and many people who want to adopt come from this group of approximately two million couples. Families with children may also have room in their hearts and homes for more children. These families are most often involved in adopting special needs children. Some adopt special needs children from abroad also. Other families become adoptive families after providing foster care to children from public and private child welfare agencies. Providing foster care to a child who then becomes free for adoption may result in that child being adopted by the foster parents. Many single persons may adopt children who are waiting, including children from foreign countries.

The NFSG survey data found that 40 percent of the currently married women aged 30-44 who had no live births and were sterile had adopted children. Virtually all the women who had adopted were married. Two out of five adoptive mothers also had some college education and three-fourths worked only part-time or not at all outside the home. Black and white never-married women were equally likely to have adopted.

Currently, most adoptive parents for healthy infants are infertile, married couples. Because there are more couples who want to adopt infants than there are infants available for adoption, infertility is a usual requirement for applying to adopt an infant.

However, adoptive parents for older children, children with special needs, or foreign children are more often those who have been foster parents, have had experiences with children with special needs, are single, or are capable and desirous of accepting the challenges of rearing children who have been waiting for permanent homes. Ability to parent, rather than infertility, is the prominent characteristic of these adoptive parents.

The National Adoption Center did a study of their national data base and found that families who are a special resource for children with mild and moderate disabilities include:

- . Those who live in more rural communities.
- . Those who have more children at home or have raised more children.
- . Those who are headed by single females, particularly single black females.
- . Those who identify themselves as Protestant.

Families who are a special resource for teenagers include:

- . Those who have raised more children.
- . Those who are headed by single males.

Individuals, who because of a physical disability are medically unable to father or give birth to a child, often turn to adopting as an alternative. For example, according to the Paralyzed Veterans of America, currently an estimated 145,000 spinal cord injured men in this country are in their prime years for fathering. Spinal cord injury often results in a loss of procreative ability as a secondary impairment from the primary injury. For many of these men, adopting children is a strong desire.

Just as the trend for women to delay child birth until in their mid-to-late thirties has increased, so also has the number of older women and men who consider adopting children grown. These older adults (over 40 years of age) may be childless or, they have raised children and desire, based upon their experience, to raise additional children who are older or have special needs.

Single adoptive parents tend to be older, more highly educated, and live in more urban settings than adoptive couples. Further, single parents more often have occupational experiences which involve helping children and the needy, e.g. education and social work. Minority members are more common among single adoptive parents.

What are the Results for Adopted Children? Findings from the National Family Growth Survey indicate that, when compared to children living with never-married biological mothers, adopted children are significantly less likely to be poor. Their adoptive mothers are more likely to be older and better educated. Ninety percent of the adopted children from the survey were born in the United States, and in eight out of every nine adoptions, the children were placed in adoptive homes before their first birthday.

Various studies have been conducted over the years on the psychological stability of adopted children. In a recent study of 167 teenagers in an eastern State, of whom 46 were adopted as infants, the researchers found that the adopted teens were as emotionally stable as other teens. "The adopted may be different," the researchers, Kathryn Marquis and Richard Detweiler of Drew University, said, but they differ "by being more positive rather than more negative than their nonadopted peers." The adopted teens rated their parents as more nurturing, more comforting, more protective and more predictable than their non-adopted peers.

Adopted children and their families are no more immune to tragedies and cases of emotional instability than are non-adopted children and non-adoptive families. Nevertheless, studies continue to show that the vast majority of adoptions can be characterized as successes.

III. RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT

As an adoptive parent, I know the rich blessings that adoption brings both to the child and to the adoptive family. The large part of the challenge you and I face in promoting adoption, I think, is changing public perceptions about adoption.

Senator Gordon Humphrey, Co-Chairman
Congressional Coalition on Adoption

Background

Adoption procedures are generally subject to State laws and under the jurisdiction of State courts. Federal laws concerning actual adoption procedures apply only to American Indian children (Indian Child Welfare Act, 5 U.S.C. 608 et seq.); and children from foreign countries (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.)

Several federal programs do provide funds to States for special needs adoption subsidies or services such as foster care, family counseling, and research and demonstration programs to expand opportunities for the adoption of special needs children (the Social Security Act, 42 U.S.C. 608 et seq.; the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, 42 U.S.C. 5111 et seq.; and the Adoption Assistance and Child Welfare Act of 1980, 42 U.S.C. 620 et seq.)

Another federal program for pregnancy counseling and services to pregnant and parenting adolescents also provides funds for research and demonstration programs. These seek improvements in the delivery of services on the adoption option for pre-marital or crisis pregnancies (Adolescent Family Life Demonstration Projects, Title XX of Public Health Service Act, 42 U.S.C. 300 et seq.)

Congressional Legislation

The Task Force reviewed all pending legislation in the 100th Congress pertaining to adoption.

The Task Force recommends:

- o Support of legislation concerning Social Security benefits for adopted children. Such legislation amends Title II of the Social Security Act so that the adopted child of a retired or disabled worker is treated the same as a biological child for determining benefits.

- o Support of Senator Humphrey's Congressional Resolution concerning health insurance for adopted children. Senate Concurrent Resolution 6 makes it clear that Congress opposes unequal treatment in health insurance for adopted children and urges insurance companies to treat adopted children identically to biological children as mandated by State law.
- o Support for continued funding for the Adolescent Family Life program (Title XX of the Public Health Service Act.) This program provides funding for research and demonstration programs that have a primary purpose of promoting adoption as an alternative to adolescent parenthood or abortion.

Federal Laws and Regulations

A legal review of Federal statutes showed no evidence of disparate treatment of adopted children. In a review of the Federal regulations relating to adoption, the Task Force identified several issues of interest.

The Task Force recommends:

- o No change in the term "child" for Federal statutes. The term child is defined in 16 Federal statutes in which the term is applied 81 times. In each case, adopted children are covered within the definition, resulting in no evidence of disparate treatment of adopted children.
- o The development of an "adopter-friendly" information sheet and form explaining the revised procedures in applying for citizenship on behalf of foreign born, adopted children. The Immigration and Naturalization Service has agreed to develop a simple and short instruction sheet.
- o The regulations governing disability, old age and survivor benefits under the Social Security Act and the Railroad Retirement Act be changed so that children adopted after an adoptive parent qualifies for these benefits are eligible for child benefits as are biological children. Legislation that would ameliorate this discrepancy for Social Security benefits and Railroad Retirement benefits is forthcoming from the Administration.
- o No change for new regulation providing Federal funding to the States for non-recurring adoption expenses incurred by, or on behalf of, adoptive parents. This rule will propose a maximum payment of \$2000 of which 50

percent would be federal matching funds. This amount of Federal support is comparable to the maximum \$1,500 deduction for adoption expenses which was repealed by the Tax Reform Act of 1986. In its place, a program has been established to provide payment for non-recurring adoption expenses under the adoption assistance program (Title IV-E of the Social Security Act.)

- o A working group of The Domestic Policy Council review the regulations and the administration of Title IV-E funding to the States for foster care and adoption assistance programs.

Children in foster care programs receiving Federal funding are required to have case plans. These plans are to be reviewed routinely to determine the disposition of foster children to be returned to the care of their parents or to be freed for adoption. These plans, as well as the adoption assistance program funds, require a re-evaluation in order to consider changes which would speed-up the movement of children through foster care and into adoption when that is the best plan.

Tax Policies of Federal and State Governments

The Task Force requested a Treasury Department review of the tax policies of the Federal and State governments relating to adoption. Based upon this analysis, the Task Force determined the effects of Federal and State tax policies on choices made by households regarding adoption are likely to be small. This is because the decision to adopt is not likely to be much influenced by relatively small changes in adoption costs that occur through reduced taxes.

The Federal itemized deduction for expenses related to the adoption of a child with special needs (limited to \$1,500 per adopted child) was available from 1981 to the end of 1986. The Federal provision, like any deduction, provided more tax relief per adopted child for families with higher incomes. In addition, the deduction was of value only to the minority of households that itemize deductions. The provision was repealed by the Tax Reform Act of 1986.

Repeal occurred based on a Congressional determination that Federal benefits for families adopting special needs children should be provided through an expenditure program rather than through an itemized deduction. Federal policy should not provide more encouragement for adoptions by high income families than by lower income families. An expenditure program targets those in need and provides increased benefits for each targetted adoption.

To continue encouragement for special needs adoptions, the Tax Reform Act amended the adoption assistance program in Title IV-E of the Social Security Act (1) to require States to reimburse non-recurring costs of adoption, and (2) to provide Federal matching funds as an "administrative expense" for adoption assistance. The regulations, discussed above under the section on Federal regulations, have not yet been issued.

Nearly all States have eliminated their tax provisions for adoption expenses. Most States have acted on individual income tax matters since Federal tax reform was enacted, so almost all State tax codes are tied to current Federal tax law. However, six States (including 3 that have not acted since Federal tax reform) currently provide specific, favorable tax treatment for adoption expenses.

The Task Force recommends no change in tax policies of the Federal Government.

Military Families and Adoption

Military families are strong families and a good adoption resource. However, the mobility of military families diminishes their opportunities to adopt. Although requests for delays or cancellation of reassignment orders for the reason of adoption are considered, the possibility of being transferred at any point during the course of adoption procedures can cause reluctance to pursue adoption on the part of a military family. Likewise, some adoption agencies are hesitant to accept applications to adopt from military families. They know that in the majority of cases the length of time it may take to finalize an adoption will be longer than a tour of duty. The Department of Health and Human Services and the Department of Defense signed an interagency agreement in November 1986 that includes addressing adoption opportunities for military families.

The Task Force recommends the following actions for the special circumstances of America's military families:

- o A public education campaign highlighting successful military adoptive families.
- o An informational booklet on adoption for interested military families.
- o Detailed adoption information available to relevant military counselors and legal advisors.

- o An exploration of possible reciprocal acceptance (between agencies) of home study assessments certifying a family eligible to adopt.

Data collection

The absence of reliable data on the incidence of adoption has been a longstanding problem, making it difficult to analyze and monitor adoption trends. The National Child Welfare Reporting system was dismantled in 1975, and since then national estimates of adoptions have not been available from the Federal Government. The Voluntary Cooperative Information System is currently reporting national adoption data, but only on children placed for adoption by public child welfare agencies. The National Committee For Adoption, a private organization, conducted a national survey of States on the numbers and types of adoptions in 1982. This survey will be repeated for the collection of State adoption data for 1985.

There are several efforts currently underway in the Federal Government to remedy the problem of lack of adoption data. (See Appendix 2 for a description of these Federal data-gathering efforts.)

The Task Force recommends that relevant agencies in the Federal Government continue their efforts to collect national data on adoption and make it available to the States and interested public through the National Adoption Information Clearinghouse.

IV. ADOPTION AS A POSITIVE OPTION FOR A CRISIS PREGNANCY

More and more Americans are...encouraging adoption as the best solution for single women facing crisis pregnancies. Thousands upon thousands of Americans long for children even as more than 4,000 unborn children perish in our country each day by abortion. As a people we must do more to give all the support we can, during and after pregnancy, to the courageous and compassionate mothers who choose adoption as a means of giving their little ones a lifetime of love with a permanent family.

Ronald Reagan
National Adoption Week Proclamation, 1986

Background

For a woman experiencing a crisis pregnancy, considering adoption cannot be done thoughtlessly or quickly. Adoption is not an easy solution and it is not the best solution for all pregnant women. If the woman is young and immature, the emotional and legal complexities of making an adoption plan for her child can be overwhelming. These pregnant adolescents especially need help. When a woman chooses adoption, she is expressing a mature understanding of selfless love and concern for her baby. In considering the adoption option, a woman dealing with a crisis pregnancy must face the hard realities of life.

On the other hand, the expressions of love and hope for the future of their babies that are shared by mothers making adoption plans are evidence that there is also a sense of joy and peace when a good adoption decision has been made. These decisions are made more successfully with the support of many, including the father of the baby, family members, friends and competent, empathetic counselors and other professionals.

But what makes adoption a hard decision for pregnant women in crisis, especially for pregnant adolescents? What are the barriers which exist today?

Identifying the Barriers

Two factors--the legalization of abortion and increased social acceptance of single parenting--have contributed to the decline of adoption as a choice by pregnant women. If

a pregnancy is not planned or wanted, American women, including adolescents who are still--by law--minors, can obtain a legal abortion. Approximately 40 percent of all teen pregnancies end in abortion.

A prevailing view appears to be that if a woman does not get an abortion, she must want to have a baby and take care of it herself. At least 90 percent of all unmarried teenaged mothers end up parenting their child. The adoption choice is forgotten or misunderstood and viewed instead as "the second and best" choice for not becoming a parent. The option which gives life to a baby, while offering hope to the biological parents and joy to adoptive parents, is too often forgotten...or ignored.

A recent study found that pregnancy counselors were accurate only 60 percent of the time concerning facts about adoption, and less than one-third felt confident about their adoption knowledge. The result of this timidity about adoption was that in nearly 40 percent of the cases counselors did not include adoption as a choice for discussion during counseling with pregnant women. This indicates that, too often, all options are not presented by counselors.

Peers and family pressures often reinforce counseling that negates the option of adoption. Friends express disbelief that a young woman would "give away" her baby, and parents, relatives and neighbors express dismay at never knowing the baby or grandchild. When pregnant adolescents stay in school or remain in close contact with their friends and peers, the adoption decision is nearly impossible to make. The normalization of unmarried adolescent parenthood makes coming back to school without a baby hard for most teens to ever consider.

Choosing adoption may be the most difficult decision a woman will ever have to make. This is a decision which includes a new life and giving birth, the most profound of all human experiences. Therefore, it is important that a woman faced with a crisis pregnancy make an informed choice with thorough counseling.

The Task Force learned of many programs which provide the counseling and compassion pregnant woman need. The emergence of new approaches and flexibility for involving birth mothers in the selection of adoptive parents appears helpful to many. Programs exist also for those birth mothers who prefer less involvement in the adoption planning. However, in virtually all of today's adoption procedures, the biological parents are asked to share details of their lives, medical histories, and their

reasons for making an adoption plan through a file of non-identifying information which is made available to the adoptive family. The Task Force believes these developments along with other initiatives hold promise for improved and expanded services to pregnant women who are considering the infant adoption option.

Federal Programs

The Adolescent Family Life (AFL) program, authorized under Title XX of the Public Health Service Act, supports demonstration and research projects addressing the problems associated with adolescent pregnancy. Among the principle aims of the program is the promotion of adoption as a positive option for unmarried pregnant adolescents. The demonstration programs are required to offer adoption counseling and referral services as well as information about adoption relating to family life as core services. Referrals to maternity home services are a supplemental service option. The research component of the program is intended to support the efforts of the demonstration projects through studies of various aspects of adolescent pregnancy, including adoption. (See Appendix 3 for a summary of the demonstration and research projects that emphasize adoption.)

Since 1981, the appropriations for this program have totaled \$-- million. The current appropriation for Fiscal Year 1988 is \$9.6 million. The Task Force on Adoption recommends continued funding for the AFL Program. The Domestic Policy Council has agreed that the Administration should urge Congress to continue funding.

Promising Initiatives for Infant Adoption

- o The availability of maternity homes or comprehensive programs for pregnant women who are considering adoption and who need alternative living arrangements have decreased.

In 1966 there were 201 institutions identified as maternity homes. In 1981 the census was replicated and only 99 agencies were identified. As discussed in the section on barriers to adoption, there is a case to be made for privacy and "space" in order for a pregnant woman to make the best decision for her baby and herself.

The maternity residences developed over thirty or forty years ago (some have existed for 100 years or more) are challenged by rising costs due to the State and local codes for residential, educational and medical

facilities. Many have had to close their doors due to high costs, and little, if any, reimbursement is available from the State level.

Yet, the need for residential settings for pregnant women is being recognized and new programs have been established. The National Committee For Adoption estimates that 141 agencies existed in 1985 to meet the need for family-like living arrangements. Many of the new agencies are small group homes for five or six women or family homes where one woman resides.

In 1978, California adopted the "Pregnancy Freedom of Choice Act" (Assembly Bill 1069) which assists an unmarried woman under the age of 21 in making an effective choice between abortion and giving birth. Under this law, the State reimburses licensed, non-profit maternity homes for the costs of maternity home care and services necessary for a young woman to carry her baby to full term. The Task Force recommends that States consider California's program.

- o Adoption agencies, as well as organizations providing services and care to pregnancy women, have been hit hard by the "liability insurance crisis". Not only have rates risen sharply, but some agencies have been denied coverage despite good track records of community service.

This issue affects the entire voluntary, non-profit sector. Therefore, organizations representing the voluntary sector have been involved in educating the public and State legislators about this concern. Laws have been enacted in at least twenty States to exempt directors and officers of non-profit organizations from liability suits unless willful or wanton misconduct is involved.

The Task Force recommends other states consider enacting similar legislation.

- o Attempts to limit or make illegal the reimbursements by adoptive families for costs associated with the care of a pregnant woman are financially crippling to adoption. The prenatal and maternity care expenses of a pregnant woman and the other fees associated with her adoption planning have to be paid. Federal and State tax-funded programs generally do not cover these expenses unless the pregnant woman applies and is eligible for welfare (AFDC) and low-income medical coverage (Medicaid). Realizing the importance of good services to pregnant women for their well-being and that of their children,

most adoptive parents are willing to pay for such expenses. Without such funding, agencies providing comprehensive residential and medical services to pregnant women are put in financial jeopardy.

On January 15, 1988, The Governor of Pennsylvania signed a law to permit an adoptive family to reimburse the adoption agency for the birth mother's medical and hospital expenses and pay other fees associated with adoption. The Task Force recommends states allow for the inclusion of costs associated with the care of the birth mother in the reimbursement to adoption agencies by adoptive parents.

- o Minority pregnant women may believe that adoptive parents for their children will not be available and that their infants will be placed in foster care, growing up without an adoptive family. The tendency to make arrangements by which other family members care for the child, as in "informal adoptions" has been more common among unmarried young black women than among non-blacks. Due to inadequate information about the legal responsibility of family members in informal adoption, confusion between foster care and adoption, and lack of acquaintance with adoptive parents or adopted children, adoption remains an abstraction for many. The Task Force encourages efforts to enhance minority placement, including community outreach, minority worker participation, active recruitment and expediting of home studies for minority couples and individuals wanting to adopt a young child, and publicity highlighting successful minority adoptions.
- o In most states, fathers have legal rights which must be considered when making an adoption plan for a child. In at least forty States, all biological fathers must have the opportunity to oppose an adoption proceeding and/or attempt to obtain custody of the child. This includes a man who had no emotional relationship with the women and may even be unknown to them. As a result, a woman's pregnancy and plans for adoption must be published for public knowledge. The father of the baby may hold up an adoption plan, even when does not intend to raise the baby himself or has provided no financial or emotional support before or after the baby's birth. When the legal requirements for involvement of the father in adoption plans are contrasted with the abortion procedure, where his consent is not required, and the case of single parenting, where the father may not ever be told he is the father, adoption procedures are very burdensome to some mothers.

In 1979, New York passed the Putative Fathers' Registry Law that allows any man who wishes to make known his intentions to assert parental rights or who wishes to be notified of adoption proceedings to register with the putative fathers' registry. This registry is for those men who are not identified by the mother and who are not named as the father in previous court proceedings relating to the child. Therefore, the responsibility rests with the putative father to register his interest in the the adoption, if he thinks he is the father. This relieves the mother and the attorneys arranging the adoption of the burden of seeking a man whose identity or whereabouts are not known.

In 1983, the U.S. Supreme Court decision (*Lehr v. Robertson*, 463 U.S. 248) upheld the current New York registry law (NY Domestic Relations Law #111 and NY Social Service Law #372-C, 1979). Two other states, Oregon and Utah, have similar methods for putative fathers if they intend to assert parental rights or wish to be notified of adoption proceedings. The Task Force recommends to other States the establishment of legal procedures for putative fathers that protect a biological father's rights, while ensuring protection for the child being adopted.

- o In the past, pregnant women were not given choices as to how the adoption plan would occur. Twenty years ago or more, biological mothers were discouraged from seeing their baby after birth and counseled to try to forget about the pregnancy and adoption. Today there are expanded choices for birth parents making adoption plans, choices about how involved they want to be in the selection of adoptive parents. Many adoption workers are accommodating to birth mothers who want more involvement in the placement of their baby. Some agencies provide for open adoption where birth parents and the adoptive parents meet and exchange identifying information. Other agencies, respecting the woman's desire for privacy, offer closed adoption with no communication with the adopting parent(s). The Task Force recognizes the benefits of sharing background information concerning the prospective adoptive parents and biological parents and also understands the need to provide confidentiality to those who desire it. The Task Force believes these policy decisions appropriately rest with the individual agencies.
- o A related issue is access to information in sealed adoption records. Some women who make adoption plans would like their privacy protected and confidentiality about the adoption maintained. The possibility of sealed adoption records being made available to those

curious about the adoption is an important and genuine concern.

There are groups of adult adoptees and birthparents who support open or easier access to adoption records. These adoptees believe they have a right to the information about themselves and their biological parents. Some birthparents want access to information about the children born to them and their adoptive families.

All states have procedures through the courts to obtain medical information critically needed. Twenty states have mutual consent adoption registries (Birth parents and adoptees register independently if they want a meeting. All must agree or the identifying information remains confidential.) Eight states have "search and consent" procedures to allow an intermediary to seek out the other party (usually the birth mother) to get her consent to meet or share identifying information with the other (usually an adult adoptee). Three states have open adoption records. Few adoptees search for their birthparents.

The Task Force does not recommend a change, recognizing this is an area of state legislative and judicial concern.

- o Crisis pregnancy centers and other volunteer and nonprofit agencies that offer free and confidential pregnancy tests are often the initial point of contact and information about the adoption option. The recent emergence of over 4,000 of these non-medical pregnancy help centers is helping to alleviate the concerns of many pregnant women. These centers give women what they need to know about alternatives to abortion, including adoption.

In California there is an effort to limit the administration of pregnancy tests only to licensed medical and health clinics. This will negatively impact on the efforts of crisis pregnancy centers that currently offer these tests and present adoption as an alternative to abortion. The Task Force recognizes that the administration of pregnancy tests is not a medical procedure and therefore, should not be licensed for use only in medical settings. The Task Force encourages States to support the administration of non-medical pregnancy tests by crisis pregnancy centers.

Summary of Task Force Recommendations

- o The Task Force on Adoption recommends continued funding for the Adolescent Family Life program. The Domestic Policy Council has agreed Congress should be urged to continue funding.
- o The Task Force recommends states consider enacting legislation similar to California's "Pregnancy Freedom of Choice Act" that reimburses licensed non-profit maternity homes for the costs of pregnancy services for unmarried pregnant women under 21 years of age.
- o The Task Force recommends states consider enacting legislation that exempt directors and officers of non-profit organizations from liability suits unless willful or wanton misconduct is involved.
- o The Task Force recommends states allow for the inclusion of costs associated with the care of the birth mother in the reimbursement to adoption agencies through adoptive parents' fees.
- o The Task Force encourages efforts to enhance minority placement, including community outreach, minority worker participation, active recruitment and expediting of home studies for minority couples wanting to adopt a young child, and publicity highlighting successful minority adoptions.
- o The Task Force recommends States consider enacting legislation similar to New York's Putative Fathers' Registry law that protects a biological father's rights, while ensuring protection for the child being adopted.
- o The Task Force recognizes the benefits of sharing background information concerning the prospective adoptive parents and biological parents and also understands the need to provide confidentiality to those who desire it. The Task Force believes these policy decisions appropriately rest with the individual agencies.
- o The Task Force believes access to adoption records is a concern that is appropriately addressed at the State level. The Task Force does not recommend a change.
- o The Task Force recognizes that the administration of pregnancy tests is not a medical procedure and therefore, should not be licensed for use only in

medical settings. The Task Force encourages States to support the administration of non-medical pregnancy tests by crisis pregnancy centers.

V. INTERNATIONAL ADOPTION

There are children who need your love every bit as much as you need to give it, and international adoption can be a very positive experience for you and your child.

Jacqueline Plumez, author
Successful Adoption, 1987

Background

The U. S. Immigration and Naturalization Service and the Department of State have detailed requirements related to the adoption of foreign born children.

The documentation and procedural requirements for international adoption cover three areas: 1) establishing eligibility status of the parents, 2) determining the status of children to be adopted, and 3) entry, naturalization and application for U. S. citizenship. In addition, there are laws in the State where the prospective adopter lives and in the foreign country of the child to be adopted that need to be followed.

Identifying the Barriers

The process for adopting a foreign child is complex and filled with uncertainties and unexplained delays. The decision to adopt internationally and the selection of adoption agencies to work with, both here and in the foreign country, are important steps towards building an international family. Prospective parents also have the option of adopting through a lawyer or private intermediary in the child's country.

Three processes must be undertaken by the adopter to complete an international adoption: 1) obtaining a homestudy by a licensed social worker; 2) securing the necessary documents on the prospective parent(s) as well as documentation for the child, including evidence of orphan status as defined in the law for Immigration and Naturalization Service and the child's country of origin; and 3) applying directly to an agency or orphanage in a foreign country, applying to a U.S. international adoption agency, or finding a reputable, private source.

Adoptive parent groups are also an important resource for adopters. These volunteer organizations provide experiential information about adopting from various countries, provide assistance in filling out the paperwork,

and give support during the waiting periods. After adopting, these groups become an important resource for cultural information and activities relevant to the child's heritage.

Many adopting parents have found the INS procedures for citizen applications complicated and confusing.

Task Force Recommendation

The Task Force has asked the INS to develop a simple, one-page "adopter-friendly" instruction sheet, explaining the revised procedures to apply for citizenship in behalf of foreign born, adopted children. INS has agreed to the request.

VI. ADOPTION AS A POSITIVE OPPORTUNITY FOR CHILDREN WITH SPECIAL NEEDS

In recent years many Americans have been discovering adoption and all its blessings, but for many it remains an untapped opportunity. Thanks to the efforts of devoted citizens, though, much progress has taken place in finding permanent homes for thousands of children, including some of the more than 30,000 youngsters with special needs across our country who await adoptive families. These children are older, or have emotional, physical or mental disabilities, or are of minority heritage, or are sibling groups who cannot be separated. These wonderful children have a great deal of love to offer their adoptive families.

Ronald Reagan

National Adoption Week
Proclamation, 1987

Background

If, each day in the United States, 100 special needs children were adopted, within one year the current 36,000 children waiting to be adopted would have the parents and the permanency they need. Or viewed another way, if each day for a year every State placed two children in adoptive homes, all the children who are now free for adoption and in the States' public custody would be in the care of American families who want them.

It is quite probable that each person reading this report knows at least two Americans who are considering adopting, who have applied to adopt, or who have adopted and want to adopt more children. If so, then why are so many children still waiting to be adopted?

Identifying the Barriers

In addition to the children legally free for adoption and waiting to be placed in adoptive homes (estimated to be 36,000 children), there are an estimated 240,000 more children in foster care in America. Children come into foster care, supposedly on a temporary basis, because their parents cannot take care of them.

Three-quarters of the children are in foster care because they have been emotionally or physically abused and neglected by their parents or guardians. Forty-one percent remain in foster care two or more years.

A recent study of foster care in the State of Maryland found that once a child enters the foster care system, it takes, on average, in excess of five years for a child to be adopted. Children adopted in Baltimore in 1986 spent an average of 7.4 years in foster care. The report made the observation: "It is appropriate to view time from a child's perspective: one year in foster care for a five year old is 20 percent of that child's life."

A child's needs are often compounded by the psychological disruptions of too many different caretakers regardless of how competent they may be. Any child living too long without the security of permanent parents becomes a child with "special needs". There is a national consensus that the time a child waits for a permanent home must be shortened.

The process of making a permanent plan for a child rightly begins with the child's biological family. The initial goal for foster care is reuniting children with their biological parents. How long must a child wait for his family to become responsible for his care? Within six months, two years, or longer all seem to be "acceptable" within the current foster care system. Because of inertia of the public agencies to prepare and request court dates combined with court delays, the procedures for the termination of parental rights are under careful scrutiny by many private groups of lawyers, judges and adoption advocates, as well as through self-examination by family courts and State child welfare agencies themselves.

What are the barriers to the adoption of children who are not healthy infants? What is barring the passage of children from foster care to adoptive care? What limits exist which must be overcome? These questions are being asked, not only by the Task Force, but also by Federal, State and local child welfare officials, legislators, the judiciary, adoption advocacy groups, parents who are potential adoptive parents, experienced adoptive parents, or by those sincerely committed to the care of needy children. Finding ways to break down the barriers to adoption is the responsibility of all Americans.

Federal Programs

Two existing federal programs impact upon special needs adoptions:

- 1) The Adoption Opportunities program, (Title II of P.L. 95-266 enacted in 1978) is designed to provide funds for grants to States and non-profit groups for program development, training and technical assistance, services to eliminate barriers to adoption, and help in finding permanent homes for children who would benefit by adoption, particularly children with special needs.

The Adoption Opportunities program has been administered through the discretionary grants program of the Department of Health and Human Service's Office of Human Development Services and since 1981 has been part of a special initiative to promote special needs adoption. An estimated total of \$34 million has been dedicated to these efforts since the program began in 1981.

This initiative, using resources available from the Adoption Opportunities program and other discretionary training and technical assistance funds, includes among its goals to increase public awareness of special needs children waiting in foster homes, group homes and other institutions; to recruit adoptive families including minority parents; to improve training of adoption workers; and to support the improvement of State adoption laws and practices. (See Appendix 4 for a description of many of the projects and programs developed under the adoption opportunities program.)

- 2) The Adoption Assistance program (P.L. 96-272 enacted in 1980), permits Federal reimbursement to States for adoption subsidies made to special needs children eligible for AFDC (Aid to Families with Dependent Children) or SSI (Supplemental Security Income).

P.L. 96-272 established Title IV-E of the Social Security Act. Title IV-E provides Federal reimbursement of 50 percent of the administrative costs, 75 percent of the training costs, and a share not less than 50 percent of the maintenance payments made for eligible children in foster care. Federal reimbursement of not less than 50 percent is also available for adoption assistance payments for children with special needs.

When the legislation was enacted, it was believed that administrative and training costs would not exceed 10 percent of maintenance costs. However, the Department of Health and Human Services acknowledged that this estimate was tentative due to the lack of reliable data or analysis. Based upon the appropriation of additional child welfare services funds through Title IV-B of the Social Security Act, a cap on the total expenditures for foster care was to be triggered.

Now, with more than five years experience with the law and data on the expenditures for the programs, the Federal expenditures for Title IV-E foster care and administrative costs have been much greater than expected. Also, the foster care maintenance payments have remained an open-ended entitlement due to smaller appropriations for Title IV-B than anticipated.

Between FY 1981 and FY 1985, administrative and training costs rose by more than 438 percent (from \$30.4 million to \$163.4 million) while the average number of foster care children receiving Title IV-E payments rose only about 5 percent (from 103,000 children to 108,000 children).

The definition of administrative costs has been interpreted broadly to include preparation for and participation in judicial determinations, case reviews, and placement. Some of the variations in foster care administrative costs appear to be the result of differing State strategies or abilities to claim costs, and not because of differences in effort or efficiency. Some measures of relative State performance, such as administrative costs per child and the ratio of administrative to maintenance costs, better reflect the charges to the Federal government rather than the costs of running the program.

The Department of Health and Human Services tried to limit the scope of allowable administrative costs by requiring that certain pre-placement type activities and eligibility determinations be paid for by Title IV-E only for those children who were ultimately determined Title IV-E eligible.

A March 1987 decision in a case brought by Missouri before the Department of Health and Human Service's Departmental Grant Appeals Board appears to have limited the ability of HHS to control these types of costs by requiring that HHS pay for the costs of all eligibility determinations--whether or not the child is Title IV-E eligible--and by allowing Federal reimbursement for certain pre-placement type activities provided on behalf of "candidates" for Title IV-E foster care.

The Board still allowed the costs of recruitment and licensing to be allocated based on the ratio of Title IV-E eligible and non-Title IV-E eligible children in the State foster care population.

The Office of the Inspector General of HHS has just completed an in-depth study of the administrative costs for foster care, and has made a number of recommendations. Most importantly, the Surgeon General calls for a re-evaluation of "the effectiveness of P.L. 96-272 in reforming the foster care delivery system and encouraging adoption".

The availability of Federal foster care funding has been identified as a barrier to adoption by many groups interested in adoption. These groups believe there is little financial incentive to move children from foster care into adoption. Based on experience with Title IV-E over the past several years, a relevant question is why, with an increase in Federal funding for the administration of the foster care system, States have been unable to use freed up State and local funds to promote adoption. This is particularly vexing in light of the reported average savings of 44 percent in 11 states resulting from adoptions.

Moreover, OHDS has projected that Federal and State adoption assistance costs would have been \$28.7 million less in 1984, \$38.3 million less in 1985 and \$74.7 million less in 1986 than the actual costs of foster care in those years.

The Task Force supports the recommendation of the Office of the Inspector General and requests a Domestic Policy Council Working Group to review and make recommendations concerning:

- o Administrative costs of foster care, including the identification of contributing factors to cost variations and their relationship to activities meant to enhance adoption placement and timely movement through foster care.
- o Other possible changes in P.L. 96-272 to require timely movement of children through foster care and into adoption. For example, time requirements for the termination of parental rights could be established that correspond to the existing time requirements for case reviews every 6 months and a dispositional hearing after 18 months in foster care.

Promising Initiatives for Special Needs Adoption

- o At a hearing in April 1986, the Congressional Coalition on Adoption received testimony from a panel of witnesses on the need for health care for adopted children with special needs.

For example, the adoption of an infant born prematurely with a brain mass was held up because the health insurance company of the adoptive parents would not agree to cover any costs connected with the brain mass. The company considered it a condition existing prior to adoption into the family. The adoption plan for the child with special needs was disrupted.

In response, Senator Gordon Humphrey (R.-NH), co-chair of the Congressional Coalition on Adoption, introduced Senate Concurrent Resolution 6 in which Congress expresses: 1) opposition to discrimination in health insurance against adopted children; 2) urges insurance companies to treat adopted children identically to biological children as mandated by State law; and 3) calls upon State legislatures to enact legislation that specifically requires health insurance contracts to cover adopted children of the insured on the same basis as other dependents and with coverage effective from the date of placement for adoption.

- o All states require that an adopted child be treated the same as a biological child. However, only eight states have specifically addressed the issue of insurance for adopted children. The Task Force supports Senate Concurrent Resolution 6. The Task Force believes the States should consider ways to make insurance available in the State to cover adopted children on the same basis as other dependents.
- o In 1983, Minnesota enacted legislation providing for health insurance coverage for adopted children. Not only does it require coverage of pre-existing conditions, but also establishes coverage from the time of placement, not legalization.
- o The American Bar Association is working with a number of States to identify solutions to the backlog of legal petitions and court proceedings for the termination of parental rights. The National Council of Juvenile and Family Court Judges has produced guidelines defining reasonable efforts to keep families together and a deskbook for judicial review of children in placement. Both are designed to expedite court procedures for permanent plans for children.

- o Citizen foster care review boards currently operate in 19 states, with several states considering their establishment. Studies indicate that review boards and other methods of foster care review (administrative or court-appointed advocates) contribute to a reduction of the time children remain in foster care. For example, a special committee for Essex County, New Jersey Family Court, established a set of initiatives with the cooperation of the judges that reduced the average length of time an adoption case remained in the court process from 34 weeks down to 6 weeks.

The Task Force recommends the States consider the following:

- o Involvement of citizen foster care review boards at the State or county level as an important way to monitor children in foster care.
- o Specific State/agency guidelines to control the time spent in efforts to reunite children with their biological families.
- o Specific time lines (and adherence to them) for each procedure in the adoption process:
 - case reviews
 - dispositional hearing
 - filing termination of parental rights (if hearing so recommends)
 - recruitment of adoptive families
 - scheduling and hearing of court case
 - placement in adoptive families.
- o Greater accountability procedures and supervision of caseworkers and attorneys responsible for planning for foster children.
- o Improved and computerized information system to track children in foster care (as well as for agency planning, accountability, and distribution of resources).
- o Timely scheduling on court calendars for child welfare cases.
- o Adequate staff and training for foster care and adoption programs in public and private agencies.

- o Nearly half of the children waiting to be adopted are minorities, 43 percent are black and the others are Hispanic, Indian, Oriental or other. Black children remain in foster care longer than white children. As a result, they are disproportionately represented among the older and more severely handicapped foster children. Black families are more difficult to recruit for adolescents or children with disabilities. In some areas of the country, finding black or Indian families to adopt same-race or biracial infants is time consuming, expensive, and, often, futile.

On the other hand, many groups, including those representing minorities, have cited significant barriers to minorities adopting.

These include:

- agency practices which prefer couples with professional backgrounds and high incomes;
- requirements for family members to have medical exams and "sufficient" living space , both costly items;
- expectations that are " white, middle-class";
- restrictions on number of children now in family;
- failure to recognize extended family network as prospective adopters;
- high adoption placement fees at private agencies;
- lack of Spanish-speaking and black agency staff;
- reluctance of agencies to cooperate in matching children with families from other agencies;
- slow processing of family applications for adoption;
- lack of data on minority children and waiting minority families which deters effective planning for minority adoptions.

The Task Force urges agencies to re-double their efforts to recruit minority families and expedite the adoption process. The Department of Health and Human Services has identified some positive approaches to recruitment which are listed here:

- o Outreach to the minority community through neighborhood organizations, churches and media.
- o Encourage minority worker participation in adoption agency programs and outreach.
- o Publicity highlighting successful minority adoptions and specific minority children available, including up-to-date photolistings, videos and personal contact with older children and children with disabilities.
- o Publicity with a clear explanation of adoption subsidies and other funds available that help with the costs of adoption.
- o Agency practices to encourage single parent, lower to middle income families, non-professional families, and families with children to adopt.
- o Use of adoptive parent groups to support and help families through the process of adoption.
- o Agency policies supportive of foster parents as a valuable resource for minority adoption.
- o "Contracting out" to private agencies for recruitment and placement.
- o Even as the backlog of minority children waiting for adoption grows and the prevalence of special needs foreign adoption increases, a number of States have race-matching requirements for children placed in foster care or waiting for adoption. Some States have a time limit for a same-race search before a transracial placement is considered. The Indian Child Welfare Act also gives preference to a member of an Indian child's tribe or other Indian for placement. Non-Indian families face major legal obstacles when adopting a waiting Indian child. A series of court cases have recently challenged practices in States that give preference to same-race adoptions.

The Task Force commends to other states and adoption agencies the balanced policy statement of Kentucky:

All things being equal, it is preferable to place a child in a family of his own racial background. However, no child available for adoption should be deprived of the opportunity to have a permanent family of his own because of his age, religion, race, nationality, residence or handicaps that do not preclude his living in a family or

community. Because of this, racial background in itself should not determine the selection of a family for a child. Transracial adoption is a valid method of providing a child with a home and family that will meet his needs.

The Task Force believes that it is preferable to place a child in a family of his own racial background. However, racial considerations alone should not determine the selection of a family for a child. Therefore, transracial adoption should be permissible to provide a child with a loving, permanent home.

The Task Force recommends that a policy for transracial adoptions should stand along side an active minority recruitment policy.

- o The children who are waiting to be adopted are America's waiting children even though they are residing in States which have legal custody of their care. The adoption of children by parents in other States is a necessary procedure and entirely possible with the national photo-listing and telecommunications systems being established among States.

There is also a legal mechanism to ensure a proper transfer of a child from one state to another. Known as the Interstate Compact on the Placement of Children, all states but New Jersey and Washington, D.C. have enacted the Compact and comply with its provisions. This Compact also is used to enforce the limitations on adoptions by non-Indians through the Indian Child Welfare Act.

Compliance with the Compact requires review by the desks of two State compact administrators. This is usually not a deterrent, but it can take time. The Task Force recommends a comprehensive review of these compacts for the purpose of studying them and recommending changes which will facilitate legitimate interstate adoptions.

The Interstate Compact on Adoption and Medical Assistance protects the rights and benefits of children receiving Title IV-E Adoption Assistance when they move between states. This Compact provides a framework for formalized interstate cooperation and the mechanism for assuring the continued provision of all of the benefits included in the adoption assistance agreement, regardless of the state in which the child lives. Twenty states are currently members of the Compact. The Task Force recommends that all states join the Compact to protect these children.

- o The special needs of children waiting to be adopted may be alleviated by care, love and security, but more often the needs and scars, both physical and emotional, are long-lasting and possibly permanent. Knowing the challenges will be on-going creates hesitancy on the part of many sincere prospective adopters. However, also knowing that professionals and supportive services, as well as financial and medical assistance, are available after the adoption is finalized can make the decision to adopt a little easier.

Many special needs children available for adoption will need post-adoption services. These children have physical handicaps, developmental disabilities, emotional problems or other conditions requiring special services (special education, mental health counseling, vocational training, and so on). These services are emerging as the need arises. Their development has been aided through grants and training funds from the Federal and State governments.

The Task Force recommends the following actions:

- o The National Adoption Information Clearinghouse collect and disseminate studies and other data pertaining to post-legal adoption services.
- o Agencies provide a full description of the adopted child's background and probable need for services.
- o Agencies provide written materials to adoptive families detailing medical and education assistance programs and other post adoption services available in the community.
- o States facilitate special training for education, mental health and child welfare professionals geared to needed post adoption services.
- o Church affiliated counseling services be asked to participate in the improvement of community resources for post-adoption services.
- o Meeting in Washington, DC, sponsored by the White House with attendees representing child welfare, mental health and education officials to discuss ways to improve post-legal adoption services for children and their families.
- o One area of concern also relates to the monopolistic nature of many public agencies in holding onto the

responsibilities and funds related to foster care and adoption. The provision of adoption services has historically been a joint effort on the part of public and private agencies. Providing adoption services for special needs children has also been a high priority for private child welfare agencies across the country. The State of Michigan contracts out to private agencies for the provision of services for special needs adoptions, with a limit of \$10,000 per case. The Task Force recommends that other States review Michigan's experience and consider initiating similar partnerships with the private adoption agency sector.

Summary of Task Force Recommendations

- o The Task Force supports the recommendation of the Office of the Inspector General and requests the Domestic Policy Council Working Group to review and make recommendations concerning the structure and funding of Federal foster care and adoption assistance.
- o The Task Force supports Senate Concurrent Resolution 6 that states Congressional opposition to unequal treatment in health insurance for adopted children. The Task Force believes the States should consider ways to make insurance available in their State to cover adopted children on the same basis as other dependents.
- o The Task Force recommends States consider enacting legislation similar to Minnesota's law for health insurance coverage for adopted children to ensure that adopted children are treated equitably.
- o The Task Force recommends States consider new policies which contribute to the reduction of time children spend in foster care and result in the timely adoption of special needs children. Several activities are suggested.
- o The Task Force recommends that agencies make a concerted effort to recruit minority families and expedite the adoption process. The Department of Health and Human Services has identified some positive approaches to recruitment that are suggested.
- o The Task Force recommends that a policy for transracial adoptions should stand along side an active minority recruitment policy.

- o The Task Force recommends a comprehensive review of the Interstate Compact for the Placement of Children for the purpose of studying it and recommending changes which will facilitate legitimate interstate adoptions. .
- o The Task Force recommends the development and expansion of post-adoption services. Several actions are suggested.
- o The Task Force recommends that other states review Michigan's program for special needs adoptions that allows for contracting out to the private sector for adoption services to move children in foster care more quickly into adoptive families.

VII. EXPANDING THE POOL OF ADOPTIVE PARENTS

What is required of people considering adoption is the ability to love and the desire to help children. Adoption of children by their relatives and their step-parents has always been common, but in recent years we have begun to see the benefits of adoption by single, foster and handicapped parents, as well as by parents with biological children. Members of the military have also shown great interest in adoption.

Ronald Reagan
National Adoption Week
Proclamation, 1987

Background

Even as children wait to be adopted, many adults wait to be accepted as prospective adoptive parents. The customary negative response to inquiries about adopting by single persons, people in their 40s or older, and individuals with disabilities is diminishing. However, there are many agencies that still exclude these groups of people as candidates for adopting.

Identifying the Barriers

In the majority of cases, singles are not considered for infant adoption. There are long waiting lists of approved married couples, and the biological parents involved in making an adoption plan for their baby are usually looking for a two-parent family. While some agencies may accept singles, it takes longer than usual to be called for a child. Minority singles are often given positive consideration for minority children. When accepted by an agency, singles are matched with school-aged special needs children. Some independent and foreign adoption agencies will consider placing infants or young toddlers with singles and are usually receptive to singles adopting older foreign children.

Studies of single adoptive parents show that, by virtue of their older age at the time of adopting, and their experiences (often in human care-related professions) they are eager and capable of accepting the responsibilities of parenthood.

Some state statutes require the adopting parent to be at least a certain number of years older than the adoptee. Some agencies set an age cut off at 40 or 45, especially for younger children. Independent and foreign adoption practices usually allow older people to adopt.

Individuals with physical disabilities who are interested in adopting generally must shoulder the responsibility of proving that their condition will not interfere with their ability to parent. For many people with disabilities, the barriers to adoption are just as great as the physiological barriers which prevent them from being biological parents.

The Paralyzed Veterans of America, an organization which works to dispel myths and prejudicial stereotypes regarding people with physical disabilities, points to a study that examined the relationship between spinal cord injury in fathers and the subsequent adjustment patterns of their children. It found that children whose father has a spinal cord injury were well adjusted, emotionally stable persons who had attained normal sex role identities.

Denying adoption applications solely on the basis of a disability discriminates against the parenting abilities of these persons. Many foreign adoption opportunities also are closed to persons with physical disabilities.

Task Force Recommendation

- o The Task Force believes the pool of adoptive parents should expand, and marital status, age or physical disabilities should not preclude individuals from consideration as prospective parents. However, the Task Force does not support adoption by homosexuals.

VIII. NATIONAL PUBLIC AWARENESS PROGRAM FOR ADOPTION

Development of adoption awareness campaigns in the community can improve negative attitudes. Several Adolescent Family Life grantees have developed and are participating in community educational efforts.

The Adoption Option: A Guidebook
for Pregnancy Counselors
Office of Population Affairs,
HHS, 1986

Until recently, many people interested in adopting did not know about the population of special needs children. This is changing, however, no doubt in part because of a Department of Health and Human Services special initiative to promote adoption.

The Family Report to the
President, 1986

Background

For several years Congress has designated the week in November in which Thanksgiving falls as National Adoption Week. Accordingly, President Reagan has issued a Proclamation each year of his Presidency. Many Governors and city and county officials have also issued proclamations and conducted official ceremonies recognizing the efforts of local adoption groups.

However, adoption must be a national concern throughout the year. Schools, churches, businesses, community groups and the media can do a great deal to encourage adoption.

Promising Initiatives for Public Education

President Reagan's involvement in public education initiatives for adoption has been most helpful.

The Task Force recommended the following:

- o On November 13, 1987, the President issued a memorandum to executive departments and agencies directing the head of each organization to encourage National Adoption Week activities designed to increase Federal employee awareness about the benefits of adoption. As a direct result, a good number of federal employees have applied to adopt or become foster parents in their communities.

- o On November 19, 1987, The President signed the Proclamation for National Adoption Week and had a signing ceremony which was attended by adoptive families and Rep. Chris Smith, the sponsor of the resolution in the House of Representatives.
- o Plans are underway for additional media efforts, including magazine articles, radio addresses, and assistance to electronic media producers considering programs that show the benefits of adoption.
- o The White House will host a meeting to bring together corporations and foundations in support of community programs to increase visibility for adoptable children.
- o A proposal for the development of a school curriculum which to present information about adoption and promote it as a positive family-building option is under discussion with the Department of Education. Such a curriculum could build upon the efforts of several family life curriculums developed through the Adolescent Family Life program and other existing teaching modules on adoption.

Public Awareness for the Adoption Option

The Administration has made a significant effort in promoting adoption as an option for women with a crisis pregnancy. Nevertheless, more efforts nationally are sorely needed.

Women who choose adoption deserve respect and support for their decision made on behalf of their child. While the media and entertainment industries can help, the one-on-one, day-to-day contacts between people also affect views about the adoption option. Most especially, pregnancy counselors and others who have the opportunity to provide guidance to pregnant women, e.g., clergy, physicians, and lawyers, should assess their own views on adoption. A good place to begin is in using positive adoption language such as "making an adoption plan for your child" rather than "giving away your child".

Counselors also need accurate information about adoption, including awareness of community agencies and adoption resources. Recognizing this need, the Office of Population Affairs in the Department of Health and Human Services, which administers the two major Federal programs providing funds for counseling pregnant women (Title X and Title XX of the Public Health Service Act) supported the development and dissemination of an adoption information guidebook for

pregnancy counselors and the dissemination of an adoption resource directory.

Public Awareness for Special Needs Adoption

There are thousands of children waiting to be adopted. Too often they are forgotten. These children simply need someone who wants to care for them and love them for a life time.

That "someone" could be single, or older than their biological parents, or even a person with a disability. That "someone" could be the neighbor family down the street, a relative who is "good with children", or the very person reading this report. The "someone" may not be a perfect "match" racially, ethnically or socio-economically, but his or her capacity for parenting is evident.

These thousands of children and the thousands of potential adoptive parents are the very people the American public need to hear about. Through particular human interest stories about real life children and parents or, more generally, through investigative and editorial reporting on the workings of foster care and adoption agencies in this country, their unnecessary "waiting" becomes apparent. The attention of the professional media is essential.

Educational efforts by national, State and local government officials are a good place to start a nation-wide public information campaign. The Office of Human Development Services at the Department of Health and Human Services has supported many efforts, including "Waiting Child" newspaper features and radio and television public service announcements.

Local civic and religious leaders, as well as other professionals who serve the community in building strong families, must join with public sector leaders in encouraging more Americans to adopt waiting children. American families have the means and the room for one more child--in both their hearts and in their homes. But they must be motivated to act, encouraged to persevere, and supported once a successful adoption takes place. Their families, friends, churches, civic and social clubs, and fraternal groups need to become supportive of their "life-style" which includes children not necessarily just like them. There are hundreds of local adoptive parents groups and adoption agencies prepared to offer support and resources for such efforts.

Conclusion

The Task Force has made recommendations concerning a number of crucial adoption issues, which require public education and awareness. These recommendations are found in the preceeding chapters.

These public policy concerns focus on the programmatic and the practical aspects of adoption services. While the human interest side of adoption is important, the complex legal procedures and the details of adoption and foster care programs receive little attention from the public and the media. The Task Force has highlighted a number of these issues in an effort to gain broader public awareness of the adoption situation in the United States.

IX. THE FUTURE OF ADOPTION

For most Americans, life is not a matter of legislative battles, judicial decrees, and executive decisions. It is a fabric of helping hands and good neighbors, bedtime stories and shared prayers, lovingly packed lunchboxes and household balance-budgeting, tears wiped away, a precious heritage passed along. It is hard work and a little put away for the future.

The Family Report to the
President, 1986

As long as the American family is upheld as good and necessary for our society, the American family with adopted children will be needed. Obviously, not all children can or will be cared for by the parents who bred and bore them. Families that incorporate such children into their hearts and homes are preserving young lives for the future.

For a time, it seemed that adoption was the forgotten option for most pregnant teenagers and other women faced with a crisis pregnancy. Societal forces promoted the idea that, "If you don't want your child, abort. If you don't abort, you must want your child, so you should raise it, even as a single mother."

The adoption choice gives life to a baby and hope for the biological parents that their futures and that of their child will be better by their choice. The joy that infant brings to an adoptive family is immeasurable.

The adoption option is being rejuvenated. More young women are being told the facts about their opportunity to make an adoption plan. Filled with love and concern for their baby, many birth mothers are choosing adoption and then turning their own young lives toward the future. These women are to be commended for their maternal maturity. We must not forget they rely on the moral support they receive from family, friends, counselors and society.

The number of adopted children from foreign countries has increased steadily during the recent past. These children are not visitors; they are Americans. Their parents have not only adopted children but have also adopted a broader view of the world and their own family's role in it. International adoption makes the world smaller by the personal touches and smiles of children who were born thousands of miles away in often unthinkable circumstances.

These adoption ambassadors--the children--will make their own unique contribution to the future of America.

The term "hard-to-place" child has become outdated. Special needs children are adoptable and yet they wait for families.

Expanding the pool of parents for these children is an effort for many in public and private agencies across the country. Engaging the larger community in promoting and supporting families who adopt special needs children is a full-time job for many who are advocates for children. Yet, the future for such children makes it worth the effort, time and money.

In sum, improving adoption in America is a humane investment in America's future.