# Statistics on Adoption in the United States

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Abstract

Adoption is a topic of crucial importance both to those directly involved and to society. Yet, at this writing, the federal government collects no comprehensive national statistics on adoption. The purpose of this article is to address what we do know, what we do not know, and what we need to know about the statistics on adoption. The article provides an overview of adoption and describes data available regarding adoption arrangements and the characteristics of parents who relinquish children, of children who are adopted or in substitute care, and of adults who seek to adopt. Recommendations for future data collection are offered, including the establishment of a national data collection system for adoption statistics.

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Adoption is an issue of vital importance for all persons involved in the adoption triangle: the child, the adoptive parents, and the birthparents. According to national estimates, one million children in the United States live with adoptive parents,[1] and from 2%[1,2] to 4%[3] of American families include an adopted child.

Adoption is most important for infertile couples seeking children and children in need of parents. Yet adoption issues also have consequences for the larger society in such areas as public welfare and mental health. Additionally, adoption can be framed as a public health issue, particularly in light of increasing numbers of pediatric AIDS cases and concerns regarding drug-exposed infants, and "boarder" babies available for adoption. Adoption is also often supported as an alternative to abortion.

## Limitations of Available Data

Despite the importance of adoption to many groups, it remains an underresearched area and a topic on which the data are incomplete. Indeed, at this writing, no comprehensive national data on adoption are collected by the federal government. Through the Children's Bureau and later the National Center for Social Statistics (NCSS), the federal government collected adoption data periodically between 1944 and 1957, then annually from 1957 to 1975. States voluntarily reported summary statistics on all types of finalized adoptions using data primarily drawn from court records. The number of states and territories participating in this reporting system varied from year to year, ranging from a low of 22 in 1944 to a high of 52 during the early 1960s.[4] This data collection effort ended in 1975 with the dissolution of the NCSS.

More recently, the federal government has undertaken several data collection efforts of a more limited scope.[5] Since 1983, the American Public Welfare Association (APWA) has been funded by the Administration for Children and Families (ACF)—formerly the Office of Human Development Services—to collect national data on adoption and substitute care through the Voluntary Cooperative Information System (VCIS). Although the establishment of this ongoing data collection system is a positive step, it is still limited in that all reporting is voluntary and often incomplete, and states use their own definitions when reporting data. Additionally, the VCIS includes data only on those children who are in, or have passed through, the public child welfare system.[6] Most of these children are adopted through public agencies, which handled only 39% of all unrelated domestic adoptions or 19% of total domestic adoptions in 1986. Private agency adoptions are only occasionally voluntarily reported by states, and independent adoptions are not reported in any way.

The National Center for State Courts (NCSC) was funded by the Children's Bureau to administer the Adoption Information Improvement Project (AIIP) in order to assess the feasibility of, and protocol for, collection of national adoption data. To locate sources of adoption information and reporting ability, state data on the number of legalized adoptions are obtained from social service agencies, bureaus of vital records, and courts. This project has demonstrated wide variations in record-keeping procedures (even among agencies within the same state) which make estimating total adoptions difficult.[7]

Private organizations such as the National Council for Adoption (NCFA)—formerly the National Committee for Adoption—also collect voluntary data on adoption. The NCFA collected state data in 1982 and 1986. Although these data offer much of the most current information available on adoption in the United States, they are also incomplete. While some data were provided by every state and the District of Columbia, data on all requested items was provided by only 22 states. (An additional 16 states reported data on more than half of the requested items.) Because of the wide variation in state adoption data (as noted above), some data were estimated and some partial counts or undercounts are suspected.[8]

As these recent data collection efforts suggest, the source of adoption statistics affects the inclusiveness and the completeness of the data. This may be especially apparent in the case of independent adoptions. If adoption agencies must be relied upon as a major source of adoption statistics, an underrepresentation of independent adoptions may result because these arrangements do not fall under the auspices of the reporting agencies.

Other information regarding adoption must be drawn from a variety of research studies targeting or including adoption issues as part of their focus. Small samples, which are not representative of the American population as a whole, are informative in providing information on various aspects of the adoption process. However, they do not allow national estimates to be made regarding statistics on various aspects of adoption. Also, research findings from these studies can be misleading if inappropriate generalizations are made about the larger population not represented by the study at hand.

Other data come from national surveys, such as the National Survey of Family Growth (NSFG), the National Survey of Families and Households (NSFH), and the National Health Interview Survey (NHIS), which focus on various aspects of fertility-related behaviors, health, or family life. The recent addition of adoption questions in such large-scale surveys is a useful step in the data collection process; however, these surveys are primarily targeted at gathering a variety of information rather than focusing specifically on adoption. Additionally, they permit only

estimates of statistical information regarding adoption. This may be problematic in that adoption, like abortion, may be underreported in such self-report surveys. Also, because adoption is a relatively rare event, the number of adoptions included even in these national surveys is so small that some statistical analyses cannot be performed reliably.

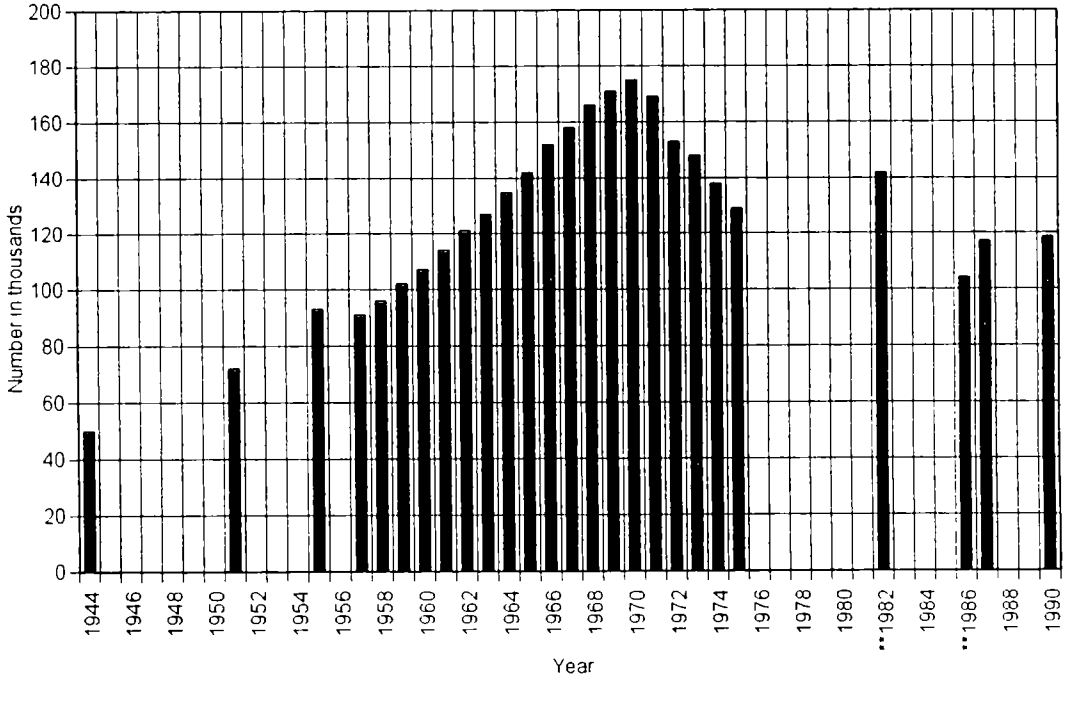
In light of this lack of comprehensive statistical information, there has been a movement toward the reinstatement of a national data collection system which will eventually replace the VCIS. Section 9943 of the Omnibus Budget Reconciliation Act (OBRA) of 1986 (Public Law 99-509) added section 479 to Title IV-E of the Social Security Act requiring the federal government to develop a national reporting system on adoption and foster care. An Advisory Committee on Adoption and Foster Care Information was established, and its recommendations, as well as those of the Secretary of the Department of Health and Human Services (DHHS) and information provided by the AIIP, resulted in DHHS-proposed regulations for program implementation as published in the *Federal Register* on September 27, 1990.[9] This data collection system was to be implemented by October 1991 but, as of this writing, is still not functioning.

## An Overview of Adoption in the United States

In actual practice, adoption encompasses two different types of arrangements. It occurs through both formal and informal processes. Formal adoption occurs when a legal recognition of a parental relationship is made. Informal adoption occurs

Figure 1

**National Estimates: Total Number of Adoptions, 1944–1990***




*The data on the above graph were drawn from various sources which relied on different data collection techniques. Also, the completeness of reported data varied from year to year. Thus, a rigid integration of adoption trends from these estimates should be avoided.

**Domestic adoptions only

Source: For 1944–1975 estimates, see Maza, P. *Adoption Trends: 1944–1975.* Child Welfare Research Notes #9, Washington, DC: Administration for Children, Youth, and Families, 1984. For 1982 and 1986 estimates, see National Committee for Adoption, Washington, DC. *1989 Adoption Factbook.* Washington, DC: NCFA, 1989. The 1987 and 1990 estimates are from forthcoming data provided by the National Center for State Courts.

when the birthmother allows another person (or persons), usually another family member, to take parental responsibility for her child without obtaining legal approval or recognition of that arrangement.[10] Informal adoption arrangements involving networks of real and fictive kin appear to be widespread in the black community.[11] However, there is a marked lack of information about the prevalence and particularities of such arrangements. Therefore, the data presented here deal only with formal adoption as practiced in the United States.

An examination of national estimates of the number of formal adoptions reveals that there were 50,000 total adoptions in 1944 (see figure 1). The number of adoptions steadily increased, hitting a peak of 175,000 in 1970, then declining to 104,088 domestic adoptions in 1986, according to NCFA data.[4,8] (See box 1 for an overview of 1986 data.) Based on AIIP data, there were an estimated 118,529 total adoptions in the United States in 1990.[12]

For a more complete picture of adoption in the United States, the number of total formal adoptions must be divided into two categories: related adoptions and unrelated adoptions. Related adoptions include stepparent adoptions and those cases in which a child is adopted by a nonparent relative. Such adoptions may often formalize a preexisting parenting arrangement for the child. Unrelated adoptions are those in which a nonrelative child is adopted. Therefore, unrelated adoptions are more likely to involve a real change in parenting for the child with the establishment of new parenting and sibling relationships for the child and the adoptive family.

The number of related adoptions increased from 38,200 in 1951 to 91,141 in 1982 (see figure 2).[4,8] However, according to NCFA data, this number dropped markedly to 52,931 in 1986.[8] Because the majority of related adoptions involve stepparents (primarily stepfathers) adopting a stepchild, this drop may be a reflection of the decreasing rates of remarriage in the United States[13] or may indicate that fewer stepparent families are undertaking formal adoption.

During that same time period, the number of unrelated adoptions increased

Box 1

## Numbers of Adoptions and Adoption Arrangements for 1986

| | Number of domestic adoptions | Percent of total domestic adoptions | Percent of unrelated domestic adoptions |
|---|---|---|---|
| Total domestic adoptions | 104,088 | — | — |
| Related adoptions | 52,931 | 50.9% | — |
| Unrelated adoptions | 51,157 | 49.1% | — |
| Unrelated placements | | | |
| Public agency | 20,064 | 19.3% | 39.2% |
| Private agency | 15,063 | 14.5% | 29.4% |
| Individually arranged | 16,040 | 15.4% | 31.4% |
| Infant adoptions (under 2 years of age)[a] | 24,589 | — | 48.1% |
| Special needs adoptions[a] | 13,568 | — | 26.5% |
| International adoptions[b] | 10,019 | — | 16.4% |

a The categories of infant and special needs adoptions are not mutually exclusive and may include some of the same children.

b Domestic unrelated adoptions plus foreign adoptions total to 61,176 unrelated adoptions occurring in 1986. The table above includes only domestic adoptions for all other values.

Source: National Committee for Adoption, *1989 Adoption Factbook*. Washington, DC: NCFA, 1989.

from 33,800 in 1951 to a high of 89,200 in 1971. That number then declined to 49,700 in 1974 and has remained close to the 50,000 mark since that time.[4] In 1986, the number of unrelated domestic adoptions occurring in the United States was 51,157.[8] Thus, these latest estimates reveal a rather even division between related and unrelated adoptions.

### Adoption Arrangements

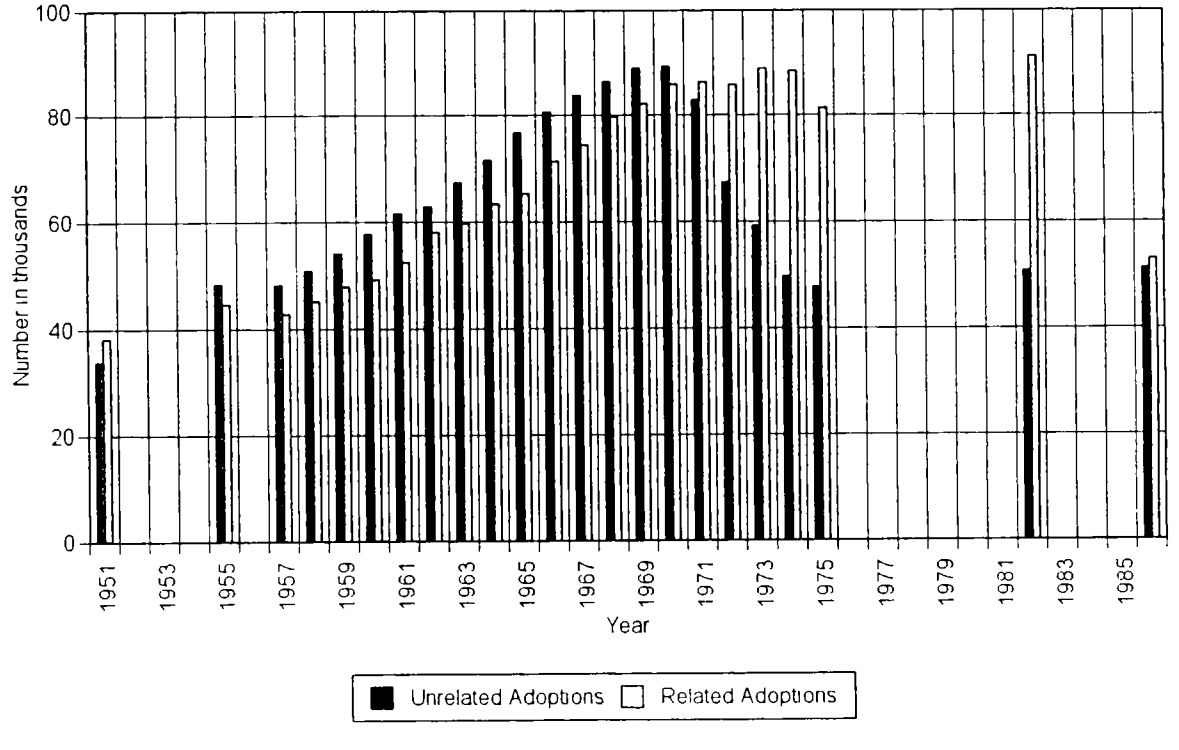
The means by which adoptive placements are made have also undergone a great deal of change during the past four decades (as shown in figure 3). In 1951, 18% of unrelated adoptions were arranged through public agencies, 29% were arranged though private agencies, and 53% were independently arranged (meaning a third party, such as a doctor, attorney, or member of the clergy, handled adoption arrangements between the birthmother and the adoptive parents). The percentage of adoptions arranged through public agencies increased slowly and has more than doubled since that time. This percentage has remained relatively stable at 38% or 39% since 1972.[4,8]

Private agency adoptions also increased, accounting for 40% or more of all unrelated adoptions from 1962 through 1973. However, since 1973, the percentage of private agency adoptions has declined, returning to 29% in 1986.[4,8]

The percentages of independently arranged adoptions declined to a low of 21% of all unrelated adoptions in 1971 and 1972 then fluctuated, rising to 31% in 1986. However, this is still a substantially lower percentage of placements than were independently arranged in 1951.[4,8] The decline in independent adoptions reflects actions undertaken by states to clarify placement regulations after groups such as the Child Welfare League of America expressed concern over problems with independent adoptions. Additionally, Senate hearings during the early 1950s on black market adoptions also brought at-

Figure 2

**Related and Unrelated Domestic Adoptions, 1951–1986**




Source: For 1951–1975 data, see Maza, P. *Adoption Trends: 1944–1975.* Child Welfare Research Notes #9, Washington, DC: Administration for Children, Youth, and Families, 1984. For 1982 and 1986 data, see National Committee for Adoption. *1989 Adoption Factbook.* Washington, DC: NCFA, 1989.

tention to the issue of agency versus independent adoption.[4]

Thus, recent estimates indicate that almost two-fifths (39%) of all unrelated domestic adoptions are handled by public agencies. Independently arranged adoptions and those handled by private agencies account for similar percentages of unrelated domestic adoptions (31% and 29%, respectively). Of the 104,088 total domestic adoptions occurring during 1986, 19.3% were unrelated adoptions arranged by public agencies, 14.5% were unrelated adoptions arranged by private agencies, and 15.4% were unrelated adoptions which were arranged by private individuals. The other 50.9% of adoptions were related adoptions.[8]

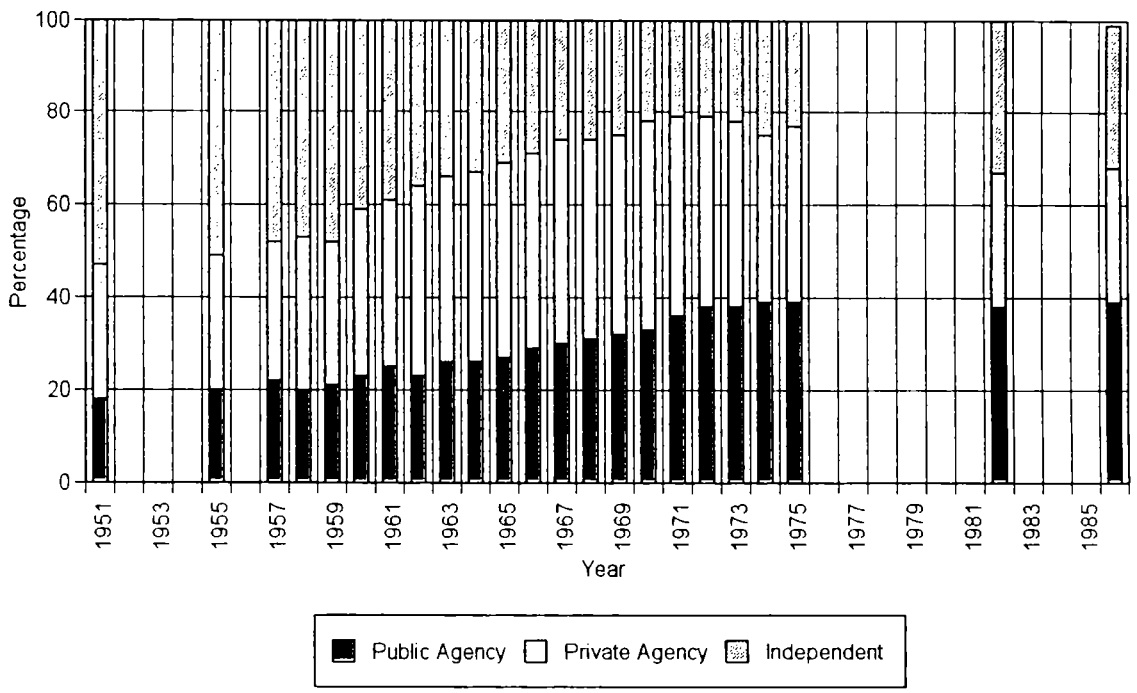
### Disrupted Arrangements

Disrupted adoptions are those in which the child is removed from the home before the adoption is legalized. This is contrasted to adoptive dissolution, or the breaking of already legalized adoptions. There are no national estimates available on the numbers or percentages of disrupted or dissolved adoptions. Instead, information on adoption disruption comes from a variety of studies. Thus, estimates of the number of disrupted adoptions vary widely based on the population sampled and the calculation techniques used; however, research indicates that disruption rates are increasing.

One review of the literature on adoption disruption suggests that this is a reflection of the concentration in the pre-1970 research on placements of very young, nonhandicapped, white children. Of such adoptions, only 1.9% disrupted.[14] More recently, with the emphasis on placement of children with special needs (as discussed below), higher rates of disruption are reported, ranging widely from 3% to 53% depending on the group being studied and the calculating techniques being used.[14,15] "Current estimates indicate that approximately 10% to 13% of all adoptive placements disrupt."[16] Placements of older children and children with records of more previous placements and

Figure 3

**Placement Arrangements of Unrelated Adoptions, 1951–1986 by Percentage**




Source: For 1951–1975 data, see Maza, P. *Adoption Trends: 1944–1975.* Child Welfare Reference Notes #9, Washington, DC: Administration for Children, Youth, and Families, 1984. For 1982 and 1986 data, see National Committee for Adoption. *1989 Adoption Factbook.* Washington, DC: NCFA, 1989.

longer stays in the foster system are more likely to disrupt.[14]

Although accurate figures are also not available on what happens to children after adoptive disruption, it does appear that many do go on to a successful adoptive placement.[14] This implies that it is crucial that children be moved through the placement system as quickly as possible, rather than kept in the system for extended periods. These figures also suggest that a disrupted adoption does not mean that the child is "not adoptable." Rather, it implies that adoptive parents should be fully informed and prepared for the challenges that adoptions of such children might pose.

## Relinquishment of Children for Adoption

Data on women who voluntarily relinquish their children for adoption are rather limited, and our knowledge of relinquishment must be pieced together from a variety of sources. Demographic research indicates that women who choose to make an adoption plan are often from backgrounds of higher socioeconomic status and express higher educational aspirations than their counterparts who choose to parent their child. Additionally, women who relinquish their babies tend to come from intact families which are supportive of the placement decision and have not experienced teenage pregnancies of other women in the family. The child's father also has a strong influence on the young woman's decision.[17]

***Most unmarried mothers choose to parent their child. Indeed, the percentage of premarital births being placed for adoption has declined over the past two decades.***

Infants (particularly healthy white infants) are more in demand than older children in the adoption "market." The majority of children placed for adoption are placed before age one (81%), and 86% are under two years of age.[1] Data gathered by the NCFA show that almost half (24,589 or 48.1%) of the unrelated domestic adoptions completed in 1986 involved children under the age of two.[8]

The vast majority of children placed for adoption are, and traditionally have been, premarital births. According to the 1982 National Survey of Family Growth (NSFG), 88% of all babies placed for adoption are born to never-married mothers. Six percent of placements are by previously married mothers, and 6% are placed by currently married women.[2]

Nonetheless, most unmarried mothers choose to parent their child. Indeed, the percentage of premarital births being placed for adoption has declined over the past two decades (see figure 4). Before 1973, almost 9% of all premarital births were placed for adoption. For premarital births occurring from 1973 through 1981, this percentage decreased to 4%; for births from 1982 through 1988, it decreased even further to 2%.[18]

The data reveal that this decrease has largely been the result of declining percentages of white women placing their children for adoption. Relinquishment of premarital births among blacks has consistently been very low (less than 2%). However, among whites, over 19% of all premarital births were relinquished before 1973, but just over 3% were relinquished from 1982 through 1988.

Several other childbearing trends have been tied to the decline in the number of infants placed for adoption. Some have argued that the increase in abortions performed each year after the 1973 *Roe v. Wade* decision may account, in part, for the decline. However, the numbers of abortions leveled off during the 1980s, remaining around 1.5 to 1.6 million per year from 1979 through 1988.[19] Because declines in relinquishment rates continued during the 1980s, this suggests that factors other than abortion resulted in this trend.

Interestingly, this decline is occurring even though birthrates are increasing among unmarried women.[20] Fewer premarital conceptions are being legitimated by marriage before birth.[21] Additionally, trends in earlier sexual initiation among teenagers[22] combined with later marriages[13] result in more unmarried women being exposed to the risk of pregnancy for longer periods of time.

The increase in the number of unmarried mothers coupled with high divorce rates has resulted in a situation where single-parent families make up an increasing proportion of all American families. It is estimated that at least one-half of all

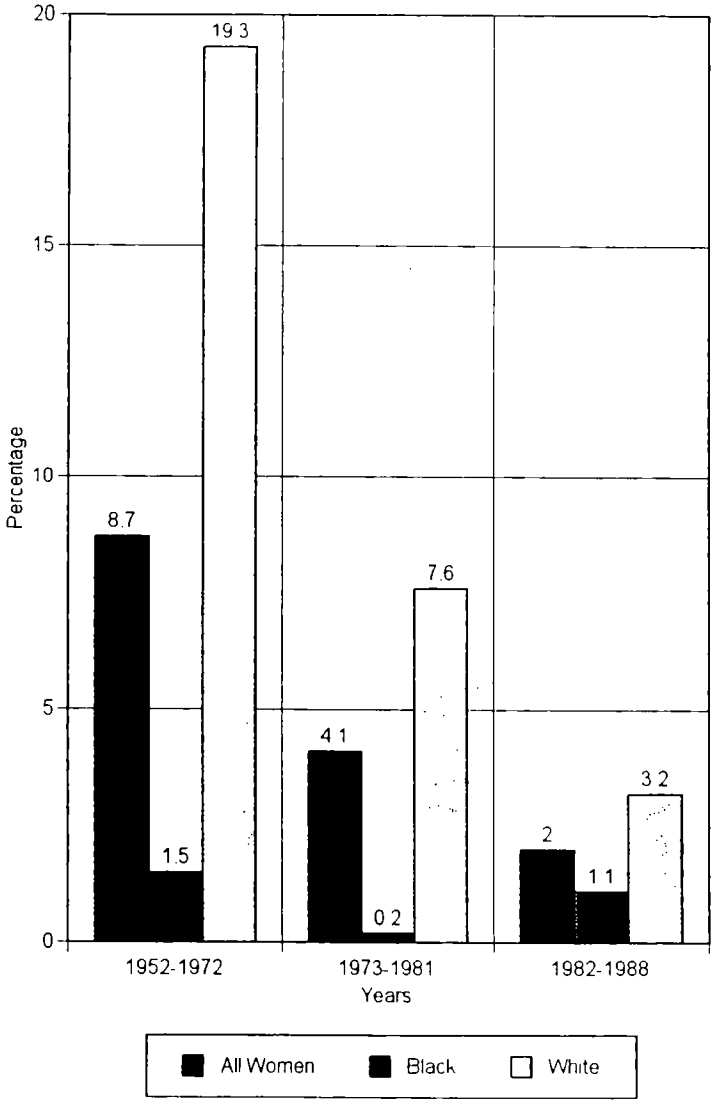
children will spend part of their childhood in a single-parent family.[23] Greater support (both social and financial) may exist for such families from parents and society. Peer pressure may even contribute to some young unmarried mothers choosing to parent their child.[24] Taken together, these trends suggest changing attitudes toward single mothers and a decrease in the stigma of unwed motherhood in recent years. Additionally, some have observed that pregnancy counselors may not emphasize the adoption option with young women.[25]

## Characteristics of Adopted Children

Information regarding the characteristics of children who are adopted is also limited. Data from the National Survey of Family Growth and the National Health Interview Survey offer some characteristics of children adopted over a period of time.[1,2] However, data collected by the American Public Welfare Association through the Voluntary Cooperative Information System (VCIS) provide the only

Figure 4

**Percentage of Premarital Births Placed for Adoption by Race and Birth Year**




Source: Bachrach, C.A., Stolley, K.S., and London, K.A. Relinquishment of Premarital Births: Evidence from National Survey Data. *Family Planning Perspectives* (January/February 1992) 24,1: Table 1, p. 29.

national data available on characteristics of children within the child welfare system who are in the process of being adopted.

These data are divided into three adoption statuses: children with finalized adoptions, children awaiting adoptive placement, and children living in nonfinalized adoptive homes (see table 1). VCIS estimates indicate that approximately 19,000 children in substitute care had their adoptions finalized in 1988. When finalized almost 50% of these children were between the ages of 1 and 5 years with only 6.2% being less than 1 year old. The median age for these children was 4.8 years. The majority of children who had finalized adoptions in 1988 were white (60.7%).

***In only 8% of all adoptions are the parents and children of different races.***

About 23% were black, 9.4% were Hispanic, and 5.7% were of other racial/ethnic backgrounds. Additionally, almost 60% of these children had one or more "special needs"—such as older age, physical disabilities, or emotional or behavioral problems—which could result in their being more difficult to place for adoption.[6]

Of these children 40% were adopted by people not related to them, while an additional 37% were adopted by unrelated former foster parents. Only 13.6% of these children were adopted by relatives. For more than 9% of these children, their relationship to the adoptive parent(s) was unknown.[6]

The characteristics of the estimated 18,000 children awaiting adoptive placement at the end of FY 1988 were somewhat different from those of the adopted group. The median age of this group was higher at 8.3 years. A higher percentage of these children were black (39.1%), and a higher percentage had one or more special needs (63.5%). Almost 55% of these children had been waiting two or more years to be placed for adoption.[6]

### Transracial Adoption

Federally published estimates on transracial adoption were last available in 1975. Yet, in that year, fewer than half the states even reported data on transracial adoptions.[26] A more recent estimate of transracial adoption is derived from the 1987 National Health Interview Survey (NHIS).[1] These data are limited to adoptions in which the child was still living in the adoptive mother's household at the time the information was gathered.

According to these data, 92% of all adoptions involve an adoptive mother and child of the same race. Of all adoptions, 85% involve white mothers and children, 6% involve black mothers and children, and 1% involve mothers and children of other racial/ethnic backgrounds.

In only 8% of all adoptions are the parents and children of different races. An analysis of these transracial adoptions reveals that most instances involve white women adopting children of other races. White women adopting black children accounted for 1% of all adoptions, and white adoption of children of races other than white or black accounted for 5% of all adoptions. Mothers of other races adopting white children accounted for only 2% of all adoptions. Because these estimates no doubt include foreign-born children, the actual incidence of transracial adoption among children born in the United States may be very low indeed.[1]

### International Adoption

Agency-sponsored adoption of children from foreign countries began after World War II with the adoption by U.S. citizens of European and Japanese children. During the mid-1950s, in response to the number of children orphaned in the Korean War, the Republic of Korea (South Korea) became, and has remained, the major source of foreign adoptions in the United States. However, under pressure from Korean officials, the number of adoptions of children from Korea declined during the late 1980s.[27] In recent years, other countries such as Colombia, Peru, India, the Philippines, and Romania have provided many children for adoption by American parents.

According to NCFA data, there were 10,019 foreign adoptions in calendar year 1986, accounting for 16.4% of all unrelated adoptions occurring in that year. More than 60% of these children were infants under one year of age.[8] The availability of infants makes foreign adoptions especially attractive to many adopters.

During FY 1991, there were 9,008 foreign adoptions in the United States (see table 2). More than 60% (or 5,409) of

Table 1

**Selected Characteristics of Children in the Public Child Welfare System by Placement Status of Child at the End of Fiscal Year 1988**

| Characteristic | Finalized Adoptions | Awaiting Adoptive Placement (in percentages) | Living in Nonfinalized Adoptive Home |
|---|---|---|---|
| Estimated Number of Children | 19,000 | 18,000 | 17,000 |
| Age | (22)* | (22)* | (23)* |
| Under 1 year | 6.2 | 2.9 | 7.1 |
| 1–5 years | 46.5 | 29.7 | 39.7 |
| 6–12 years | 37.8 | 44.2 | 40.0 |
| 13–18 years | 9.0 | 21.9 | 12.5 |
| 19 and over | 0.3 | 1.2 | 6.0 |
| Unknown | 0.2 | 0.1 | 0.1 |
| Race/Ethnicity | (29)* | (26)* | (26)* |
| Black | 23.1 | 39.1 | 33.9 |
| Hispanic | 9.4 | 8.3 | 5.8 |
| White | 60.7 | 49.0 | 54.6 |
| Others | 5.7 | 2.9 | 4.3 |
| Unknown | 1.1 | 0.7 | 1.4 |
| Special needs status | (28)* | (21)* | (20)* |
| 1 or more special needs | 59.2 | 63.5 | 54.1 |
| None | 38.4 | 36.5 | 45.8 |
| Unknown | 2.4 | 0.0 | 0.1 |
| Relationship to adoptive parents | (22)* | | |
| Relatives | 13.6 | N/A | N/A |
| Unrelated former foster parents | 36.9 | N/A | N/A |
| Unrelated others | 40.2 | N/A | N/A |
| Unknown | 9.3 | N/A | N/A |
| Length of time awaiting adoptive placement | | (21)* | |
| 0–6 months | N/A | 14.3 | N/A |
| 6–12 months | N/A | 14.5 | N/A |
| 1–2 years | N/A | 15.6 | N/A |
| 2 or more years | N/A | 54.6 | N/A |
| Unknown | N/A | 1.0 | N/A |

*Numbers in parentheses indicate the number of states reporting information on the child characteristic in the subcategory immediately below.

Source: Tatara, T. *Characteristics of Children in Substitute and Adoptive Care: A Statistical Summary of the VCIS National Child Welfare Base.* Washington, DC: American Public Welfare Association, 1992.

Table 2

**International Adoptions During Fiscal Year 1991 by Region and Country of Origin**

| | |
|---|---|
| Total foreign adoptions by American parents | 9,008 |
| Breakdown by geographic region and country of origin of children adopted by American parents | |
| Europe | **2,761** |
| Romania | 2,552 |
| Other Europe | 209 |
| Asia | **3,194** |
| Korea | 1,817 |
| India | 448 |
| Philippines | 417 |
| Other Asia | 512 |
| Africa | **41** |
| Ethiopia | 18 |
| Other Africa | 23 |
| Oceania | **16** |
| Kiribati | 10 |
| Other Oceania | 6 |
| North America* | **1,047** |
| Guatemala | 324 |
| Honduras | 244 |
| Other North America | 479 |
| South America | **1,949** |
| Peru | 722 |
| Colombia | 527 |
| Other South America | 700 |

*For the purposes of this survey, North America includes other countries in Central America, the Caribbean Islands, Mexico, and Canada.

Source: U.S. Immigration and Naturalization Service. *Statistical Yearbook of the Immigration and Naturalization Service, 1991.* Washington, DC: U.S. Government Printing Office, forthcoming.

these adoptions were also of children under one year of age. However, in 1991, the number of children from Romania skyrocketed with Romania providing 2,552 children for adoption by U.S. parents, a number far exceeding the 1,817 Korean children adopted by Americans during that year.[28]

## Special Needs Children

During the past decade, the federal government has placed a particular emphasis on finding adoptive homes for all children awaiting adoption in the United States. Through the Adoption Assistance and Child Welfare Act of 1980 (Public Law

96-272), the federal government has attempted to encourage the adoption of children traditionally considered hard to place through subsidies for persons who adopt these children with "special needs." Such programs include in this category older children (with age specified by each state), minority children, members of a sibling group, and children with medical problems, as well as children with physical, mental, or emotional disabilities.

In 1986, some 13,568 children with special needs were adopted. These special needs adoptions accounted for 26.5% of all unrelated domestic adoptions.[8] Although some infants may be included in this category, emphasis on children with special needs is especially important in light of the general decline in the availability of infants for adoption. It calls attention to the needs and availability of other children and to the incentives which might make the option available to more adoption seekers. Also, some evidence suggests that preferential adopters (those with no fertility problems who adopt for religious, social, or humanitarian reasons) may be more likely to select children with special needs.[29]

## Adoption Seeking

The exact number of persons seeking to adopt a child is unknown at this time. The only national estimates of adoption demand based on direct measures of adoption seekers are made from the 1988 National Survey of Family Growth (NSFG).[30] In that survey, women 15 to 44 years of age were asked if they had ever sought to adopt a child. An estimated 2,031,000 women had taken the initial step of contacting an agency or lawyer. Although 620,000 (or 31%) of these women had actually adopted (some more than once), only 204,000 (or approximately 10%) were currently seeking to adopt a child. Thus, more than 1.2 million had never adopted and were no longer seeking to do so.[31] Unfortunately, data are not available regarding the reasons these women did not adopt or why or at what point they disengaged from the adoption seeking process.[32]

Average waiting times for adoption cannot accurately be determined from any available information. However, the figures indicate that the number of women seeking to adopt surpasses the annual number of unrelated adoptions by a ratio of 3.3 to 1. The investigators suggest that their findings are "roughly comparable" with earlier NCFA estimates of waiting periods of two or more years to adopt healthy, white infants.

### Characteristics of Adopters

In most adoptions, the adoptive mother is between the ages of 25 and 34.[1,2] For the 35 and over age group, adopting drops off sharply. Additionally, almost all adopting parents are married at the time of the adoption. One national survey conducted in 1982 found that more than 99% of all women who had adopted a child were married at the time of the adoption.[2]

However, the results of other studies utilizing a variety of much smaller, nonrepresentative samples have suggested that the number of nonmarried persons adopting has increased in recent years. One literature review addressing family composition in adoptions occurring between 1970 and 1988 suggests that, although the percentage of single-parent adoptions in the studies varies as a result of the sampling strategies used by the various researchers, the number of single-parent adoptions has increased during the past two decades. Estimates of the percentage of single persons completing adoptions range from .5% to 4% in research conducted during the 1970s and from 8% to 34% in 1980s' studies.[15]

Most of these single adoptive parents are female. Additionally, single adoptive parents are more likely to adopt older children than infants. They are also less likely to adopt members of a sibling group, less likely to have been a foster parent to the adopted child, and tend to have lower family incomes than couples who adopt.[15]

Additionally, it appears that "marital status has little, if any, effect on adoption outcome as it relates to disrupted or intact adoptions."[33] Thus, a recommendation may be supported to actively recruit single adults as adoptive parents.[15] This suggestion may be especially appropriate in light of the decreasing proportion of infants available for adoption, the current emphasis on special needs adoptions, and the increasing proportion of single-parent households overall.

Race is also an important characteristic of those who adopt. According to 1987 NHIS data, although never-married white and black women are similar in their rates of adopting children (1.8% and 1.5%, re-

spectively), unrelated adoptions are more common among white women while related adoptions appear to be somewhat more common among blacks. Hispanic women are much less likely ever to have adopted any child than are their black or white counterparts.[1]

Also, women reporting higher levels of education or family income are significantly more likely to have adopted, especially unrelated children. However, these data also suggest that related adoption may be more common among those with lower educational or income levels. Thus, a relationship may exist among race, poverty, and educational status. Although data clearly demonstrate that unrelated adoptions occur more frequently among whites and those of higher socioeconomic status as measured by education and income, they also suggest that adoptions among persons of color and those with lower educational and income levels tend to be adoptions of related children.[1]

***As we approach the mid-1990s, the nation still needs a comprehensive data collection system at the federal level for all legalized adoptions as well as standardization of reporting.***

## Needs and Suggestions for Future Data Collection

Maza emphasizes the need for reliable national adoption statistics, including such basic information as annual numbers of adoptions, relinquishments, families waiting to adopt (and the length of their waits), disruptions and dissolutions, the numbers of adopted persons living in the United States, and the characteristics of those involved in the adoptive process.[3,4] With the availability of information from such sources as the American Public Welfare Association's Voluntary Cooperative Information System (VCIS), inclusion of adoption on national surveys, and data collection efforts of organizations such as the National Council for Adoption (NCFA), the statistical information available on adoption has greatly improved. However, as we approach the mid-1990s, the nation still needs a comprehensive data collection system at the federal level for *all* legalized adoptions as well as standardization of reporting (see box 2). National statistics on numbers and types of all adoptions and placement arrangements are necessary to identify and assess adoption trends and outcomes.

Comprehensive national statistics would furnish policymakers and practitioners with solid information to facilitate program planning, to develop policy, and to design outcome evaluations of those policies and practices. Such statistics would include pertinent information (such as numbers and characteristics, including reason for relinquishment and medical history) about the birthparents who relinquish a child for adoption, as well as similar information (including numbers and characteristics such as any special needs, permanency goals, and placement history) about the children who are relinquished.

Case-specific data (the tracking of individual cases) as opposed to summary statistics would be especially useful in providing information about children as they enter and move through foster care and adoptive processes. Data identifying the point of relinquishment would be very important given that the age at which a child enters and leaves the substitute care system, as well as his or her length of time within that system, has an impact on placement success. Currently, the available national survey data provide some information as to percentages of relinquished children but do not provide information regarding the child's age at relinquishment or length of stay within the system (although some sources, such as the VCIS, offer some aggregate information on this point for certain groups). Such knowledge would be beneficial in program planning and outcome evaluation.

Also, more information regarding those on the third side of the triangle, the adoption seekers, is crucial to developing a full picture of adoption in the United States. Unfortunately, tracing the movement of adoption seekers into and out of the adoption system is currently not possible. The collection of case-level data regarding adoption seeking would not only provide needed information on waiting periods but could also offer some insight into the reasons people stop seeking to adopt. Some may stop because they con-

Box 2

## Adoption Information Needed on a National Level

**Information regarding the number of adoptions**

- State maintenance of minimum adoption information data base
- Uniform definitions and methods for tallying total adoptions
- Systematic reporting of all adoptions to a responsible federal agency with penalties for noncompliance
- Case-specific data (confidentiality maintained)
- Breakdown of placement arrangements (public, private, independent)
- Data on relative versus nonrelative placements

**Information regarding child characteristics**

- Numbers of children relinquished
- Demographic information
  - Date of birth/age, racial and ethnic background, sex, religion, siblings
- Special needs status (handicapped status as a separate category)*
- Reasons for entry into substitute care
- Length of time in substitute care system
- Placement history
- Current care arrangements
- Available subsidies
- Permanency goals (adoption, returning to birthparent, etc.)
- Reasons for discharge from substitute care

**Information regarding birthparents**

- Demographic information
  - Date of birth/age, racial and ethnic background, religion, education, income, marital status
- Reason for termination of parental rights for birthmother and biological father (voluntary versus court-ordered)
- Other children born/fathered and their current care status
- Medical history
  - Drug use/abuse, genetic information, prenatal care

**Information regarding adoption seekers**

- Numbers of persons seeking to adopt
- Numbers who successfully adopt
- Movement into and out of the adoption seeking process and the reasons for those movements
- Demographic information
  - Date of birth/age, sex, racial and ethnic background, religion, income, marital status
- Characteristics of desired children
- Previous relationships of adopted children with adoptive parents (relative, foster parent, unknown)
- Waiting times for adoptions
- Subsidies received
- Previous adoptions/placements

**Information regarding adoption outcome**

- Numbers of adopted persons
- Demographic information
  - Age, sex, racial and ethnic background, religion, income, marital status
- Characteristics of adoptive family
  - Racial and ethnic background, religion, income, marital status
- Disrupted adoptions
- Dissolved adoptions
- Postadoption services

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* See Maza, P. Trends in National Data on the Adoption of Children with Handicaps. *Journal of Children in Contemporary Society* (1990) 21,3-4:131.

** For other discussions of needs and suggestions for future national data collection efforts, see Maza, P. What We Do—and Don't—Know About Adoption Statistics. Permanency Report, Child Welfare League of America. *Permanent Families for Children* (Spring 1985) 3,2:5; Department of Health and Human Services. Title IV-B and Title IV-E of the Social Security Act: Data Collection for Foster Care and Adoption. *Federal Register* (Thursday, September 27, 1990) 55,188:39540-39571; Administration for Children, Youth and Families/Office of Human Development Services. Report on the Advisory Committee on Adoption and Foster Care Information (October 1, 1987), Washington, DC.

ceive a child through natural means or the use of various reproductive technologies; some are successful in adopting; some are rejected by agencies; and some may be discouraged by the wait or the nonavailability of children with certain characteristics.

In addition to data on the formation of adoptive relationships, national data regarding disruption and dissolution of such arrangements are also needed. These data are especially crucial in light of the evidence suggesting that disruptions are increasing as more emphasis is placed on special needs adoption.

***Unless data on all adoptions are collected, much important information will be lost.***

As discussed above, existing statistics are drawn from a variety of sources with the result being that many of the data are scattered. Although the NCFA has done a commendable job of compiling these statistics into one source book and collecting data on adoption, the establishment of a national reporting system would assign a federal governmental agency the task of data collection and compilation of a comprehensive data base and publication series. This would provide convenient access to such information by policymakers, practitioners, researchers, and other individuals interested in adoption while allowing other organizations and agencies to direct their resources toward goals other than data collection, for example, more service-oriented endeavors such as education and advocacy.

The recently legislated national data collection system could be a very positive step if it is properly implemented.[9] Unlike the NCSS and VCIS, this new federal system would gather needed case-level data. Thus, it would be a more flexible data source in that some analyses would be possible that are now precluded by the existing aggregate data which can be recombined only in limited ways.[35] However, the regulations (as proposed) require the reporting of only those adoptions with public welfare implications. Data on private and independent adoptions (60% of all unrelated domestic adoptions and 30% of total domestic adoptions in 1986[8]) will not be included unless voluntarily reported by states. Unless data on *all* adoptions are collected, much important information will be lost.

Such a national data base could also provide a good starting point for a better understanding of the dynamics of the adoption process itself: how, why, and when people enter, move through, and exit the substitute care system as either birthparents, children in need of care, or adoptive or foster parents. Effects of the adoption and substitute care process and outcomes for all involved need to be more fully understood. Such a data base would also provide a starting point for analyzing some current trends in adoption, such as the increasing numbers of foster parent adoptions and "open" adoption arrangements. Conceivably, such a data base could be expanded to include information about "wrongful adoption" and searches and reunions.

The implementation of a national data base, in and of itself, would, of course, not provide all the answers to questions about adoption. However, it would provide a more complete statistical picture of adoption in the United States than we are currently able to develop. It would also provide a useful foundation for future research and evaluation of adoptive practices and outcomes. Additionally, the implementation of such a program would represent acknowledgment by the government of the importance of adoption and demonstrate a commitment to developing a more complete understanding and broad-based research approach to substitute care and adoption.

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1. Bachrach, C.A., Adams, P.F., Sambrano, S., and London, K.A. *Advance data: Adoption in the 1980s.* Advance data from vital and health statistics; no 181. Hyattsville, MD: National Center for Health Statistics, 1989.

2. Bachrach, C.A. Adoptive plans, adopted children, and adoptive mothers. *Journal of Marriage and the Family* (May 1986) 48,2:243-53

3. Moorman, J.E., and Hernandez, D.J. Married-couple families with step, adopted, and biological children. *Demography* (May 1989) 26,2:267-77.

4. Maza, P. *Adoption trends: 1944-1975.* Child Welfare Research Notes #9. Washington, DC: Administration for Children, Youth, and Families, 1984.

5. These efforts include federally funded studies of the foster care population such as the National Study of Social Services to Children and Their Families conducted in 1977 with funding from the U.S. Children's Bureau, the Child Welfare League of America's U.S. Foster Care Population of 1980: Final Estimate, and the Child Welfare Indicator Survey conducted in 1983 for the Office of Human Development Services. The Office of Civil Rights also funded a survey of public welfare and social service agencies, the 1980 Children and Youth Referral Survey [of] Public Welfare and Social Service Agencies, to obtain data related to civil rights issues. These studies were conducted using differing sample populations and data gathering methodologies. They provide data on various characteristics of substitute care populations at one point in time only. An ongoing uniform data base is not provided. For discussions of these data collection efforts, see Maza, P. Trends in national data on the adoption of children with handicaps. *Journal of Children in Contemporary Society* (1990) 21,34:119-38. See also Tatara, T. *Characteristics of children in substitute and adoptive care: A statistical summary of the VCIS National Child Welfare Data Base.* Washington, DC: American Public Welfare Association, 1992.

6. See note no. 5, Tatara, pp. 12-18, 28-29.

7. The collection of national data on adoption is difficult. States have been accorded the primary responsibility for regulating adoption. As a result, adoption practices vary from state to state. States have enacted different laws and practices and developed various management information systems. Programs and services also vary in structure and scope, often using differing definitions and terminology as well. Such variations combined with concerns for confidentiality make efforts to collect consistent national data more difficult than one might at first expect. For a discussion of the NCSC's efforts and types of problems encountered, see Flango, V.E. Agency and private adoptions, by state. *Child Welfare* (May/June 1990) 69,3:263-75.

8. National Committee for Adoption. *1989 Adoption Factbook.* Washington, DC: NCFA, 1989.

9. Department of Health and Human Services. Title IV-B and Title IV-E of the Social Security Act: Data collection for foster care and adoption. *Federal Register* (Thursday, September 27, 1990) 55,188:39540-39571.

10. Adoption workers and lawyers argue there is only formal adoption because adoption is a legal status. "Informal adoption" is another form of permanent child caring.

11. Hill, R. *Informal adoption among black families.* Washington, DC: National Urban League, 1977; Stack, C. *All our kin.* New York: Harper and Row, 1974.

12. Data forthcoming from the National Center for State Courts.

13. National Center for Health Statistics. *Advance Report of Final Marriage Statistics, 1988.* Monthly vital statistics report. 40,4: Supplement. Hyattsville, MD: Public Health Service, 1991.

14. Festinger, T. Adoption disruption: Rates and correlates. In *The psychology of adoption.* D.M. Brodzinsky and M.D. Schecter, eds. New York: Oxford University Press, 1990.

15. Groze, V. Adoption and single parents: A review. *Child Welfare* (May/June, 1991) 70,3:321-32.

16. See note no. 15, Groze, p. 324.

17. See, for example, Festinger, T.B. Unwed mothers and their decisions to keep or surrender children. *Child Welfare* (1971) 50,5:253-63; Grow, L.J. Today's unmarried mothers: The choices have changed. *Child Welfare* (1979) 58,6:363-71; Kalmuss, D., Namerow, P.B., Cushman, L. Adoption versus parenting among young pregnant women. *Family Planning Perspectives* (1991) 23,1:17-23; Lightman, E., and Schlesinger, B. Pregnant adolescents in maternity homes. In *Pregnancy in adolescence: Needs, problems, and management.* I.R. Stuart and C.F. Wells, eds. New York: Van Nostrand Reinhold, 1982; McLaughlin, S.D., Manninen, D.L., and Winges, L.D. Do adolescents who relinquish their children fare better or worse than those who raise them? *Family Planning Perspectives* (1988) 20,1:25-32; Resnick, M.D., Blum, R.W., Bose, J., et al. Characteristics of unmarried adolescent mothers: Determinants of child rearing versus adoption. *American Journal of Orthopsychiatry* (October 1990)60,4:577-84. See also note no. 2, Bachrach.

18. Bachrach, C.A., Stolley, K.S., and London, K.A. Relinquishment of premarital births: Evidence from national survey data. *Family Planning Perspectives* (January/February 1992) 24,1:27-32,48.

19. Henshaw, S.K., and Van Vort, J. Abortion services in the United States, 1987 and 1988. *Family Planning Perspectives* (May/June 1990) 22:3:102-108,142; Ventura, S.J., Taffel, S.M., and Mosher, W.D. Estimates of pregnancies and pregnancy rates for the United States, 1976-85. *American Journal of Public Health* (May 1988) 78,5:506-11.

20. National Center for Health Statistics. *Advance Report of Final Natality Statistics, 1989.* Monthly vital statistics report. 40,8: Supplement. Hyattsville, MD: Public Health Service, 1991.

21. O'Connell, M., and Rogers, C.C. Out-of-wedlock births, premarital pregnancies and their effect on family formation and dissolution. *Family Planning Perspectives* (July/August 1984) 16,4:157-62; See also note no. 18, Bachrach et al., Table 2, p. 30.

22. Forrest, J., and Singh, S. The sexual and reproductive behavior of American women: 1982-1988. *Family Planning Perspectives* (September/October 1990) 22,5:206-14; Hofferth, S.L., Kahn, J.R., and Baldwin, W. Premarital sexual activity among U.S. teenage women over the past three decades. *Family Planning Perspectives* (March/April 1987) 19,2:46-53; Sonenstein, F.L., Pleck, J.H., and Ku, L.C. Sexual activity, condom use and AIDS awareness among adolescent males. *Family Planning Perspectives* (1989) 21,4:152–58.

23. For a concise discussion of the intersection of these trends see Bianchi, S.M. America's children: Mixed prospects. *Population Bulletin* (June 1990) 45,1:9-10.

24. Sandven, K., and Resnick, M.D. Informal adoption among black adolescent mothers. *American Journal of Orthopsychiatry* (April 1990) 60,2:210-24.

25. Mech, E. Orientations of pregnancy counselors toward adoption. In *1989 Adoption Factbook.* Washington, DC: National Committee for Adoption, 1989. Cited in note no. 8, pp. 143-47.

26. National Center for Social Statistics. U.S. Department of Health and Human Services. *Adoptions in 1975.* DHHS Pub. No. (SRS)77-03259. National Center for Social Statistics report E-10 (1975). Public Health Service, 1977.

27. Altstein, H., and Simon, R.J. Intercountry adoption. New York: Praeger, 1991.

28. U.S. Immigration and Naturalization Service. Statistical Yearbook of the Immigration and Naturalization Service, 1991. Washington, DC: U.S. Government Printing Office, forthcoming.

29. Feigelman, W., and Silverman, A.R. *Chosen Children.* New York: Praeger, 1983. See also the Rosenthal article in this journal issue.

30. Bachrach, C.A., London, K.A., and Maza, P.L. On the path to adoption: Adoption seeking in the United States, 1988. *Journal of Marriage and the Family* (August 1991) 53,3:705-18.

31. Estimates made on the basis of actual adoption seeking behavior may actually underestimate the potential demand if barriers to adoption were removed. The number of persons who would like to adopt a child may be somewhat higher than the number who feel they have the necessary resources (both material and emotional) to be successful in the adoption seeking process. Also actual or perceived barriers, such as waiting lists, agency approval guidelines, financial costs, or low availability of children with certain characteristics, may discourage would-be adopters from ever approaching an agency or lawyer about adoption or actually making application.

32. These questions are being examined in Cycle V of the National Survey of Family Growth (NSFG).

33. See note no. 15, Groze, p. 326.

34. Maza, P. What we do—and don't—know about adoption statistics. Permanency report, Child Welfare League of America. *Permanent Families for Children (Spring 1985)* 3,2:5.

35. Although the ability of states to provide the information required by the proposed rules has been of concern, one study found that states "increasingly seem to accept the value and necessity of data collection as an integral part of their foster care and adoption program management" (see note no. 9, DHHS, p. 39546). As of 1988, 26 of 47 states responding to survey questions reported already having automated data processing capabilities to meet future data collection and storage requirements. All states reported already collecting some of the proposed information, and 16 reported they already collected 80% or more of that data. Additionally, although the time states reported it would take for them to fully implement a new data collection system (including training staff, modifying software, etc.) varied widely, ranging from one or two months to three years, two-thirds (or 30 of the 47 states responding) reported that such a system could be implemented in one year or less. (See note no. 9, DHHS, pp. 39546-39547).

The goal of the Initiative is to create and nurture a national network of state-based coalitions. These state-based groups will, in turn, work with communities. The state coalitions will offer information, resources, and training for local advocates. Both sets of coalitions will be able influence policymakers.

At the local level, organizers will work in communities to gather data on teen pregnancy and related problems such as sexually transmitted diseases and substance abuse. They will survey young people's attitudes towards sex and present an "Adolescent Health Index" to community groups such as school boards and churches. Then organizers will plan "summits" with all relevant community members. At the summits, community members will identify the range of solutions needed and the pieces of these solutions that are missing in their own communities.

In reality, these coalitions won't be addressing teen pregnancy. They will be addressing the broader—and more appropriate—issue of youth development. We won't reduce teen pregnancy without tackling related problems such as education and jobs and substance abuse. But it is easier to begin the discussion around an issue that generates so much public concern, then allow communities to broaden the scope of their efforts as they discover the "web" of related issues.

These coalitions will be broad-based and non-partisan. At the state and local level, the coalitions will include parents, teens, educators, members of community and neighborhood organizations, and professionals from public agencies that work with young people. They will also include churches, Chambers of Commerce, United Ways, Catholic Charities, Kiwanis and Rotary Clubs. Finally, they will include representatives of the media and the corporate community.

How would these initiatives be funded? The funding requirements will be modest. At the outset, the national initiative must provide organizers and resources for the states. These organizers will help build support for state coalitions; the coalitions will raise funds from corporate and foundation sources for state-level staffs. These state-level staffs will help build local coalitions. The coalitions, in turn, will raise money for their own staffs. At the state level, only a handful of people are needed; at the local level, one person can keep a coalition knitted together.

When communities decide what they need, many of the "pieces" of the solution will be available though existing public or private efforts. Effective coalitions will be able to raise funds to fill in the gaps at the local and state levels. Eventually, the coalitions will be able leverage public funds. In North Carolina, for example, the state legislature now looks to the state adolescent pregnancy coalition for guidance about which efforts it should fund.

This kind of initiative will complement what many progressive foundations, including Annie E. Casey, Carnegie and Edna McConnell Clark, are already doing. These foundations are abandoning pilots and seeking to support strategies that set new priorities and change governance structures.

*** The Campaign Will be Specific and Practical**

The role of the "central" entity in this initiative is to catalyze and support efforts designed and carried out by churches, non-profits, businesses, civic organizations, and state and local governments. It would accomplish this goal by doing the following:

1) Breaking down the issue into understandable terms and offering basic, useful information about the elements of the problem and possible solutions.

The question of teen mothers under age 18 offers a good model. A year ago, I pulled together these facts about teen mothers under age 18: Most come from homes strained by poverty and dysfunction. Most do badly in school; many drop out before they become pregnant. Most have been badly nurtured; many have been subjected to neglect or physical violence. As many as two-thirds were victims of rape or sexual abuse at an early age and suffer from mental and emotional problems. They are easy prey for older men: Two-thirds of teenage mothers have babies fathered by men who are 20 or older. They have few role models; they don't know how to be good mothers. Then I looked up one more salient fact. I discovered that there are only 69,000 of them.

With this information, I looked for a practical solution to address their problems and came up with "Second-Chance Homes." The Senate embraced the idea as did governors, legislatures, and community groups in a half dozen states.

2) Offering resources and advice from others who have built effective coalitions for teen pregnancy campaigns. It will be important to link new state coalitions to leaders of state coalitions that have been effective. There is no central entity that links those efforts now.

3) Help in measuring and evaluating results so that state and local efforts have a means to build support for good results and adjust efforts when strategies don't work.

4) Appropriate and sustained media reinforcement.

*** The Campaign Will Divide the Task**

Teen pregnancy isn't a single problem, it's a collection of dozens of problems. The only way to solve such a problem is to break it down, identify the pieces, and divide the task. That means deciding on appropriate roles and tasks for the federal government, others levels of government, the media and corporate entities, community-based organizations, and families. If the tasks are divided thoughtfully and they are orchestrated to reinforce each other, the results will take some time to achieve, but they will be significant.

*** The Presidential/Federal Role:**

You can lead this effort with a series of pragmatic and highly visible responses to your own observation that "the epidemic of illegitimacy is our most serious social problem."

**1. Announce a new role for the federal government.**

End federal money for pilot programs. Tell citizens that the new federal role will be responding to the needs expressed by communities. Promise those communities that no politicians or researchers or experts will try to impose solutions from Washington. Assign a high-raking federal official to handle requests from community groups for waivers in federal programs and to be a voice for them in government. They have no such voice now.

The Centers for Disease Control and Prevention, for example, recently announced grants for AIDS-prevention programs. Teen pregnancy prevention advocates point out that the money might have been better used if it had been designated for AIDS prevention *and* teen pregnancy prevention since AIDS is growing very quickly in the adolescent population.

In addition to making government a responsive partner for communities, you should pick several issues where there is a clear federal interest. Then announce that the Clinton Administration will tackle them. I would suggest the following:

**2. Appoint a National Commission on Adoption and Foster Care Reform.** Promise the commission's recommendations by November of 1996 to be considered by the new Congress.

The commission should study the causes of low adoption rates; barriers to transracial adoption; and the crisis in the foster care system. You could announce it by highlighting these problems: 1) Adoption rates are about 1 percent for African-American teens and 3 percent for whites; 2) despite federal guidelines

requiring child-custody cases to be resolved in 18 months, an African-American child in an urban area may spend an average of 51 months in a first foster care placement; 3) the Family Preservation Act of 1980 says child welfare agencies should make "reasonable efforts" to keep families together; this confusing mandate has caused too many children to stay too long with unfit parents; 4) On any given day, a half million children are in foster care, and there aren't enough foster homes for all the children who need them.

**3. Expand the mandate of the Justice Department's Domestic Violence Initiative** to include the proposition that sexual abuse is a root cause of teen pregnancy.

Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age—crimes often committed by males living in the same household. Victims of early sexual abuse often develop emotional patterns that make them vulnerable to the attentions of older men. Two-thirds of teenage mothers have babies fathered by men who are age 20 or older. Federal leadership is needed in both public education efforts and criminal justice reform.

**4. Commit key administration officials** to lend their authority to projects of the teen pregnancy initiative as needed. Several members of your Cabinet have enormous credibility on these issues. I hope they will join the effort.

**5. Convene a national "Summit on Media Responsibility."**
In a nation where the average teenager watches 21 hours of television a week, we must look to the media as a powerful influence on values. These statistics alone are enough to provoke a discussion: The Kaiser Family Foundation reports that in 1994, the average number of sexual activities per episode on the average soap opera was 6.6. The average soap opera viewer also sees unmarried intercourse 2.4 times per episode and rape 1.4 times per episode.

**6. Declare May Teen Pregnancy Awareness Month** and participate in state summits during May. May is the month when the highest number of teen pregnancies occur. The national teen pregnancy initiative should be in full swing by May, and many state coalitions will be formed. You can boost the effort by offering them an opportunity to build public awareness and by adding visibility to some of their efforts.

*** The Role of the Teen Pregnancy Prevention Initiative:**

The role of the "central" entity in this initiative is to catalyze and support efforts designed and carried out by state and local governments, churches, non-profits, businesses and civic organizations. It would re-engage communities in efforts to solve the problem; change public attitudes and perceptions about teen mothers and build support for legislative and community initiatives by highlighting successful programs. It should be governed by a partnership of business, community, and public-sector leaders.

Among its specific functions:

**1. Offer basic and useful information.** Many communities are now going through goal-setting processes in which they are trying to define goals (such as reduced teen pregnancies) and need to know what range of services are necessary to reach that goal. Communities and states also need information that helps them build support for ideas. The Initiative should offer each state a "cost-of-bad outcomes" study to quantify the true costs of teen pregnancy and help them justify spending on prevention.

**2. Create a central interactive network** that helps legislators and successful practitioners connect to each other. There is no formal linkage between the people who are working on these issues across the country. Some efforts are based in the health community, some in social services, some in education. These folks don't ever meet at a national convention. The Initiative should offer them that central connection point until they have established their own linkages.

**3. Offer a speakers' bureau and a "talent bank" of celebrities** willing to bolster state and local efforts.

**4. Set a goal of helping 10 states to hold state summits** on teen pregnancy in the first year.

**5. Create a teen pregnancy handbook for state legislators.** Offer state legislators some practical ideas for what they can do to curb teen pregnancy. These might include opening "second-chance homes" for teen mothers; adopting new sex education and decision-making curricula; establishing Underage Sex Offenses Units; establishing Individual Development Accounts for teenagers who finish school and don't become parents; or creating neighborhood centers for at-risk teens. A dozen states have already adopted a variety of these ideas, which were suggested in the Progressive Policy Institute's teen pregnancy paper.

**6. Work with Congress.** Members of Congress are eager for suggestions on sensible ways to talk about teen pregnancy and for ideas that work. This year, the Senate embraced two specific "pieces" of the problem for which PPI offered ideas: a proposal for "Second-Chance Homes" and the notion that sexual predators are a major factor in teen pregnancy. There are other appropriate "pieces" of the teen pregnancy agenda for the Congress to address, and they should be offered in the next congressional session.

**7. Task the grass-roots organizations.** There are a number of groups that have money, willing members, and ready-made infrastructures to tackle some pieces of the teen pregnancy problem. They lack specific goals and a vision of where those goals should take them.

One such organization is the Coalition for America's Children, a grassroots organization that includes the Junior League, the NEA, the American Academy of Pediatrics, the Child Welfare League, the American Public Welfare Association and others—representing 40 million members. The second is the Coalition of Community Foundations for Youth, which now includes a significant number of the country's 420 community foundations.

**8. Work with businesses to explore appropriate corporate involvement in this issue.** Corporate sponsorship of public service ads is not enough. We must consider how the corporate entities that want to help could offer teens real incentives—incentives that would change their expectations about life—such as Individual Development Accounts, mentors, scholarships, summer jobs, or jobs after graduation. Once we've devised a menu of options, we should work with the business community to promote those ideas. This same menu can be offered to business leaders at the state and local level by the state and local coalitions.

I've studied the relevant models of domestic social policy reforms that may apply to this problem and incorporated the elements of many in this memo. But there is one element of this project that should be borrowed from Sri Lanka, where the Sarvodaya Shramadhana Movement offers an important example of David Korten's "learning organization."

The SSM, which I believe Hillary visited in Sri Lanka, is a rural development initiative that succeeds because it is open to new goals and strategies, welcomes criticism, and adapts to the changing needs of its rural clients.

SSM's development from a school teacher's experiment into a national movement took place in three stages. At each stage, SSM was forced to learn how to address changing needs in order to survive. Eventually, the organization invited its external critics to help it form an internal "learning mechanism." The SSM

established a research institute to identify and study areas for improvement and to serve as a self-correcting mechanism for SSM.

While we know enough to design launch an effective initiative now, the initiative will have to reinvent itself many times before the problem is solved. As this teen pregnancy initiative grows, the Initiative and the state entities will constantly modify their roles to serve the grassroots efforts. They must be learning organizations. Thus the Initiative needs an evaluation component:

*** The National Teen Pregnancy Prevention Council**

This should be a separate entity, guided by a board of both academics and practitioners, whose research would complement the work of the Initiative. The council should offer a challenge to the academic community: Produce information that is relevant and useful for the people trying to solve the problem.

**1. It would guide academic research** by working with practitioners to identify areas in which they need more information.

**2. It would offer independent evaluations** of prevention initiatives and insights about the characteristics of what works. This would enable existing coalitions to modify their efforts continuously and offer up-to-date information to new coalitions.

**3. It would lend credibility** to the effort because it would be privately-funded—protected from politics and freed from the constraints that limit federal research efforts.

**4. It would provide insights for the media campaign** by initially identifying the messages that must be communicated to young people and later evaluating the effectiveness of those messages. Identifying these messages calls for an unlikely combination of expertise in youth development, psychology, policy, and media. The council should convene these entities and help design a media campaign.

*** The Teen Pregnancy Prevention Media Campaign**
The media campaign will have three stages and many audiences.

**1. First, the general public must be educated** to disregard the stereotypes about teen mothers. Conservatives have successfully promoted the myth that these young women are promiscuous and manipulative. The public needs to know that many of these young women are essentially vulnerable "children" who have been badly nurtured, victimized by sexual predators, and raised in isolation from the opportunities and values of the society that condemns them. Conservatives have

also successfully convinced many people that compassion has failed and only punitive measures will work. Thus, the early media campaign must focus on the lives of teen mothers and on programs that work.

We know enough to create the first segment of the media campaign and to begin work on the second. There are many journalists ready to look again at the lives of teen mothers in the context of welfare reform and to do stories about programs that work. I've put many in the pipeline already.

**2. Next, as community groups put forward possible strategies such as school-based health clinics, the general public and parents must be educated about why those strategies are sensible and effective.** In other words, educate the adults who are creating barriers to young people getting effective help.

Phase two of the media campaign is relatively simple too. Community groups must be armed with public education materials, data, and stories about programs that work. Public involvement needs to be stimulated with public service ads that generate interest and offer immediate followup. We should take our cues from the Beautiful Babies Campaign, which told pregnant women in Washington, DC that they needed pre-natal care, told them where to get it, and offered incentives for those who did. A second model comes from the enormously successful Runaway Hotline, which offered a toll-free number and immediate help for runaways.

**3. Finally, the campaign must focus on young women and the men with whom they are involved.** This will be very difficult. We must direct the largest and most sustained media effort toward changing young women's attitudes about early childbearing and changing male attitudes about responsible behavior toward women and young girls.

I don't believe we know enough yet about the right message for these groups. The clues will come from the people working to solve this issue at the grassroots level, from the young women and men who would be the audience for such a campaign, and experts in youth development, psychology, policy, and media. I've had a preliminary discussion with Jay Winsten at Harvard and he's expressed interest in helping pull together this project.

Once we figure out what the message should be, we can challenge the corporate entities that market successfully to teens—such as Nike, Reebok, Coke, Pepsi, and Levis—to devise a national advertising campaign that will send the message. Then it will be appropriate to call on Hollywood for free media and ask entertainers and sports figures to help bombard young people with messages that reinforce the messages they're getting in their own communities.

Carol Williams: excellent pilot she can summarize; Karen Dorsey 205-8419 substance (ask about "next week lots of adoption activity")

Frances Keys secretary 205-8618

Wendy: Carol is expert

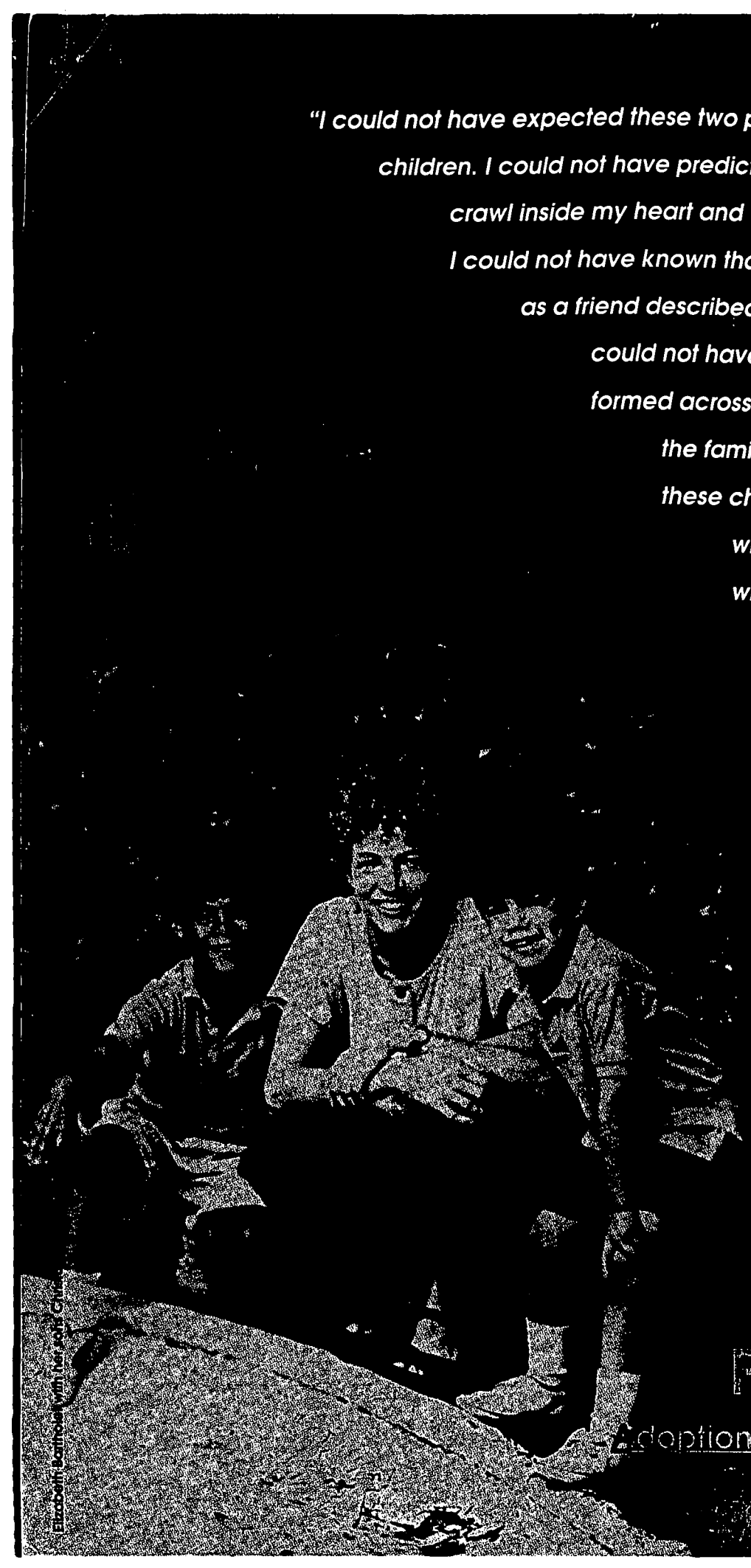
Debbie Both: Friday; adoption event and proclamation: 6-7284

1pm Dave thomas and FL; 10-12 states waiting kids and success stories of adoptive families; 30-40 fams, a few advocates, a few CEO's; Dave Thomas will announce IBM, ATT, and Marriott and DT foundation, put on internet to get waiting parents/children together; FL will talk public, DT ; Wayne Thomas community; adoptive parent: how changed; waiting child; reception

Message too many waiting children

*"I could not have expected these two particular magical children. I could not have predicted the ways in which they would crawl inside my heart and wrap themselves around my soul. I could not have known that I would be so entirely smitten, as a friend described me, so utterly possessed. And I could not have anticipated that this family formed across continents would seem so clearly the family that was meant to be, that these children thrown together with me and with each other, with no blood ties linking us together or to a common history, would seem so clearly the children meant for me."*

- Elizabeth Bartholet,



Elizabeth Bartholet with her son Chris

# FAMILY BO[illegible]

## Adoption and the Politics of Parenting

by Elizabeth Bartholet

Houghton Mifflin Company • 215 Park Avenue South • New York, NY 10003

# FAMILY BONDS:
## Adoption and the Politics of Parenting

by Elizabeth Bartholet

In the fall of 1985, after spending a year in this country and two months in Lima, Peru, arranging an adoption, Elizabeth Bartholet returned with an infant son. In 1988, she spent two more months in Peru to undertake a second adoption. All this followed a decade during which she did battle with infertility, engaging in IVF (in vitro fertilization) treatment in programs in three states. A Harvard law professor and recognized expert on civil rights and family law, Bartholet emerged with a powerful story, which she tells in FAMILY BONDS: Adoption and the Politics of Parenting, to be published by Houghton Mifflin in May.

Bartholet says she emerged from her experiences with changed views about the meaning of parenting and with powerful convictions about the need for major changes in the policies that shape parenting options for the infertile. "We need to stop defining parenting in terms of procreation. We need to stop treating adoption as a last resort and to recognize the uniquely positive features of this form of family." She argues for radical transformation of the laws and policies that structure adoption. "We must reduce the extraordinary barriers that stand in the way of placing children in need of homes with those who want to parent. Requiring the adoptive parent to spend months in a foreign country is enough to prevent almost all of those who might want to adopt internationally from doing so." She also calls for a new approach to the currently unregulated world of reproductive technology.

FAMILY BONDS argues that current policies make no sense for people interested in parenting, for children in need of homes, or for a world struggling to take care of the existing population. Bartholet questions the wisdom of encouraging women to spend years of their lives in infertility

treatment while simultaneously pushing them away from adoption. Throughout her book she weaves her compelling personal story together with trenchant social and policy analysis.

This is a powerful book by a remarkable woman. **FAMILY BONDS** is a vivid account of Bartholet's personal experiences as a single parent with the infertility treatment and adoption worlds. It makes a persuasive case for change in the social policies that shape our understanding of the meaning of parenting and of family. The book should be of great interest both to those struggling with issues of infertility and parenting in their own lives and for those making policy decisions about adoption, infertility treatment, and such infertility bypass methods as surrogacy.

Elizabeth Bartholet has been a professor at the Harvard Law School since 1977. She writes, lectures, and consults widely on issues involving adoption and reproductive technology. Her law review article, "The Politics of Race Matching in Adoption" (May 1991), has generated a great deal of controversy and interest in the adoption world and in the media. Thousands of copies of that article have been sold over the past year to interested individuals and organizations.

• • •

**Title: FAMILY BONDS: Adoption and the Politics of Parenting**
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**Publication date:** May 10, 1993
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**Contact:** Barbara C. Henricks
**Telephone:** 212/420-5820
**Fax:** 212/420-5850

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*Advance Praise for . . .*

# FAMILY BONDS

"A riveting look at life through the lenses of adoption and infertility. It is difficult to imagine a reader who could put this book down before experiencing an inalterable change in thinking about the meaning of family."

-- Richard Barth,
Hutto-Patterson Professor of Social Welfare,
University of California at Berkeley

"FAMILY BONDS succeeds both as a compelling and courageous personal story and as a brilliant analysis of the important issues facing anyone who thinks seriously about adoption."

-- Michael Meltsner,
Family therapist, Distinguished University Professor of Law,
Northeastern University

"Essential reading for policymakers, lawyers, and child welfare workers committed to improving contemporary adoption laws and practices."

-- Joan Hollinger,
Editor, *Adoption Law and Practices,*
Reporter, proposed Uniform Adoption Act

"Bartholet interweaves a compelling personal story with trenchant discussions of the policy issues surrounding in vitro fertilization, interracial adoption, international adoption . . . This book provides the discussion to which all others will have to account."

-- Robert Bennett,
Dean, Northwestern University School of Law

"At long last there is a well-researched and well-written book affirming the right of homeless children to be adopted. FAMILY BONDS is a joy to read.

-- Betty Laning,
President, International Concern Committee for Children

## *More Praise . . .*

"Any single person who has adopted or is considering adoption needs to read this book; it is full of information and hope."

-- Betsy Burch,
Executive director,
Single Parents for Adoption of Children Everywhere

"Professor Bartholet makes a compelling case for rejecting restrictive and arbitrary definitions of the family which downgrade the increasingly important role played by adoption in our society."

-- Philip Alston,
International authority on children's rights, Chair,
United Nations Committee on
Economic, Social, and Cultural Rights

"I know of no better demonstration of the insight that the personal is political than **FAMILY BONDS**. Most provocative is the treatment of racial matching in adoption, an issue recast here with the original and riveting arguments of a civil rights lawyer who became an adoptive mother. Anyone interested in family law — and families' lives and love — will welcome this powerful and challenging book."

-- Martha Minow,
Professor, Harvard Law School

☆ ☆ ☆

# A Conversation with Elizabeth Bartholet

**Q.** *In your book you describe your own experience with infertility treatment and adoption and make a strong argument for the advantages of adoption. But you also describe how you had to spend five months in Peru, coping with terrorist blackouts and seemingly endless bureaucratic requirements, to accomplish your own adoptions. Is adoption really doable for normal human beings?*

**A.** Adoption is doable, although the world conspires to make it much more difficult than it should be. My book argues for changing social policies to facilitate, rather than impede, the placement of children in need of homes with the people eager to parent. Even at present, however, adoption represents a good option for the infertile. Those with enough determination and other resources can actually achieve their parenting goal through adoption, whereas most of those who pursue infertility treatment will never be able to achieve this goal.

**Q.** *You were able to experience pregnancy, childbirth, and biologically linked parenting in addition to adoption. Do you think that your views on the positive features of adoptive parenting are really relevant to those who will never be able to bear their own child?*

**A.** Actually, I think that I am in a particularly good position to talk about ways in which adoptive parenting is the same as and different from biologic parenting.

**Q.** *You talk a good deal in your book about something you call "the biologic bias." What do you mean by this?*

**A.** I mean the tendency to equate parenting with procreation. I mean the societal policies that push the infertile to spend years of their lives in increasingly intrusive and burdensome forms of infertility treatment so that they can produce a child of their "own" rather than provide care to an existing child in need of a home. I mean the propensity to define parenting in terms of genetic connection as opposed to nurturing relationship.

**Q.** *Your book's subtitle is "Adoption and the Politics of Parenting." What do you mean by this phrase?*

**A.** "The politics of parenting" includes the societal policies that shape parenting options for the infertile, pushing them away from adoption and into infertility treatment. It also includes the policies that shape the institution of adoption, modeling adoptive families on a socially traditional idea of family — policies that give privileged treatment to heterosexual married couples in their twenties and thirties, and limit or altogether deny adoptive parenting opportunities to those who don't fit this traditional parenting profile (singles, older couples, gays, and lesbians).

**Q.** *Who is your book written for?*

**A.** It is for people struggling in their personal lives to deal with infertility and with choices about whether to pursue infertility treatment, adoption, or some of the new "child production" methods, such as surrogacy. It is designed to help people understand the meaning of infertility and of adoption as a form of family, as well as to help adoptive parents cope with issues involved in this form of parenting. It is not a "how-to" book, but it is designed to help people make decisions about whether to pursue adoption and, if they do, what kind of adoption to choose (whether, for example, to consider transracial or international adoption). And it is designed to help those who become adoptive parents think about such issues as how to deal with the child's connection to his or her birth family and racial or ethnic heritage.

It is also for policymakers — the people who shape the political context in which personal decisions are made. It is for infertility treatment doctors, child welfare workers, adoption agency personnel, state and federal legislators. My book pushes for major changes in the way current laws and policies structure adoption, infertility treatment, and what I call the new child production methods (surrogacy, IVF embryo adoption, egg and sperm "donation, and the like).

**Q.** *You started your adoption quest as a single person in her mid-forties. Are there lots of people in this category who would like to parent? What can you tell them about their options?*

**A.** There is a huge group of women and a growing group of men in this category. All those with the wherewithal to pursue fancy forms of infertility treatment and infertility bypass methods such as surrogacy will be able to adopt if they choose to.

**Q.** *You make a strong argument against infertility treatment and for adoption. But isn't it natural for people to want their own child?*

**A.** My contention is that it is hard to know what is "natural" given the societal pressures at work. It seems to me odd to describe as "natural," the effort to produce children through methods that make women virtual prisoners of the high-tech fertility specialists.

**Q.** *What do you mean by "the adoption stigma"?*

**A.** This stigma is created by the negative myths that shape our understanding of infertility and adoption, that help make adoption the last resort for birth mothers contemplating what to do about an unwanted pregnancy, for the infertile people contemplating their options, and for social policymakers.

**Q.** *You question whether IVF (in vitro fertilization) is in women's best interests, and you condemn the trend toward mandated insurance coverage. But shouldn't women have the right to choose for themselves whether to pursue IVF?*

**A.** Of course they should have the right to choose, but choice is complicated. My point is that society is shaping and conditioning women's choices now, pushing them to define themselves in terms of their capacity to reproduce. Mandated insurance coverage simply adds to the coercive pressures pushing women toward IVF and away from adoption.

**Q.** *One hears all the time that there are no adoptable children -- that there are five- to seven-year waiting lists at adoption agencies for the few children available, and many couples are told not even to bother to get on the lists. How can you argue for adoption as a viable parenting option in this context?*

**A.** The fact is that there are millions on millions of what I would call adoptable children. The problem is that societal policies stand in the way of placing the children who need homes with the adults who would like to provide those homes. There are close to half a million children in foster care in this country. Many of them are permanently locked into foster care either because we refuse to free them from inadequate biologic families or because we refuse to place them across racial lines. There are countless millions of children in foreign countries growing up on the streets and in orphanages; these children are not for practical purposes "adoptable" because the legal barriers to international adoption are such that only a tiny percentage of those who would want to engage in this form of adoption are able to do so.

**Q.** *You describe the search movement, which pushes for contact and openness between the birth and the adoptive family, as one of the most powerful forces for change in the adoption world. What are your views of this movement and its goals?*

**A.** I believe that adoption would be a healthier institution if we moved to greater openness. But I disagree profoundly with certain search movement tactics and goals. Many in the movement are essentially antiadoption: they see elimination of adoption as their ultimate goal, and they propagate negative myths about the adoptive family.

**Q.** *You criticize the racial matching policies that require children to be placed with same-race adoptive families. How do you deal with the concerns of the National Association of Black Social Workers and others that black children placed with white families will suffer identity and other problems?*

**A.** Decades of research have produced no evidence that transracial adoption causes identity or any other problems for the children involved. Children placed across racial lines do just as well on identity and all other adjustment measures as children raised in same-race homes. In fact, it is current racial matching policies that are doing untold damage to black children, by preventing their placement in the only permanent homes realistically available to them.

**Q.** *What do you mean by your claim that racial matching policies are anomalous?*

**A.** Our nation is committed to the principle that race should not limit one's life opportunities. Yet in the adoption world, the government quite openly insists that race should play a major role, restricting opportunities both to parent and to be parented. Racial matching policies look much like the laws that used to forbid racial intermarriage. They should be struck down as fundamentally inconsistent with the law and with our commitment to an integrated society.

**Q.** *You adopted your children from Peru. What is the likely future of international adoption in the larger adoption picture?*

**A.** International adoption is of central significance to the future of adoption, since the world divides into two parts for adoption purposes, one part consisting of countries with many children in need of homes but few prospective adopters, and the other consisting of countries with many prospective adopters but few adoptable children. The future is uncertain. Some claim that international adoption is inherently exploitative, and others,

like myself, argue that it clearly serves the interests of the world's homeless children.

**Q.** *Isn't international adoption plagued by problems of baby-buying and kidnaping? Don't we need, at a minimum, stricter regulation to deal with the kinds of abuses that occurred in Romania?*

**A.** The enemies of international adoption tend to focus on those abuses that do occur. In fact, documented instances of baby buying and kidnaping are very rare and pale in significance when compared to the real problems of abuse and neglect suffered by the millions of children in poor countries who live and die on the streets or in seriously inadequate institutions. Those who genuinely care about children know that their interests are best served by placement in permanent homes. The tragedy for the children of Romania is not that some adoption abuses occurred, but that recent adoption law "reform" has created new restrictions on international adoption, and these have condemned thousands of children to the horrors of Romania's institutions for the forgotten.

**Q.** *What do the studies show about how well adopted children do? There seem to be a lot of reports that they suffer lifelong identity problems because of the separation from their birth family.*

**A.** The so-called adoption syndrome and the reports you talk about are part of the negative mythology surrounding adoption — part of what I have called the adoption stigma. In fact, the studies show that adoption works extremely well for all parties involved — birth parents, adoptive parents, and adopted children. Children adopted in infancy do just as well as children raised in biologic families. Children adopted later in life do much better than children kept in foster care or reunited with their birth families.

**Q.** *You write in your book about your own experience with IVF. Can you tell us something about what it was like? What do you see as the most significant risks and costs of the IVF process?*

**A.** The most obvious costs are the financial ones — $5,000 to $10,000 per cycle for the individual, and over $100 million for the country as a whole in 1990 alone. This is money that could be put into basic health care for women and children. Less obvious but at least as significant are the costs in terms of health and safety for the women patients and their children, exacerbation of the pain and shame of infertility, years lost from the lives of IVF patients, and, ironically, lost opportunities to parent. Limited numbers of IVF patients are ever enabled to give birth; by the time the unsuccessful patients get off the treatment track, many find that they don't have the emotional and other

resources needed for the uphill battle that adoption presents, particularly given the age they probably are by the time they do get off that track.

**Q.** *You say that our society is headed in the wrong direction now, with the move to mandated insurance coverage for IVF. What, in your view, is the right direction?*

**A.** We need to deregulate adoption and to regulate IVF and other forms of high-tech infertility treatment, as well as the new world of child production (surrogacy, IVF embryo adoption, and the like). We need to begin to deal with the twin stigmas surrounding infertility and adoption. We need to get rid of the barriers to adoption and redesign adoption law and policy to facilitate rather than impede the placement of children in need of homes with those who want to parent. We need to create new forms of counseling so that those dealing with infertility can experience more genuine choice as they consider their parenting options.

**Q.** *How has adoption changed you?*

**A.** It has changed my understanding of the nature of discrimination in our society — the role of race, age, disability, sexual orientation, marital status. It has changed my understanding of the role of law in our society. And it has changed my understanding of the nature of parenting. Also, of course, it has changed my life.

☆ ☆ ☆

# FACTS ON ADOPTION & HIGH-TECH REPRODUCTION

from

# FAMILY BONDS

- While the overall incidence of infertility has remained relatively stable in recent decades, treatment has increased threefold.

- Close to 5 million women (or their partners) suffer from infertility problems. Estimates indicate that at least one in seven of all couples who are trying to conceive are unable to do so.

- Society subsidizes those who produce children but generally makes those who provide homes to existing children in need pay every step of the way to parenthood. Tax laws, health insurance policies, and employment benefit plans generally favor those who reproduce over those who adopt. The current trend toward mandated insurance coverage for IVF (in vitro fertilization) means that in a number of states it is cheaper to engage in repeated high-tech infertility treatment cycles than to pursue adoption.

- Adoption is heavily regulated in ways designed to preserve the biologically linked family. The new world of child production is a free-market regime in which people are encouraged to sell their sperm, eggs, embryos, and gestational services to produce children to be raised by others.

- The most basic rules of the adoption regulation game forbid the use of money to buy babies and mandate screening to ensure parental fitness. Yet the adoption system permits those with money to buy their way around the screening system to find the healthy white infants deemed most desirable in the adoption "market."

- The adoption agency home study system is justified on the ground that it serves the best interests of children by ensuring parental fitness and maximizing the chances of appropriate parent-child matches. In fact the system operates to a significant degree as a crude market system, ranking prospective parents and children in terms of market desirability and then matching the highest-ranked parents with the highest ranked children. The lowest ranked children, who often have special needs and present the greatest parenting challenges, tend to be matched with the prospective parents ranked as marginally fit.

✪ Our society's commitment to civil rights has produced an ever-expanding arsenal of state and federal laws banning discrimination on the basis of race, gender, age, religion, and disability. Discrimination on the basis of marital status and sexual orientation is increasingly suspect as well. Yet in the adoption world these are the very factors that are central in assessing parental fitness and in determining opportunities to parent and to be parented.

✪ While adoption is denigrated as a last resort in our society, in some societies it is considered an especially revered form of family. In some Pacific Island cultures the majority of households are involved in either placing or receiving children in adoption, and adoption seems to be at the top of the family hierarchy, the goal being to establish "between parents and natural children relationships which coincide as nearly as possible with those between parents and adopted children."

✪ In this society the stigma surrounding adoption affects birth parents as well as adoptive families. It is considered unnatural to relinquish your child for another to raise, even if you are not in a position to provide a nurturing parenting relationship. Only 2 percent of the children born to single mothers and fewer than 1 percent of all children born are relinquished for adoption. By contrast, in some societies a woman who already has children feels an obligation to relinquish a new child born to her to an infertile woman who wants to parent.

✪ Adoption is regularly described in this country as a problematic solution of last resort for birth parents, for the infertile who want to parent, and for children. Yet the evidence shows that adoption works extremely well for all parties involved.

> ✪ Studies that compare single birth mothers who place their children for adoption with single mothers who keep their children to raise themselves indicate that the decision to place for adoption is likely to have a positive impact on socioeconomic status and is not likely to have any negative psychological effects, as compared with the decision to parent the child.
>
> ✪ Infertile people who pursue treatment have only a limited chance to achieve their goal of parenting, whereas those who devote similar resources to adoption will almost surely be able to become parents. The studies indicate that they will gain great satisfaction from this form of parenting.
>
> ✪ Children placed in adoptive homes do far better in terms of standard measures of adjustment and self-esteem than children raised in institutional situations or foster care, children returned

from foster care to birth families, and children raised by birth mothers who considered adoption but decided against it.

- Studies indicate that when children are placed in adoptive homes in infancy, they do just as well as children raised in birth families. Even children who suffer traumatic experiences in their preadoptive lives are generally able, once placed in permanent adoptive homes, to recover and lead essentially normal lives.

- In public adoption agencies throughout the nation, rigid policies forbid the placement of children with other-race parents, even when there are no same-race families available. These policies mirror the laws from our segregationist past, which prohibited interracial marriage as well as transracial adoption.

- These racial matching policies cause African-American children to be held in foster or institutional care for years on end, and often their entire childhoods, rather than giving them permanent homes with the many waiting white adoptive applicants.

- More than one third of the children in foster care are black, and roughly half are children of color. Minority children are pouring into the foster care system in escalating numbers; the total population increased by 50 percent in a recent five-year period. Many now claim that we will need to construct institutions like the orphanages of old to house these children. Yet racial matching policies continue to prevent placement of minority children with waiting white adoptive families.

- Despite efforts to recruit black adoptive families, to subsidize same-race adoption, and to revise parental fitness standards for black adoptive applicants, there are not nearly enough black adoptive families for all the waiting black children. By contrast, there are many waiting white adoptive applicants and many more who would apply if they thought that there was any possibility of having a child placed with them. For example, over half the children in Massachusetts foster care are children of color, whereas almost 90 percent of the waiting parents are white.

- The research on transracial adoption shows clearly that such adoption serves children's best interests. Transracial adoptees do as well on all measures of adjustment, including racial identity measures, as children raised in same-race homes. By contrast, the delays in and denial of permanent adoptive placement caused by current racial matching policies does serious and permanent damage to the children affected.

✪ Despite claims that there are no children to adopt, there are many children available for adoption, and many more who could be available if societal policies were designed to facilitate rather than impede the placement of children in need of homes. There are close to half a million children in foster care in this country, many of whom will never be reunited with their biologic families. There are countless millions of children living and dying on the streets and in inadequate institutions in the poor countries of the world.

✪ Many pursue infertility treatment and such infertility bypass methods as surrogacy because they think that adoption is not practicable. But in fact, almost all of those with the resources to pursue IVF, surrogacy, and the like could adopt if they chose to.

✪ The IVF practitioners have systematically misinformed the public, putting forth claims that IVF treatment gives patients a 25 to 50 percent chance of success, when the relevant success rates have in fact been in the 6 to 12 percent range. The success rate for women aged thirty-five to thirty-nine is 10 percent and for women forty and over only 3 percent.

✪ In a brief fifteen years, IVF has gone from being a wildly improbable experiment to an established part of the infertility treatment regimen. There are now some 270 IVF clinics operating in this country. Over $100 million was spent for IVF treatment in this country in 1990, and over $1 billion for infertility treatment services as a whole.

✪ IVF practitioners are engaged in major experiments with the structure of the family, brokering the sale of eggs, embryos, and gestational services, arranging IVF embryo "adoptions," and stockpiling tens of thousands of frozen embryos for future use. Yet there is virtually no regulation in place or even in the works designed to protect the interests of the various affected parties. The trend in the direction of mandated insurance coverage for IVF seems certain to give a huge energy boost to the burgeoning IVF industry.

✪ While the adoption world pushes singles, gays and lesbians, older parents, and other nontraditional parent types away by restrictive regulation and home study policies, the free-market regime of the reproductive technology world lures them in, encouraging them to produce their own children or to engage in various forms of technological "adoptions." The net result is to deprive existing children of needed homes, without serving any arguable state interest in fostering traditional family models.

✪

Boston Globe, 3/17/92, p.17, col.1

# In foster-care limbo

ELIZABETH BARTHOLET

Recent problems in the foster-care system provide additional evidence of two well-known facts: 1) foster care is no place for children to grow up; and 2) large and increasing numbers of children are doomed to grow up there. The recent report by the Department of Social Services confirms the explosion in the foster-care population; it shows that almost twice as many children become available for adoption every year as are actually adopted.

But most discussions of the foster-care situation don't give any indication of the degree to which state policies against transracial adoption are responsible for the foster-care limbo in which so many black children live. Hidden in the DSS report is an unanswered question that hints at the problem: "Should children of color be placed in the homes of white families?" The answer is obviously yes, at least when the alternative is for them to grow up in foster or institutional care. What is shocking is that the answer embodied in Massachusetts policy is no.

**Race-matching policies are unfair to black children.**

In a recent study, I documented that powerful race-matching policies in Massachusetts mandate that children available for adoption be placed with color-matched families. If they cannot, they are to be held in foster care rather than placed transracially. Since there are not nearly enough black adoptive families for the black children in need of a home, these policies mean that black children are held in foster care for months, years, and often their entire childhood, "waiting" for color-matched families. Meanwhile, large numbers of white families sit on their own segregated waiting lists or are turned away on the ground that no "appropriate" children are available to adopt.

Matching policies affect black children more than white because more than half of the children in foster care are nonwhite, whereas the majority of the eager adoptive applicant pool is white. Some hint of the discriminatory impact is revealed in the DSS statistics showing that white children account for just 45 percent of the adoptable children in Massachusetts but almost 70 percent of the children actually adopted.

My study also showed 1) the devastating impact that race-matching policies have on black children, denying them the opportunity for the permanent homes that child-care professionals agree unanimously are essential to healthy development; (2) the absence of any evidence in research on transracial adoption that there are risks to black children inherent in these adoptions.

In a comment on the study William Pierce, president of the National Committee For Adoption, agrees with my conclusion that "racial-matching policies should be banned because they are doing serious harm to black children."

Massachusetts' race-matching policies are not only unfair to black children. They are financially wasteful, requiring the expenditure of significant resources on foster care for children who could be supported by adoptive families. They are unwise social policy, constituting state endorsement of an illegitimate form of racial separatism. And they are inconsistent with legal and constitutional provisions banning racial discrimination. They cannot be justified as "affirmative action" because of the demonstrable harm they inflict on the black children at issue.

I am not alone in this view. Joan Hollinger, who is the chief staff person for the effort to draft a Uniform Adoption Act, has stated that race-matching policies are "inconsistent with the anti-discrimination principles embodied in our civil rights laws and constitution." The Minnesota Supreme Court recently accepted a case involving the constitutionality of the state's race-matching law. The NAACP filed an amicus brief supporting a white foster family whose efforts to adopt its black child triggered the state's attempt to remove the child.

Massachusetts officials should not wait for a legal challenge. They should eliminate the kind of racism embodied in race-matching policies and free the children of color living in foster limbo so that they can be placed in available adoptive homes.

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*Elizabeth Bartholet is a professor of law at Harvard Law School and the author of "Where Do Black Children Belong? The Politics of Race Matching in Adoption."*

NEW YORK TIMES September 27, 1992

# CUSTODY DECISION DIVIDING EXPERTS

## Boy's Trial Victory on Ending Ties to Parents Prompts Debate on the Family

By ANTHONY DePALMA
Special to The New York Times

ORLANDO, Fla., Sept. 26 — The ruling on Friday by a Florida judge approving a 12-year-old boy's request to end the parental rights of his natural mother has failed to quiet the debate among lawyers and children's advocates over whether the case has strengthened or weakened the status of the family in America.

Some believe that permitting minors to sue their parents to improve their lives extends to children the rights guaranteed them by the Constitution. Often in child custody cases, minors are forced to accept what parents, legal guardians or other adults see as in their best interests. The boy himself, 12-year-old Gregory Kingsley, has said that he hoped his case would encourage other young people to take action to gain their happiness.

As Gregory had sought, the judge approved his adoption by George H. and Lizabeth Russ, who have been his foster parents since last October. Mr. Russ, a lawyer, said after the trial ended that he was pleased with the verdict, in part because of the message it sent. "Let the law protect real families," he said, "not families in name only."

But others have warned that the case has substantially weakened the traditional ties that bind families and set a dangerous precedent.

### 'Lied Consistently,' Judge Says

Much depends on what happens to the ruling now. Judge Thomas S. Kirk, a state circuit court judge, said that the natural mother, Rachel Kingsley of Missouri, "had lied consistently" during the trial about her actions and that he believed there was clear and convincing evidence, "almost beyond a reasonable doubt," that she had neglected and abandoned Gregory.

In the last eight years, the boy had lived with his natural mother only seven months. Gregory testified at the trial that for almost two years while he was in foster care, his mother never visited, called or wrote to him. "I just thought she forgot about me," he said on the stand.

Lawyers for Ms. Kingsley said after the trial that they intended to appeal the ruling to the Fifth District Court of Appeals in Daytona Beach, Fla. If the ruling is upheld in appellate court, lawyers believe, the case could then set an important precedent.

"People are much too ready to equate a child's interests with the interests of biological parents," said Elizabeth Bartholet, a professor of law at Harvard University. "This case is likely to advance thinking about that."

### 'Message to Parents'

Howard Davidson, director of the American Bar Association's Center on Children and the Law, said he did not expect the case to cause a flood of inappropriate or frivolous lawsuits. But, he said, "The case clearly sends a message to parents that they are not free to neglect and mistreat children without consequence."

One of Ms. Kingsley's lawyers, Jane E. Carey, said the ruling would have a more sinister impact. "What has happened is we have decided to place children's wishes over the preservation of the family," Ms. Carey said. "Maybe America has gotten in this particular situation what it wanted, but that has torn this family apart."

Ms. Carey said the lawyers did not believe that Gregory understood exactly what was in the legal papers he signed initiating the court action to sever his ties with his biological family. The boy hired his own lawyer, Jerri A. Blair of Orlando, but he was advised at every step by his foster father, Mr. Russ. Gregory's natural father, Ralph Kingsley, did not contest the adoption.

In the trial, Mr. Russ represented himself, as the foster father petitioning to adopt Gregory.

### A Cool Witness

While on the witness stand during the trial, Gregory gave every indication that he knew exactly what he was doing. In clear and cool answers to questions from the lawyers, he said that the legal petition he filed, if granted, would mean "my mom's not going to have legal custody over me anymore."

Ms. Blair then asked Gregory with whom he had discussed the issue of termination of parental rights and adoption. "My lawyer," he responded.

Gregory was also asked why he had taken the unusual step of trying to change his own parents. "I'm doing it for me so I can be happy," he said.

Experts believe there were other ways for this case to have been presented without going the route taken by Gregory. Mr. Davidson of the ABA said Mr. Russ, as the foster father, or a court-appointed guardian could have filed a petition for adoption. Another method, after the Florida Department of Health and Rehabilitative Services failed to take decisive action — even after Gregory had spent nearly twice as long in foster care as the 18 months allowed by state law — would have been for a judge to have insisted that termination proceedings begin.

"I don't think it is realistic to expect that the Gregory K. case is going to lead to large numbers of children having available to them in any practical sense a new remedy," Mr. Davidson said. "Hopefully, though, it will mobilize those attorneys involved in juvenile court to try to do a better job on behalf of their clients."

Washington Post 2/25/92, p.E7

*The Magazine Reader*

# Adoption Across the Color Line

By Charles Trueheart
Washington Post Staff Writer

In a mere four issues **Reconstruction** has proved itself the most intelligent and promising journal of opinion to appear in a long time. The subject at its heart is race, but what distinguishes Reconstruction is its vigorous catholicity. It is open to searching discussions about racial suspicion and divisiveness, about the imponderables of racism and ethnicity, about the mess the instrument of law seems to get us into in our quest for racial justice.

Leading the new winter issue is a compelling argument, by legal scholar Elizabeth Bartholet, that current laws and taboos against "trans-racial adoption"—that is, against the adoption of nonwhite children by white parents—are unconstitutional and unwise. She says this country's continued adherence to racial matching in adoptions is also cruel in a demographic marketplace dominated by so many unwanted nonwhite babies and so many desiring white parents.

What is more, Bartholet says, existing research reveals no basis for concluding that black children suffer from being raised in white families. The evidence, rather, is that they grow up with a strong sense of racial pride, comfort with integrated life and a healthy perspective about the place of race in the jigsaw of the self. This evidence the author calls "heartwarming."

Bartholet would be predisposed to believe such conclusions. She tells us in a moving opening section that as a single white mother she adopted two Peruvian children. She reports being appalled at the racial stereotyping in the adoption experience, and just as perturbed by the patronizing reactions of her friends in the United States.

The essay moves from the personal to the political, as she examines the (to her, shaky) legal foundations of racial matching. And in classic Reconstruction style, Bartholet's arguments are examined and challenged in responses by other scholars and experts.

This package is accompanied by snapshots and bios of kids from poor circumstances who sadly are up for grabs, and a touching vignette by Mary Ann Glendon about the lady in the kilt-and-tam shop in Edinburgh who ridiculed Glendon's teenage daughter, a Korean adoptee, when she tried on Scottish garb.

Also in this issue: essays on Clarence Thomas and Anita Hill, Leonard Jeffries, Alan Dershowitz, Duke Ellington, black gay experiences and the coup in Haiti. (One year/four issues, $25. Reconstruction, 1563 Massachusetts Ave., Cambridge, Mass. 02138-9718.)

HARVARD MAGAZINE

JANUARY-FEBRUARY 1993

# Adoption Across the Races

*A law professor argues that easing barriers to cross-racial adoption can help us consider issues of family and race in a new light.*

In 1972 the National Black Social Workers Association issued a strong statement opposing cross-racial adoption. The group contended that for whites to adopt African-American children was harmful to the children and the black community. Professor of law Elizabeth Bartholet believes that this statement is the root of the current practice of "race matching"—placing children with adoptive parents of the same racial group. In her forthcoming book, *Family Bonds: Adoption and the Politics of Parenting*, Bartholet argues that current adoption policies embody the idea that it is better for a black child to be in a black *foster* home than in a white *permanent* home, and that this attitude has harmed black children who are suspended in limbo for years while waiting for a black family to adopt them.

STEVE CASTAGNETO

Elizabeth Bartholet and her sons Christopher and Michael.

Bartholet first became interested in adoption policies seven years ago when she herself began the process of adopting a child. "Society structures adoption by making it a choice of last resort, and then by attempting to imitate biological families rather than expanding our thinking about race and family," she says. As an illustration she points to the now discarded practice of matching children's eye and hair color with those of adoptive parents. Such policies link children closely to their genetic groups, ostensibly to help them form a racial or ethnic identity. Bartholet finds analogous concepts behind laws that impede or prohibit cross-racial adoption.

For example, subsidies for disabled children may require matching the child with parents of the same race. Similarly, a child of color on the National Adoption Center's register of hard-to-place children will not be adoptable by white parents for six months—and even then, adoption agencies' race-matching rules often prevent the adoption. The upshot is that black children, while younger and healthier on average than their white counterparts, wait longer to be adopted and spend more time in foster care.

Massachusetts reflects national statistics: of its children waiting for homes, one third are African Americans and half are children of color, while 90 percent of the waiting parents are white. The adoption process separates children and parents into pools by race. After the pool of black parents has been exhausted, the black children continue to wait while the agencies recruit more black families. "The adoption agencies accept black parents who don't fit the criteria placed on white parents," says Bartholet. "The standards are lowered in an attempt to make the family a single racial unit."

Studies that compare black children adopted by white families with those placed in same-race homes "all show that in school performance, mental health, and self-esteem, transracially adopted kids do at least as well as their counterparts in black homes," says Bartholet. In fact, she asserts that research shows positive effects of cross-racial adoption. "Black children from white homes have all reacted to their multicultural family. They seem to have a strong sense of black identity, while at the same time they feel more comfortable in white society than other black children," she says. Other studies clearly indicate that prolonged foster care damages children's development.

The issue also has a legal component. "In this country we have laws and policies that say you can't discriminate on the basis of race. In every area other than adoption, those policies are taken to mean you cannot have race-conscious policies unless they can be justified as affirmative action," says Bartholet. "I believe it is wrong for the state to insist that race be a factor in the formation of families, for the same reason that it was wrong for the states to ban interracial marriage. Both are examples of government supporting negative conceptions of race."

**"I believe it is wrong for the state to insist that race be a factor in the formation of families."**

—*Amanda Frost*

# FAMILIES FOR KIDS

## Strategic Plan
## 1992 - 1998

## GOAL

To insure permanent families for all children in foster care.

## PLAN OF ACTION

The W.K. Kellogg Foundation (WKKF) will achieve its goal for the Families for Kids initiative through activities targeted at five strategies. These strategies include:

- Articulating a new vision for the child welfare system which achieves our goal.
- Development of community-based proposals for achieving our goal.
- Networking key players to coordinate activities directed toward achieving the goal.
- Evaluation of the Families for Kids strategies to assess accomplishment of the goal.
- Sharing the accomplishment of the new vision with public policy networks through social marketing and communication strategies.

Strategy 1: **Articulate the vision for system change needed to achieve permanency outcomes for children and families. The vision seeks to realize five systemic outcomes.**

**To insure permanent families for all children in foster care:**

A. **any family in contact with the child welfare system will have available services which promote their ability to solve and/or cope with their problems of everyday family living;**

B. **a permanency outcome will be achieved for all children, who are in real threat of out of home placement, within one year of coming into contact with the child welfare system;**

C. **a family and child will be provided one caseworker or casework team throughout the implementation of the permanency plan;**

D. **a coordinated, single assessment process which includes family members will be used to evaluate a family's needs for all levels of service; and**

E. **a child placed in foster care will be assured of a single, stable foster placement within his or her own community until a permanency outcome is achieved.**

Strategy 2: Demonstrate through grantmaking, community-based models for achieving the Families for Kids goal of accomplishing the five systemic outcomes.

Consistent with these unique outcomes, grantmaking will be focused in the following program categories:

- Community-based family preservation and adoption system reforms in Michigan and the United States.
- Specialty agency enhancements in the areas of:

  African-Americans
  Hispanics
  Native Americans

- Legal and Policy Reforms
- Promotion of public and private sector employer benefits which are supportive to adoptive families.
- Communication and Marketing Strategies

Proposal development for the Families for Kids initiative is viewed as an interactive process whereby WKKF staff will have extensive and ongoing involvement.

Strategy 3: **Network key players to facilitate coordination of efforts and dissemination of accomplishments and findings in overall achievement of the vision**.

Networking is viewed as a critical activity within the initiative because the lessons learned regarding positive systemic changes will need to be shared. These key players will include persons from communities of color and represent both the public and private sectors. The network will include:

- Public policy representatives of the executive, judicial, and legislative branches of the government
- Local and state administrators
- National experts
- Academic leaders
- Grantees
- Corporate and Philanthropic foundations

So that the resources of various national and community foundations can be maximized, the Families for Kids initiative will also support and plan a series of meetings of these organizations oriented toward discussion of the topics of family preservation and adoption.

Strategy 4: **Evaluate the Families for Kids cluster of projects in order to assess the core strategies that work toward accomplishing the vision's systemic outcomes.**

It is expected that 10-15 projects will be evaluated throughout the United States. The purpose of the cluster evaluation is to:

- provide technical assistance in project evaluation to grantees;
- address important strategy and public policy questions about the overall cluster of projects and what is accomplished; and
- inform the Kellogg Foundation and other network of key players about the implications of lessons learned.

Strategy 5: **Through social marketing, public policy networks and communication strategies, share the vision for promoting permanency and stability for children.**

Because the Families for Kids initiative seeks to achieve sustained institutionalized change in public policy and practice, communication with service providers, public policy makers, parents and the general public will be critical.

These strategies involve providing information on program standards, financing systems, legal changes and evaluation outcomes to parents, parent advocacy groups, policy makers, service providers and professionals in the broad range of child and family human services.


Families for Kids of Color
A Special Report on Challenges and Opportunities

# Families for Kids of Color:

## A Special Report on Challenges and Opportunities

## Contents





## Preface

We have been bombarded in recent months with vivid, front-page media images of children caught in the cross fire of contested adoptions. More often than not, the children presented are attractive, the picture of health, and very young — often not more than a year or two old. Large headlines above their wary, quizzical faces ask us, "Whose little girl is this?" or announce an ominous "Battle over Jessica." Inside the covers, we learn that two sets of grieving parents are fighting passionately to establish exclusive custody rights in a series of complex legal maneuvers.

What do these media images and stories tell us? Certainly that cases of this kind are agonizing and tragic for all concerned. But these high profile stories also promote false assumptions and questionable values. They tell us, first of all, that safeguarding parental rights — not serving the best interests of children — is the main issue facing us in the realm of adoption. They also suggest that all children waiting for permanent homes look a lot like Jessica, when in fact they do not. These stories also convey the inaccurate message that most waiting children will be fought over by two well-fixed and well-intentioned nuclear families, and that our only challenge will be to determine which of these families is more deserving under the law.

Current media coverage may also be reinforcing the limited view that traditional adoption, or a return to the family of origin, are the only ways to secure permanent homes for children; in fact, there are many different ways to give children a sense of lasting family connections. Some are known but not yet universally practiced; others we are now in the process of creating.

In sum, these media tales obscure both the plight and the possibilities of a far larger and more beleaguered group of our nation's children: "special needs" children in the care of our child welfare system (children of color; older children; children who are part of a sibling group; and children with physical, mental, or emotional problems).

The child welfare system provides publicly funded substitute care for children who must live apart from their families of origin temporarily or permanently. A vast array of public and private agencies, the system is charged with accomplishing a complex mission: to protect children from maltreatment, to provide care to those with absent or disabled parents, to assist troubled families with reunification, and to find alternative, permanent homes, if reunification proves impossible.

The number of children in substitute care has in fact risen steadily over the past 10 years. Current best estimates put the number of children in public foster care alone at 500,000 — more than double the number of a decade ago. [1]

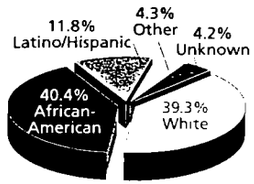
The situation for children of color is particularly disturbing. They make up nearly 57 percent of the children in substitute care in the 31 states from which data are available — nearly twice their representation in the national population.[2] In large urban areas like New York and Chicago, children of color constitute 80-90 percent of the child welfare population.[3]

We know that waiting children lucky enough to be adopted will first spend an average of between 3.5 and 5.5 years in a limbo of temporary placements.[4] Less fortunate are the thousands of children in care who "age out" of the system or are "emancipated" without ever experiencing a stable, loving, permanent home. It doesn't take an expert to imagine the terrible suffering and damage that circumstances like these visit on children during their formative years. Children waiting for permanent homes are among the most vulnerable and poorly-served citizens in our society.

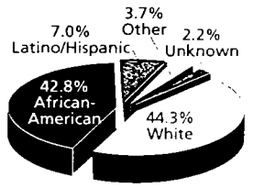
> "Children waiting for permanent homes are among the most vulnerable and poorly-served citizens in our society."

## Racial Characteristics of Children Served by the Child Welfare System, 1990

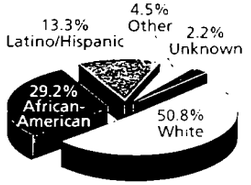
**Children in Care**




**Children Awaiting Adoptive Placement**




**Children in Finalized Adoptions**




Source: These data on the race of children served by the child welfare system in the 31 states reporting were taken from the *Green Book* (Ways and Means Committee, U.S. House of Representatives) 1990. Separate national figures on Native American children for the same period were not available, although some Native American children may be counted in the "Other" category.

Tradition and timely coincidence have made these waiting children a top priority of the W.K. Kellogg Foundation. Few perhaps realize that the Foundation was originally established in 1930 to improve the welfare of children. It has continued to emphasize programming for children — particularly those with special needs — even as its mission has expanded. Four years ago, as we were finalizing the Foundation's Plan for the 1990s, we began to actively question one of the flawed assumptions that have traditionally guided early childhood programs across the country: that children grow up in their own families and are nurtured in their own communities. At the same time, many of us at the Foundation who are adoptive and foster care parents were reflecting on our own experiences with the child welfare system.

Out of these formal and informal discussions grew a resolve to find out how the Foundation might help communities and our child welfare system do a better job of finding permanent homes for waiting children — especially those 90,000-100,000 who will not be returning to their biological families.[5] To carry out that resolve, we have developed Families for Kids, a $42 million national grant-making initiative that has supported 21 national, state, and local reform initiatives with the clear promise of achieving substantial, permanent reductions in the number of waiting children.

In structuring Families for Kids, we were determined to focus our attention on a target population that has remained largely invisible to the general public and too little served by the reforms of the past. We were also determined to avoid two pitfalls common to system reform: (1) the proliferation of individual, isolated programs designed merely to fill gaps in existing systems; and (2) goals that focus on changing bureaucratic process, rather than on achieving specific results for children and families.

From the outset we have sought much bolder thinking and action: comprehensive, fundamental change that dares to look at the existing system from the child's perspective, that creates new policies and paradigms of care, and that measures success in terms of positive outcomes for children and families. To encourage the systemic reform we need and to ensure that our efforts and those of our grantees make a real difference, we have established these five outcomes:

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**1 Family Support:** Many out-of-home placements of children could be prevented if timely, comprehensive services were made available to biological families before problems become unmanageable.

*Outcome:* Vulnerable families will have the help they need to stay together and meet the challenges of daily life.

**2 Coordinated Assessment:** Families and children who seek help from human service and child welfare systems must often undergo several time-consuming and redundant assessment procedures.

*Outcome:* Families will participate fully in a single, coordinated assessment process that evaluates their needs in a comprehensive way.

**3 Consistent Casework Services:** Because the waiting time for placement is so long in the current system and because worker turnover is so high, families and children may be forced to work with many different caseworkers. This situation causes unnecessary delays and loss of confidence in the system.

*Outcome:* One caseworker or casework team will work with a child and his/her family or families throughout the permanency planning process.

**4 Stable Foster Care:** Research shows that most children now in foster care have lived in several different placements, often far away from all that is familiar to them. Multiple placements damage children's capacity to value themselves and form positive relationships.

*Outcome:* Children awaiting permanent placement will be cared for in their own communities by a single, stable foster family.

**5 Swift, Permanent Placement:** Delay in permanent placement is extremely detrimental to the healthy development of children, and could be greatly reduced in most cases if new policies and practices were developed.

*Outcome:* Waiting children will be placed in nurturing, permanent homes within one year.

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Because children of color make up such a large portion of our target group, we are also making special efforts to understand the cultural dimensions of system reform. In 1993 and 1994, the Foundation facilitated a series of dialogues that convened experts from those communities of color with the largest populations of children in care: African-American, Latino/Hispanic, and Native American. Their numbers included foster care and adoptive parents; professionals from philanthropy; state, local, and private agency representatives; advocates; lawyers; judges; educators; legislators; and administrators from community-based organizations. (See Acknowledgments, pp. 18-19, for a list of dialogue participants.)

Each group spent many hours discussing the special needs and possibilities of its own children. Soon after the three dialogues concluded, the Foundation hosted a People of Color Summit, where representatives from each group shared their findings and reflected on differences and commonalities across groups.

To give these different discussions consistency and focus, we asked all groups to identify both key problem areas and specific actions needed to achieve the five Families for Kids outcomes. This report summarizes the reflections and recommendations from all four dialogues. The first section describes the participants' assessments of the challenges that reform must address, the second defines the major principles of reform advocated by discussants; followed by a section listing the specific actions recommended for each of the five Families for Kids outcomes. The report's conclusions reflect the major contributions of the dialogues to future reform. While there was astonishing unanimity of opinion and experience across all dialogue groups, we have made every effort to reflect the differences that surfaced in discussion.

The following pages raise some controversial issues about which reasonable people may disagree. Nonetheless, our commitment has been to fully reflect the views of all participants. We believe that our participants' views are especially important because many of our discussants have had unique experiences with the child welfare system. Too often, these views have been absent from the public discussions that shaped past reforms. Establishing a forum for these voices has been even more important for the Foundation and for Families for Kids than we imagined it would. Each dialogue advanced our own thinking, sometimes by directly challenging, sometimes by validating our ideas and assumptions. We trust that you will find these highlights helpful as you consider ways to make a difference for the children who wait.

Valora Washington

Valora Washington
Vice President-Program
W.K. Kellogg Foundation

# Families for Kids of Color: THE CHALLENGES

All three of our dialogue groups defined a wide range of challenges to be addressed by reform. Most related directly to inadequacies in our child welfare system. These systemic problems were being compounded, participants told us, by a complicated set of economic and social forces. Discussants also helped us understand cultural differences in their communities of color which must be taken into account when shaping successful change efforts.

## An Inadequate Child Welfare System

We were struck by the remarkably uniform picture all groups painted of the current child welfare system, a system they described repeatedly as too often insensitive, ineffective, fragmented, and remote. Six problem areas emerged as the principal targets of reform:

**Racism and Cultural Insensitivity.** Participants were convinced the current system was more focused on addressing its own institutional needs than on addressing the real needs of children, particularly children of color. That is, it did not serve children of any race as well as it should, and it often accorded families and children of color a second-class status. Discussants reported that families of color often confronted a continuum of prejudice-driven practices. At one end of this continuum were racist attitudes and stereotypes; at the other, a pervasive ignorance and fear of cultural differences. These conditions prevented system players at all levels from understanding and appreciating the strengths of different family structures and values.

> "...Systems that are 'generic' culturally don't work."
>
> The Honorable David Ramirez, Judge, Denver Juvenile Court, Denver, Colorado.

Discussants traced much of this intolerance to America's historical oppression of groups of color and to the original tendency of adoption systems: to help middle and upper class white families adopt healthy, white infants. While participants acknowledged the importance of later reforms such as those advocating on behalf of "special needs children," they also pointed out that those movements had not typically empowered families of color.

Participants also reminded us that people of color had not been included in early system development and were still grossly underrepresented in its workforce, particularly in leadership positions. This, in spite of dramatic changes in the composition of client groups. A lack of diversity and the system's slow, incremental evolution had, they told us, prevented the fundamental reforms needed to address the changing needs of new client groups.

Ignorance and fear of cultural differences also created a complex series of problems. Participants said that the system often expected families and children of color to adopt middle class white norms in order to be deemed acceptable. Generic, technique-driven processes, rather than culturally appropriate ones that valued and built on diversity, disempowered families of color. And differences of race, ethnicity, and class between workers and families often led, participants told us, to a mutual mistrust and misunderstanding that tainted decisions about the fate of children.

Our review of the emerging literature on cultural differences in the human services

> "CULTURE CAN BE THOUGHT OF AS THOSE ELEMENTS OF A PEOPLE'S HISTORY, TRADITION, VALUES, AND SOCIAL ORGANIZATION THAT BECOME IMPLICITLY OR EXPLICITLY MEANINGFUL TO THE PARTICIPANTS DURING AN ENCOUNTER."[6]

For decades, both the value and complications of cultural differences in our national life have been minimized by the myth of the "melting pot." This ideology allowed proponents to imagine that real differences were largely negative, or at best, quaint, and would ultimately dissolve as groups surrendered their individual identities to become part of a new, uniform national identity.

While the "melting pot" metaphor still has a grip on the popular consciousness, there is no social science evidence to suggest that it has or will become a reality. There is, however, a great deal of evidence to suggest, as J. W. Green has noted in *Cultural Awareness in the Human Services*, that "cultural differences reflect fundamental variations in what people hold to be worthwhile, and that as long as these variations persist they will invite comparison and questioning of the practices and values of the larger society."[7]

The growing body of knowledge on cultural sensitivity in social work practice is bringing such comparison and questioning to the social service professions.[8] Green argues, as do many other investigators, that the profession has a history of cultural insensitivity, and that the field should provide services to people "in ways which are culturally acceptable to them and which enhance their sense of ethnic group participation and power. This means that the worker, the service agency, its policies, and supportive educational and training programs all have the obligation to meet the client not only in terms of the specific problem presented, but in terms of the client's cultural and community background as well."[9]

Green offers, as an example of cultural sensitivity, his evaluation of an encounter between a white practitioner and a Native American client discussing the removal of the client's child:

"...The very fact that the interview was conducted in English would be culturally meaningful to the client, if not to the worker, because English is the language of the dominant society. An equally explicit cross-cultural feature of the relationship would be evident if the client proposed that the child be placed with the grandparents who understand Indian culture, rather than removed from the community. The culturally sensitive worker would recognize the client's proposal as a reference to an entire set of group-specific values on the role of older persons as having authority and providing advice to younger adults as well as to children. A cultural element — intergenerational family patterns within the group — would have been introduced into the encounter."[10]

There is still much work to be done to develop explicit guidelines for culturally sensitive practice in the child welfare system, as well as in the larger field of social services. However, the findings of Green and Nathaniel H. Mayes, and several other investigators provide a basis for determining many of the general characteristics of culturally competent practitioners.

The following questions are drawn from this research to help readers assess — in a shorthand way — their own "cultural competence." Those who can answer "yes" to all or most of the questions are likely to be effective at intercultural interactions:

- Have you assessed critically the strengths and limitations of your own family culture or ethnicity?
- Do you recognize that your own profession is itself a culture with a specific self-interest, values, language, rules, and limitations?
- Are you open intellectually and emotionally to evidence of cultural difference in others?
- Do you enjoy exploring the implications of cultural differences with others?
- Can you recognize and adapt easily to the learning styles of others?
- When acting as an advocate for a person of another culture, do you clearly identify the person or persons to whom you are ultimately accountable?
- When you manage, control, or discipline others, do you think carefully about whose interests your interventions actually serve?
- When you act as an intermediary between clients and institutional authorities, do you define the positive changes you strive to bring about for both parties?
- Are you skeptical about
  - —standardized diagnostic tools when applied to persons not of the dominant culture?
  - —claims for the universality of culture-specific rules, norms, research samples, and "solutions"?
  - —belief systems that divide cultures into those that are "deprived" and those that are "superior"?
  - —"value-free," "culture-free" assumptions and practices?
  - —research on "other" cultures that focuses on problems and ignores strengths?

Recent research on culture and ethnicity also asks us to remember that a given culture cannot be defined simply as a static bundle of fixed traits. It is better understood as something that constantly evolves and may shift even in the moment of intercultural communication, as workers and service recipients address different needs, see new opportunities, and attain different levels of trust. All parties to a transaction are responsible for understanding and responding constructively to cultural differences. They should also remain alert to instances when false images of culture are being used to mask pathology or block needed change.

## Assessing Your "Cultural Competence"

**The Honorable David Ramirez**
Judge, Denver Juvenile Court, Denver, Colorado,
Participant, Latino/Hispanic Dialogue on Adoption Reform

> "CULTURE, ETHNICITY, RACE AND GENDER MUST BE CONSIDERED IN ASSIGNING APPROPRIATE CASEWORKERS. AT A MINIMUM, THE WORKER SHOULD BE CULTURALLY, EDUCATIONALLY, AND POLITICALLY COMPETENT TO REPRESENT THE CLIENT BASE. THEY MUST ALSO UNDERSTAND THE PROBLEMS OF PARTICULAR NEIGHBORHOODS. SYSTEMS THAT ARE "GENERIC" CULTURALLY DON'T WORK."

supports these perceptions. Consider these examples from James W. Green's *Cultural Awareness in the Human Services:*

"... A survey was conducted among a group of social services workers in Alaska, workers who had daily contact with a number of urban Eskimo.... Despite the fact that the Eskimo have survived for thousands of years in one of the world's most harsh environments . . .[one] worker stated confidently that 'Natives have no long-range goals. They don't understand anything about planning for the future.' Although the Eskimo have been long known to anthropologists as a people with a finely developed sense of humor and decorum, one that assures emotional survival in tiny living spaces during the Arctic winter, one worker told an interviewer that the 'Natives have no psychological awareness; they don't know how to verbalize and express their emotions.... It doesn't matter what they say because our central task is to teach them to verbalize and express emotions, nothing can deter us from that.'"[1]

For further discussion of these issues, see the feature article entitled "Assessing Your Cultural Competence," pages 6-7.

**Problematic Treatment Philosophies and Goals.** The discussions served to remind us all of the dilemmas inherent in a system charged with ensuring the welfare of children, many of whom have already suffered neglect or abuse. On one hand, every effort must be made to protect them from further harm. Yet flexibility, innovation, and some degree of risk are necessary to honor the lifelong importance of family connections, to allow for growth and change in birth families, and to consider a full range of placement options if reunification is not possible.

Participants voiced strong support for vigilance on behalf of children, but felt the current system was too driven by a "protection and removal" mentality. This crisis orientation often precludes long-term planning, hampers prevention and reunification, rewards deficit thinking and permanency planning, and fails to distinguish between poverty-related parenting problems and actual unfitness. While a crisis orientation clearly and correctly recognizes the importance of safety, discussants said that it often fails to recognize the long-term damage caused by severing or limiting contact between children and their biological families.

**Limited Definitions of "Family" and "Permanency."** Participants were concerned by the system's tendency to limit children's placement options by seeing success in "either/or" terms: either reunification with birth families; or legal adoption within nuclear, unrelated families. This narrow perspective often leaves many viable opportunities unexplored, open adoption arrangements providing safety and preserving valuable contact between children and their biological families; kinship care by extended family and members of the family's natural support network; accelerated adoption by foster care parents; new forms of legal guardianship; single parent adoption; and co-parenting models involving more than one family.

**Fragmented Fiscal Structure.** The categorical nature of federal and state funding streams was discussed extensively at all the dialogues. Participants acknowledged that many system inadequacies were directly related to fragmented funding and inflexible resources that allowed individual workers virtually no discretion. Participants said that the system's fiscal underpinnings, though substantial, lead to fragmented program design and delivery, inhibit needed innovation, and set up fiscal incentives that encourage foster care placement rather than adoption. Participants also reminded us that the problem of fiscal fragmentation extends well beyond the programs and services designated for children. Since child removals disproportionately affect young, poor families with low levels of education, fiscal reform needs to address a wide range of family support services beyond the child welfare system itself.

**Inadequate Service Delivery Systems.** Participants also identified a series of non-fiscal factors limiting system effectiveness. The lack of focus on outcomes for children — as distinct from bureaucratic convenience — was their primary concern. They saw the absence of child-centered standards for adoption, post-adoptive services, and reunification, together with inadequate quality controls, as clear support for this position. Discussants also told us that the governmentalization of child welfare services in the 1960s had proliferated centralized bureaucracies that too often concentrated services far away from community centers and client homes. The effectiveness and sensitivity of front line workers — frequently well-intended and hard-working — are often compromised, discussants believe, by excessive caseloads, over-specialization, high turnover, and the division between child protective services and permanency planning units.

**Lack of Advocacy for Children of Color.** Many of our dialogue participants have worked in the child welfare field all their professional lives or dealt closely with system representatives as parents and/or advocates. These experiences gave their reflections on the current state of advocacy for change an especially compelling and troubling ring. They said that the community-based advocacy alliances which developed real strength in the 1960s were now weak or absent altogether. Newer efforts have been forced to compete with each other for funding and are often focused at the "ground level," rather than at the policy level where major change is formulated. Participants also reported that advocates both inside and outside the system lack support, focus, coordination, and critical resources such as action-oriented data and financing.

**Robert Little**
President
R. Langdon Company
Participant, African-American
Dialogue on Adoption Reform

"We must acknowledge that we have evolved an *industry* that thrives on out-of-home care with all the trappings of maintenance of the status quo. We will need a range of solutions: one is to go back to smaller neighborhood networks.... People want less government intervention."

**Guadalupe Lara**
Director of Social Work,
Children's Hospital of Michigan,
Participant, Latino/Hispanic
Dialogue on Adoption Reform

"Child welfare workers need to look at the strengths of their clients, assess what works in a particular family, in *their* socio-cultural context. It's important not to begin a family assessment by focusing on deficits; instead workers must build on the strengths of families and communities."

## The Impact of New Economic and Social Forces

Our discussion participants were careful to place their reflections on the child welfare system in the context of several larger economic and social forces.

They reminded us, first of all, that the last decade and a half had been extraordinarily difficult for many communities of color. Unemployment rates, homelessness, and poverty had increased dramatically in many regions of the country, at the same time that safety net programs had been cut back or eliminated. Both developments, they said, had had devastating impacts on fragile urban neighborhoods, their institutions, and on the families that looked to them for material assistance and support. Participants saw economic breakdown, widespread despair, youth violence and destructive addictions to drugs, alcohol, and gambling within communities of color as directly related to long-term poverty and oppression. Community cohesiveness and effectiveness were further compromised, they said, when the federal government concentrated resources in large, centralized bureaucracies while neglecting smaller neighborhood networks and community development. The AIDS epidemic, with its disproportionate effects on poor urban neighborhoods, was also increasing the numbers of both special needs infants and healthy children who would ultimately be left without biological parents.

The dialogues repeatedly acknowledged that these developments were unraveling many vulnerable families, dramatically increasing the numbers of children in care, and thereby taxing the capacities of an already inadequate child welfare system.

The discussions reminded us all that comprehensive reform must emphasize prevention by increasing support services to vulnerable families. These reforms should also include community development and economic revitalization strategies to capitalize on existing neighborhood strengths and to rebuild the networks necessary to sustain families.

## Recognizing Cultural Differences

While most of the problems identified in the discussions were common to all groups, our participants did identify some

significant variations based on cultural differences and historical circumstances.

**African-American participants** told us, for example, that adoption fees charged by private agencies were significant barriers to the adoption of African-American children by African-American families. Since children of African-American slaves were often removed from their families by slave owners and summarily sold into bondage, such fees raise the specter of trafficking in children for profit. These fees are therefore opposed on principle by many African-Americans, even those who could afford to pay them. Others, who are less well-off, could not afford to pay adoption fees, even if they felt comfortable with the notion.

African-American participants also affirmed the importance of supporting and increasing the capacity of adoption agencies that specialize in placing of African-American children, and are operated by African-American child welfare professionals. Discussants identified several advantages of these agencies. First and foremost, their commitment to African-American children and families could be assured. Second, they typically have the trust of the community, strong family recruitment networks, and enhanced sensitivity to cultural issues. Finally, their small size and flexibility often allow them to try innovative approaches that might ultimately spur reform in larger public systems.

As major obstacles to reform, dialogue participants identified the dearth of these specialized agencies, their economic fragility, and the tendency of public agencies to resist releasing adoptable

children to them for placement. (See the feature entitled "Learning From Success: How to Recruit Adoptive Families of Color," page 16.)

**Latino/Hispanic participants** were especially concerned about the perceived erosion of their culture's strong traditional family values. They noted that while families continue to remain pivotal, the specific forms families assume are changing in their culture as well as across all of society. Several delegates, for example, pointed to the rise in single-parent Latina families that are unable, for a variety of reasons, to turn to their extended families for support. The lack of culturally congruent public and private support services are complicating the lives of these families rather than addressing their needs, participants told us.

They also reminded us all that Latino/Hispanic culture in America is now composed of Spanish speaking groups from at least 21 countries. The increasing diversity of their own communities was in fact a major point of discussion. While Mexicans and Puerto Ricans still comprise the largest Latino/Hispanic groups (13.5 and 2.5 million, respectively), new immigrants from Central and South American countries were said to be creating new service and advocacy challenges. The immigration to North America of Salvadorans — particularly Salvadoran children orphaned by civil war in their own homeland — was cited as a case in point. Latino/Hispanic discussants hailed recent movements by different groups to form coalitions and work together for the enhancement of services to Latino/Hispanic families as a sign of community strength.

Latino/Hispanic participants also expressed strong concern about the child welfare system's lack of culturally competent workers at every level of service. This lack of cultural competence expresses itself most obviously, participants said, in the widespread assumption that all Latino/Hispanic clients are the same and can be treated identically — despite their different countries of origin. Participants argued that workers need comprehensive information about a variety of human service issues in order to create viable plans. Workers need to know, for example, the history of Latino/Hispanics in their service areas; their reasons for immigrating, their immigration status and level of employment or unemployment; their access to housing and transportation; as well as their capacity to speak English. Beyond such basic information, participants said that cultural competence requires a knowledge and appreciation of Latino/Hispanic values, traditions, and family structure.

Since language is a principal medium for expressing and understanding culture, and the key to negotiating exchanges in any system, participants saw the lack of bicultural and bilingual workers as a major obstacle to effective communication between the system's representatives and families and children. Participants strongly opposed the widespread practice of using children to provide translation services. They argued instead that the system should hire more workers who are both culturally and linguistically competent, and provide training on sophisticated translation-related issues such as confidentiality, liability, and agency mission.

The pervasive lack of cultural competence among providers, together with the dearth of Latino/Hispanics in a position to advocate on behalf of these concerns within the system, were seen as the most serious barriers to serving Latino/Hispanic families and children well.

**Native American representatives** also raised issues of diversity and cultural competence. They reminded us first of the astounding diversity of federally-recognized tribes: 500 that are federally recognized, many others recognized by states but not the U.S. government, and over 100 Alaska Native villages. Taken together, they represent a remarkable variety of languages and value systems. This diversity, coupled with small overall numbers and wide geographical dispersion, makes effective advocacy on behalf of Native American children and families extraordinarily difficult, participants told us. Advocacy is also hampered, they said, by the low priority of child welfare issues on many tribal council agendas. The geographical remoteness that limits advocacy also acts as a barrier to accessing services.

Indian participants were profoundly troubled by the rising rates of child abuse and early addiction in many of their reservation communities, and with the widespread denial of these problems by many, but not all, tribal leaders and Indian social services agencies. The long assault on tribal spirituality, customs, and values (particularly those related to the sacredness of children) that has been carried on historically by federal and state governments, as well as churches and private agencies, was seen as a major cause of Indian cultural and family decline. The Bureau of Indian Affairs' long-standing practice of using Indian boarding schools as "instruments of assimilation" is a particularly tragic example of this assault on culture.[12] For much of the first half of the century and as recently as the 1970s, this practice was responsible both for the removal of thousands of Native American children from their families and communities and for the systematic denigration of Native American culture. Alienated from their cultures of origin and deprived of healthy models of family life, many Native Americans who grew up in these schools have been unable to transmit essential values to their children. Discussants told us that the loss of Native American culture among today's Indian youth was particularly striking and disturbing.

The extreme oppression and paternalism of the federal government toward Native Americans over time had, participants said, resulted in low community self-esteem and in a sense of powerlessness to exercise existing tribal authority in child welfare cases. This, in spite of Indian culture's strong commitment to care for its own. Differences in values and perceptions, and a lack of understanding between reservation and urban Native American populations only complicated the successful exercise of independent authority on behalf of Indian children and families.

Finally, Native American participants told us that the passage of the Indian Child Welfare Act had been a bittersweet victory. On the one hand the Act had established tribal sovereignty and jurisdiction over the placement of Indian children. On the other hand, the Act's inadequate funding and accountability structures, together with its lack of specificity regarding critical terms, reduced its effectiveness in encouraging the placement of Indian children with Indian families.

Both Native American and Latino/Hispanic participants told us repeatedly that the lack of a child welfare data collection and analysis capacity was the single most important obstacle to effective, coordinated, national advocacy efforts on behalf of their children.

**Jaime Gutierrez**
Assistant to the President,
University of Arizona (at Tucson),
Participant, Latino/Hispanic
Dialogue on Adoption Reform

"We talk about hiring bilingual and bicultural staff at the entry level in child welfare, but it's not happening. The system is very unfriendly. There's an aversion to folks who speak a language other than English."

**Faith Smith**
President,
NAES College,
Participant, Native American
Dialogue on Adoption Reform

"Indian child welfare workers are trained in mainstream systems and may be co-opted by them. We need to articulate standards for culturally appropriate care."

# Families for Kids of Color: A Preliminary Blueprint for Reform

"Dialogue participants advocated a shift of emphasis from out-of-home placement to family preservation and support."

As we pored over transcripts of the dialogues, we could see the broad outlines of a reform agenda for families and children of color. Its goal was, of course, to make a real difference for waiting children in very particular ways. To achieve this goal, participants offered several overarching principles of reform, together with a large number of quite specific recommendations for achieving each of the five Families for Kids outcomes for children. We turn now to this preliminary blueprint for change.

## The Driving Goal

All the dialogues reaffirmed this central goal: the need to secure swift, suitable, culturally appropriate placements for waiting children. When such placements can be achieved by assisting biological parents, all necessary support services should be available. When reunification is not possible, a continuum of permanency options — including but not limited to traditional adoption — should be considered. When children are removed from their birth families, the ties to their biological families, and to their communities and culture, should be honored and preserved if at all possible.

## The Overarching Principles

The principles of reform defined by our participants are directly related to the problem areas they identified as the major targets of reform: racism and cultural insensitivity, limiting treatment orientations and "either/or" permanency thinking, fragmented fiscal structures, inadequate service delivery systems, and a lack of effective advocacy for all children, particularly children of color.

**Empowering the Community Response.** To counter the racism and cultural insensitivity in the child welfare system, participants proposed that reforms focus on empowering the community response. This means giving parents, children, extended families, churches, advocates, and other community players clear roles in shaping new systems of care and in day-to-day system decision making. Examples of such empowerment include:

- building community capacity through strategic leadership and community development, and antipoverty initiatives
- establishing community-based, family-centered, culturally appropriate services, and disseminating successful models
- training and hiring more people of color for roles in the system; reassessing the need for graduate degrees in some jobs
- supporting culture-specific adoption agencies
- allowing multi-tribal entities to provide services to children and families of color (e.g., let them license foster care)
- supporting community-based organizations and contracting out some services to these agencies
- relocating system services to individual communities
- educating community members to understand and use available services

**Changing the Orientation of the System.** Dialogue participants advocated a shift of emphasis from out-of-home placement to family preservation and support, and a change of professional thinking from deficit-based models of assessment and permanency planning to family-centered models that build on existing family strengths. Participants also stressed the need to win institutional support for a more realistic and expansive definition of "family" that transcends the narrow confines of the nuclear model. They also argued for a greater range of placement options for children. To accomplish these changes, participants recommended:

- bringing family preservation programs to scale
- widely disseminating family-centered model programs and approaches
- legitimizing new permanency options
- expanding the use of kinship care models already common in communities of color

The dialogues also recognized the need for a major change in public attitudes about adoption and foster care, as well as substantial reorientation and skill development for professionals who work with families and children. To bring these broad-based changes in thinking and attitudes about, participants envisioned

- massive training initiatives on cultural competency and family-centered service models for child welfare workers, students of social work and law, attorneys, judges, and other system players
- nationwide communication campaigns to make the general public aware of the plight of children in care, and to correct myths and misunderstandings about who they are

**Reordering Funding Patterns.** Discussants recognized that system design, service quality, and worker attitudes are driven to a significant extent by funding patterns. Thus they affirmed the need to:

- de-categorize funds and bridge different fiscal streams
- increase the use of fiscal incentives, and change them to emphasize family preservation and support; and to reward permanency placement, not foster care
- develop stronger partnerships with the federal government to better utilize existing dollars
- use foundation grants (including grants from minority philanthropies) to achieve these ends

**Revising Service Delivery Systems.** Participants suggested that services to families and children need to be more culturally appropriate, collaborative, simple, effective, and accessible. Examples of needed changes include:

- installing community-based service centers with a comprehensive range of services
- using advanced telecommunications and computer technology to enhance collaboration, service accessibility, and efficiency
- personalizing services by dropping unnecessary formality and symbolism, and decentralizing delivery
- developing and using culturally competent assessment and placement tools and tests; better balancing quantitative and qualitative data in decision making
- developing culturally appropriate mental health services
- seeing community organizations as partners and resources
- pushing for system accountability through the use of Total Quality Management principles and practices and other performance-based measures (including long-term evaluation of outcomes)
- considering the use of mediation to replace formal adversarial court processes

**Strengthening Advocacy for Families and Children of Color.** Participants were unanimous in their belief that strong, centralized advocacy organizations armed with data, authority, resources, and community support are desperately needed to exert real influence at the national level: first to develop broad visions of child welfare reform, and then to push agendas for change on behalf of families and children of color.

We encouraged all three groups to consider how they might plan and implement activities that would help their own children. A good deal of dialogue time was used for action-oriented planning to transform ideas for change into specific initiatives and grant proposals. Ultimately, each group developed and submitted a proposal to the Foundation. In the summer

**Jim Cadwell**
Project Director,
The Native American Child and Family Resource Center,
Participant, Native American Dialogue on Adoption Reform

"THERE IS NO FORMAL ADOPTION CEREMONY AMONG NATIVE AMERICANS, NO WORD FOR "ORPHAN," NO SUCH THING AS A CHILD WITHOUT PARENTS, BECAUSE THE NATIVE AMERICAN EXTENDED FAMILY IS SO IMPORTANT. WHY NOT GIVE SUBSIDIES TO EXTENDED FAMILY MEMBERS WHO CARE FOR CHILDREN—IF YOU'RE WILLING TO GIVE THEM TO INSTITUTIONS?"

of 1994, the Foundation awarded each group a one-year, $100,000 planning grant to flesh out their reform initiatives and enlist others to help refine goals and strategies.

Native American participants, for example, began to imagine a national Indian advocacy resource center that could take direction from Indian communities but maintain a national focus. The center would offer policy education on the needs of Indian children to national Indian organizations and mainstream children's lobbying groups like the Child Welfare League of America. Some immediate issues for advocacy would be cultural competency for child welfare professionals and amendments to the Indian Child Welfare Act. Participants thought such a center could also develop a sophisticated data collection and analysis system for advocacy purposes, provide technical assistance to tribes on such matters as computer literacy and legal intervention, develop media strategies, and facilitate networking and empowerment within and across tribes.

## Bringing Each Outcome Into Being

The five principles of reform define general shifts in thinking and structure needed to bring about comprehensive, fundamental change. Of course, many, more specific actions will be necessary to bring each of the Families for Kids outcomes into being.

We present now the specific recommendations that dialogue participants endorsed, together with brief annotations of our own, to clarify relationships between individual recommendations. The annotations and participant recommendations appear below the full text of each outcome, as follows.

### Outcome #1: Vulnerable families will have the help they need to stay together and meet the challenges of daily life.

Readers should note that recommendations here fall into two broad categories on a continuum of services that runs from early prevention efforts to post-adoptive support: (1) services that encourage expanded training and support for parents and communities to prevent family breakups, and (2) those that help children and families pass swiftly and positively through the system once out-of-home placement of children has occurred.

- increase the quality and duration of prevention efforts to keep families and children out of the system in the first place (e.g., extend in-home family preservation programs and teach families assertiveness skills)
- reform federal child welfare statutes to provide family preservation funds to local communities
- develop and use specific standards for family reunification
- encourage communities to actively confront sexual abuse and train child welfare workers on this issue
- provide mentors to help children and families get appropriate legal representation and support in negotiating the system
- provide educational stipends to minority social work students in exchange for postgraduate placements in adoption agencies
- make translation services more available and culturally competent

Native American participants suggested several additional interventions to ensure adequate family support services: educational programs and cultural opportunities to help tribes reaffirm and revitalize cultural values, traditions, and customary law; consciousness-raising of tribal leaders on Indian child welfare issues; and assistance for reservation and urban Indian populations to help them overcome barriers to understanding and cooperation. Indian dialogue participants also urged tribes to use their legal authority to develop and codify into law new child protection standards based on traditional values and practices.

### Outcome #2: Families will participate fully in a single, coordinated assessment process that evaluates their needs in a comprehensive way.

We noticed that recommendations for this outcome focused on ways to empower the community and family as real partners in assessment and case planning. These recommendations would improve the system's capacity to understand and capitalize on cultural differences. They would:

- press for early assessment
- give family and community members the decision-making power and resources necessary to make a difference in assessment and case planning
- use relatives to provide secure environments for children when placement is disputed
- give community-based liaison people and agencies influential roles in the assessment process
- conduct assessments outside bureaucracies in family and community settings
- support new placement paradigms, particularly those that break down traditional boundaries (See p. 8, "Limited Definitions of Family and Permanency.")
- help workers feel safe in "war zone" communities so that they can perceive strengths and see new family-friendly options
- create more opportunities for professionals of all races to work side by side on cases
- create standards for culturally appropriate care



"When children are removed from their birth families, the ties to their biological families, and to their communities and culture, should be honored."

### Outcome #3: One caseworker or casework team will work with a child and his/her family or families throughout the permanency planning process.

Recommendations for this outcome were about evenly divided between strategies to help professionals find the time and expertise to work collaboratively, and those that point the way to better relationships with and among families. They encouraged systems to:

- use multidisciplinary case teams with generalist capabilities
- encourage collaboration between agencies, with a single point of entry for children and families
- reduce and limit the size of caseloads
- make services more mobile (e.g., use interactive TV and Internet)
- use electronic technology to create a paperless system
- ensure that permanency plans take contextual issues like transportation, drug treatment, and employment into account
- use incentives more than sanctions to gain families' cooperation
- establish mechanisms for biological and foster parents to work together cooperatively
- revisit and revise old confidentiality laws

### Outcome #4: Children awaiting permanent placement will be cared for in their own communities by a single foster family.

These recommendations offer strategies to increase the number and quality of foster care families. Of special interest is the emphasis on expanding the use of relatives and members of the families' natural support system. Participants also suggested that child welfare professionals should

- screen foster care parents more carefully and monitor placements
- fully inform and train foster care parents, and provide them with respite care, counseling, and other supportive services
- recruit more foster care parents
- use waivers to increase the numbers of foster care parents
- use AFDC moms as foster parents
- allow foster parents to train workers in the system
- require states to follow existing kinship care laws
- insist on better kinship care searches, and consider placement beyond family members and among neighbors; consider kinship guardianships with subsidies

### Outcome #5: Waiting children will be placed in nurturing, permanent homes within one year.

Here recommendations offer a broad range of ways to speed permanent placement: by streamlining the placement process, increasing the supply of traditional and nontraditional adoptive families, ensuring culturally sensitive adoptions, and supporting adoptive parents after adoptions have been finalized so that disruptions are less likely to occur. Such reforms would:

- simplify the adoption process instead of adding more bells and whistles (do in three steps what's now done in six)
- establish definite time frames for placement, and tie funding to compliance
- train and win the support of judges on new, shorter timelines for placement
- improve recruitment and training of adoptive families
- support nontraditional placement paradigms such as those described on page 8
- expand and subsidize kinship care practices
- establish and support more culture-specific adoption agencies, help them develop their own economic base, and create fiscal incentives to expand the number of children released to them from public agencies
- insist on evidence that community representatives have been involved in placement decisions
- fund research on post-adoption and adoption service outcomes
- establish post-adoptive standards and practices
- provide ongoing, post-adoption services to families with difficult circumstances
- increase the number of culture-specific adoption support groups, and recognize the value of the support group model as one option to be considered
- use surrogate parents to provide support to foster and adoptive parents
- support same-race foster care and adoptive placement

The Foundation itself does not have an official position on the same-race placement of children. Yet, we think it important to emphasize that in every dialogue we heard passionate resistance to transracial placement of children. Participants acknowledged that the number of transracial adoptions, in particular, remain relatively low, but feared significant increases if the issue is not addressed forcefully.[13]

Their conviction appeared to grow out of two different, but closely related, beliefs. First, that children of all cultures are best nurtured within their own cultures; and second, that a sufficient supply of families of color would be available to care for children of color if child welfare agencies developed positive, collaborative relationships with communities of color, and recruited more aggressively and effectively. Participants pointed to the documented successes of culture-specific adoption agencies and their capacity to establish such relationships quickly, and to attract large numbers of prospective, same-race

# Learning From Success: How to Recruit Adoptive Families of Color

**Sydney Duncan**
President,
Homes For Black Children,
Detroit, Michigan
Participant, African-American
Dialogue on Adoption Reform

**"WHEN APPROPRIATE SERVICES ARE OFFERED, FAMILIES OF COLOR WILL ADOPT; SUCCESSFUL RECRUITMENT DOESN'T HAVE MUCH TO DO WITH SUPPLY. IT'S MUCH MORE AN ISSUE OF AGENCY PROCESS AND BEHAVIOR."**

More than half of all children waiting to be adopted are children of color. Most of these children are African-American. They not only suffer by being overrepresented in the pool of waiting children, statistics show that their adoptive placement percentages are well below those of white children (See pie charts 2 and 3 on page 4.)

Clearly, effective recruitment of families of color interested in adoption must be a fundamental part of child welfare service in every locality. Unfortunately, two persistent stereotypes continue to hinder recruitment efforts by many mainstream agencies: (1) that families of color are not interested in adoption and will not come forward in sufficient numbers even when recruited aggressively, and (2) that children of color are hard to place.

The track records of placement agencies established expressly to place children of color — "specialty agencies" — call these stereotypes into question. And, their experiences offer valuable lessons to mainstream agencies seriously committed to improving their profiles in communities of color.

The oldest and one of the most successful of the specialty agencies is Homes For Black Children (HBC) located in Detroit, Michigan. Founded in 1969, the agency now operates with a predominately African-American staff of 17. HBC provides both family preservation and adoptive services, and prides itself on its strong collaborative relationships with 13 other child-placing agencies in the area. To date, HBC has placed 1,100 children, including newborns, teenagers, large sibling groups, and children with significant drug exposure and other handicapping conditions.

Sydney Duncan, HBC's founding president, draws several conclusions from her agency's impressive track record: "When appropriate services are offered, families of color will adopt; successful recruitment doesn't have much to do with supply. It's much more an issue of agency process and behavior. We need to use common sense and remove the barriers that get in the way."

In addition to achieving its central mission, HBC has sparked change in a number of area child-placing agencies, many of which have initiated African-American placement projects inspired by HBC's approaches. Duncan explains HBC's role this way: "HBC made it impossible for people to go on saying, 'It can't be done.' That's when accountability starts."

Although specialty agencies have some unique characteristics — small size, flexible personnel practices, absence of fees, and strong roots in communities of color — larger mainstream agencies can incorporate key elements of their philosophy and practice. These larger agencies can:

- serve the interests of the child first and foremost
- hire professionals of color at all levels and make cultural sensitivity a top priority
- locate services in communities of color near public transportation, and offer additional evening hours
- reevaluate eligibility requirements and remove standards that discriminate irrationally on the basis of age, fertility, income, home ownership, marital history, family size, and single-parent status
- streamline application and home study processes
- personalize service, and avoid unnecessary formality
- develop aggressive and culturally sensitive outreach programs
- focus more resources on recruitment and target efforts
- discover and use channels of communication preferred by communities of color

Spaulding For Children (Southfield, Michigan) is another pioneering specialty agency, having, since 1968, placed children least well served by the child welfare system — now African-American boys over the age of 10. Judy McKensie, Spaulding's executive director, sees specialty agencies as indispensable elements of balanced child placement systems. "They are very important but not the whole solution. You don't want the other agencies simply abdicating their responsibilities to place special needs children, but specialty agencies should be one element of a diverse, collaborative system. They bring a potential energy to agitate the system, they open doors to the minority community, and they demonstrate the best practices."





adoptive families. (See the feature entitled "Learning From Success: How to Recruit Adoptive Families of Color," page 16.)

Latino/Hispanic participants believed that their children were being transracially placed at higher rates than children of other cultures. They attributed this difference to the desire of many white families to adopt children with light complexions, and to the lack of public and private agencies willing to recruit specifically for Latino/Hispanic families. Since agency funding is often tied to numbers of placements completed, Latino/Hispanic participants also feared that cultural sensitivity in placement decisions was being compromised by budgetary pressures.

In addition to the preceding list of generally applicable recommendations for speedy, appropriate placement, Native American participants recommended several initiatives particular to their families and children: pushing tribal enrollment in a systematic way to establish children's heritage early on; strengthening tribal-state relationships (heightening recognition of tribal leaders, especially); increasing adoption subsidies to Indian families; changing Indian Child Welfare Act (ICWA) definitions related to adoption; and codifying into Indian customary law tribal concepts of permanent placement. They also noted that some tribes would need technical assistance to fully implement ICWA and other relevant laws.

## CONCLUSIONS

As we reflect on all the dialogues, several lessons stand out for us. First there is the recognition that, to our knowledge, these people of color dialogues on adoption reform are unique. We cannot remember ever having heard of a series of forums which invited advocates from African-American, Latino/Hispanic, and Native American communities to gather in both individual and cross-cultural groups to define a child welfare reform agenda.

What might this awareness tell us about the history and the future of reform? We think it points to the central, enduring importance of involving all stakeholders in reform planning and implementation, particularly those who were excluded in the past. The recent history of reform is rife with failures and blemished successes, partly because we've taken so long to learn this lesson, and partly because we tend to forget it as the political context changes and new reform paradigms gain favor.

In our own experience, the benefits of community-based, inclusive approaches far outweigh their complications — and the benefits accrue to everyone. Our dialogue participants have told us again and again how important it is to have continuing opportunities to overcome their sense of isolation from fellow reformers in their own groups and from other groups of color. Our own sense of what reforms are needed has been enlarged by the diversity of our collaborators. Our other Families for Kids grantees will learn valuable lessons from the dialogues to amplify their already expansive community-based planning processes.

We expect that "empowering the community response," to invoke our discussants' first principle of reform, must also be a major thrust in future national policy development. This call for the intensive engagement of family members and communities of color should not, however, be misinterpreted as support for separatist solutions or for a return to block grant funding without mandates and accountability. We believe, in concert with our discussants, that existing child welfare agencies must increasingly enter into cooperative, collaborative relationships with families, members of their natural support systems, and community organizations, giving them more responsibility for and influence in decision making that affects their destinies. And, while child welfare reform must be addressed locally, most state and local governments do not have the resources necessary to go it alone; thus, the federal government will have to maintain a strong role in child welfare funding, policymaking, and oversight.

Accountability at every level of service must also be improved: first by developing standards of care based on the real needs of children, and second, by measuring performance in terms of an exacting bottom line: virtually every waiting child must be placed swiftly and appropriately in a family setting that affords stability and lifelong ties.

We think that many of the other overarching principles of reform, as defined in these dialogues, must also become part of the national template for change. The child welfare system will need to make a major investment of energy and resources to overcome lingering prejudices, as well as ignorance and fear of cultural differences. Such an investment must begin with a new system-wide awareness of the importance of cultural sensitivity in service delivery and include serious efforts to diversify system workforces at every level, increase the cultural competence of existing workers, and make culture an issue in professional education.

The current limiting definitions of "family" and "permanency" will need to be reimagined and expanded through the development of new concepts and options. Fragmented fiscal structures must be realigned to support family- and child-centered programs and services. Our child welfare system must emphasize permanency placement rather than perpetuating the current over-reliance on foster care. Services should be decentralized and rooted in the communities they are designed to serve.

We look forward to the advances of our grantees, and we continue to remind ourselves of this simple truth: All that we do will be of little consequence if we fail to find loving, permanent homes for the children who wait.

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### Notes

1 This estimate was provided by the North American Council on Adoptable Children (NACAC). It is based on the last known number of children in public foster care (442,000 in 1992) as reported in the *Green Book* (Ways and Means Committee, U.S. House of Representatives, 1992). NACAC has updated the 1992 figure using projections from selected states.

Data from The Voluntary Cooperative Information System (VCIS) of the American Public Welfare Association are the basis for the *Green Book* figures. The substitute care population as defined by the VCIS report entitled, "Characteristics of Children in Substitute Care," (FY 82 through FY 90) are "those children residing outside of their own homes under the case management and planning responsibility of the primary state child welfare agency or child placing agencies under contract to the primary agency." "Residing outside of their own homes" was defined to include such living arrangements as foster family or adoptive foster homes, group homes, child care facilities, emergency care shelters, supervised independent living, non-finalized adoptive home placements, and all other arrangements regarded as 24-hour substitute care by the state agency, except finalized adoptive home placements.

2 According to the U.S. Census, "Current Population Reports P25-1105, Population Projections of the United States by Age, Sex, Race and Hispanic Origin: 1993 to 2050," children of color age 18 and under comprised 32.49 percent of the child population nationally in 1993, thus, their representation in the substitute care population—approximately 57 percent—is 1.75 times their representation in the general child population.

The 57 percent figure is an aggregation of African-American, Hispanic, and "Other" categories (see data sidebar on page 4). The "Other" category is thought to include mainly Asian American and Native American children but may also count some children who are not recognized as "minority" under existing federal definitions.

One of the causes for the explosion in substitute care in recent years may be a substantial increase in the use of kinship care by public agencies. This practice may be especially widespread for children of color. While children placed in such arrangements are removed from their parents, they are clearly not residing in foster care with someone other than friends and relatives.

3 McKenzie, Judith K., Adoption of children with special needs. *The Future of Children: Adoption*, (Spring 1993) 3, 1: 69.

4 Ibid., p. 67.

5 These figures were provided by the North American Council on Adoptable Children (NACAC). They include all children in public foster care who have had their parental rights terminated and all children with a plan of adoption whose parental rights are still intact. The latter group includes children for whom reunification with birth families has not worked, but for whom the legal work necessary to terminate parental rights is not yet complete.

6 Green, J. W., *Cultural Awareness in the Human Services*, Englewood Cliffs, New Jersey, Prentice Hall, 1982, p. 7.

7 Ibid., p. 3.

8 Other books and articles on cultural awareness of special interest: Harrison, D.F., J.S. Wodarski, & B.A. Thyer (eds.) (1992) Cultural diversity and social work practice. Springfield, Illinois, Charles C. Thomas. Stonich, M. (1991) Children, culture and ethnicity: evaluating and understanding the impact. New York: Garland Publishing. Hansen, J.C., (Ed.) (1982) Cultural perspectives in family therapy. Rockville, Maryland, Aspen Systems Corporation. Meade, Nathaniel H. "Teacher Training for Cultural Awareness," in David S. Hoopes, Paul B. Pederson, and George Renwick, eds., *Overview of Intercultural Education, Training and Research, Volume II: Education and Training*. Washington, D.C.: Society for Intercultural Education, Training and Research, pp. 35-44.

9 Green, *Cultural Awareness*, p. 4.

10 Ibid., p. 7.

11 Ibid., pp. 4-5.

12 Canby, William C., Jr., (1988) *American Indian Law in a Nutshell*, 2nd ed. (St. Paul, Minnesota: West Publishing Company), pp. 44-45.

13 According to 1987 data from the National Health Interview Survey, eight percent of all U.S. adoptions are transracial in nature. Some of the adoptions counted in these data are of foreign-born children of color. For more statistical information on transracial adoption, see "Statistics on Adoption in the United States," by Kathy S. Stolley, in *The Future of Children: Adoption* (Spring 1993) 3, 1:34.

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