



Chapter 1

Adopting in the United States

Adoption is the permanent legal transfer of full parental rights from one parent or set of parents to another parent or set of parents. This legal transfer ensures that adoptive parents are afforded the same rights and responsibilities that giving birth to a child would provide them. Children who are adopted receive all the legal, emotional, social, and kinship benefits of birth children. Each state has its own laws regarding the various aspects of adoption. For instance, in some states the only entity legally able to place a child for adoption is a licensed public or private adoption agency, while in other states, lawyers or other individuals are permitted to place a child for adoption. In addition, each state has laws regarding timeframes for relinquishing the child and rescinding parental rights, as well as specifications on allowable birth parent expenses. Since adoption agreements can be arranged when birth parents reside in one state and the prospective adoptive parents reside in another, it is important that the laws of both states be understood and followed. Federal policies also inform adoption practice, particularly in public adoption from foster care, in cases when the child is of Native American heritage, and in intercountry adoptions.

History of Adoption in the United States

Massachusetts was the first state to pass a modern adoption law, the 1851 Adoption of Children Act, which recognized adoption as a social and legal contract based on children's welfare, rather than on adult interests. This law marked a significant turning point because it directed judges to ensure that adoption decrees were "fit and proper," though the definition of "fit and proper" was left to judicial discretion.

In 1854, reformer Charles Loring Brace, supervisor of the New York Children's Aid Society, implemented the orphan trains. Brace proposed that children from New York City who were homeless or neglected and living on the streets be sent by train to live and work on farms in the Midwest, South, and West. Children would be placed in homes for free, but they would serve as an extra pair of hands to help with chores around the farm (Children's Aid Society, 2008). Today, the still-operating Children's Aid Society describes Brace's orphan trains as the inception of foster care in the United States. In 1868, the practice of foster care, or "placing out," was strengthened when the Massachusetts Board of State Charities began paying for children to board in private family homes. In 1869, the board assigned an agent to visit

2 Adoption in the United States

homes to check on the children's well-being. The movement to care for children in families rather than institutions continued to develop.

Congress established the U.S. Children's Bureau in the Department of Labor in 1912. The goal of the Children's Bureau was to supervise issues relative to children's lives and their well-being in the United States, without regard to their social status or class. The Children's Bureau was led by Julia Lathrop, who was also the first woman to head a federal agency.

Requirements that adoptive parents be qualified to adopt through social investigation and home studies were passed into Minnesota law in 1917. This law also included provisions for the confidentiality of adoption records. Twenty years later, the Child Welfare League of America put forth an initiative that set minimum standards for permanent (adoptive) and temporary (foster) placements.

In 1948 the first recorded transracial adoption of an African American child by white parents took place, also in Minnesota, and in 1957, in response to the increasing numbers of international adoptions that resulted from the effects of World War II and the Korean conflict, as well as other international events that brought children in need of care to the attention of adults who were interested in meeting their needs, the International Conference on Intercountry Adoptions issued a report on the problems observed with international adoptions. Also that year, adoption agencies in the United States sponsored legislation to prohibit or control proxy adoptions.

Concern for children with special needs, who were considered to be hard to place, led the Los Angeles County Bureau of Adoptions to launch the first organized program promoting adoptions by single parents in 1965. It was anticipated that this practice would help public agencies find loving homes for these children.

Sealed adoption records, secrecy in adoption, and adopted individuals' struggles to access their original birth records were brought to the attention of the public in 1971 when Florence Fisher founded the Adoptees' Liberty Movement Association, which had two goals. The first was to end the standard practice of sealing adoption records once an adoption was finalized. The second was to make it possible for any adopted individual over age eighteen to see his or her birth and adoption records. The struggle for adopted individuals to access their original adoption records continues to the present day. Some states have established laws that permit access to original records after adopted individuals reach adulthood. Other states still require that the person who was adopted petition the court for permission to see his or her original birth certificate (see Appendix A for state-specific information regarding access to original birth records).

In 1978, the United States Congress passed the Indian Child Welfare Act in response to the "alarmingly high number of Indian children being removed from their homes by both public and private agencies" (National Indian Child Welfare Association, 2008). The intent of the Indian Child Welfare

Act is to defend the right of Indian children to remain with their tribes and families whenever possible. The law requires that the priority in cases involving Indian children be the child's best interests, particularly with respect to stability for their families and the tribes to which they belong.

The Adoption Assistance and Child Welfare Act was passed in 1980. It promised adoption assistance monies to states in which adoptions of children with special needs were made a funding priority. The act also allocated funding for programs that work to strengthen and keep families together and prevent child abuse and child neglect, with the goal that children in foster care can return home or do not need to be removed from their homes in the first place.

The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption was approved by sixty-six nations in 1993. A year later, the United States signed the convention, and it was approved by Congress in 2000.

The first federal legislation that focused on race in connection with adoption was the Multiethnic Placement Act of 1994. According to the act, if an agency received funding from the federal government, it could not prevent the adoptive or foster care placement of a child with parents of a different race, color, or nationality. There was still some leeway in that race could be considered as one aspect of a family's suitability for a particular child; however, it could not be the only factor against a placement. The law was revised in 1996 by the Interethnic Adoption Provision Act, which completely eliminated the ability of agencies to consider race, color, or nationality when planning a child's placement.

In 1997, the Adoption and Safe Families Act recognized that the federally mandated policy of working only toward strengthening and reunifying families did not necessarily serve all children in care. The Adoption and Safe Families Act was put in place to emphasize that children benefit from permanency planning. In some cases adoption may be a more appropriate goal. This act represented a change in child welfare policy with respect to family reunification and helped promote consideration of adoption as an option for permanency.

In response to ever-increasing numbers of children being adopted into the United States, the Child Citizenship Act of 2000 made it possible for children born outside the United States who were being adopted by U.S. citizens to receive United States citizenship automatically when they entered the country with their adoptive parents. This act eliminated the formal legal naturalization process for children adopted through intercountry adoption. Also in 2000, for the first time in the history of the United States, the option to select "adopted son/daughter" was included on the U.S. census form as a category of kinship relationship.

Each of these events in United States adoption history happened as a response to people's perceptions of children in need of care and families. Each

4 Adoption in the United States

led to further changes in the way adoption has been viewed by the public. These events all played a role in helping to bring adoption to the place it currently holds in the fabric of American society. Without them, the remarkable number of public, domestic infant, private, and intercountry adoptions occurring each year in the United States might never have come to happen.¹

Views of Adoption in the United States

While many people view adoption as a successful and acceptable way to incorporate new members into a family, it once was seen as a second-best option to having a child by birth, and people who were infertile were perceived to be defective (Diamond, Diamond, & Jaffe, 1999; Miall, 1987). Women who chose to make adoption plans for unplanned pregnancies or were encouraged to make that decision by parents or clergy were often viewed in a negative light and shamed by society (Schooler & Norris, 2002). A complex interplay of historical, social, and cultural events and forces, as well as public policy and law, has shaped adoption over time. Although the roots of adoption practice in the United States had been formed both in a legal and social sense by the late 1800s, recent cultural and political trends have been most critical in shaping contemporary adoption practices. Historically, mental health professionals paid little attention to adoption (Brodzinsky & Schechter, 1990), which was simply seen as a successful social service solution for the three parties of the adoption triad: birth parents, adoptive parents, and child. It was assumed that all parties involved would go on with their lives, without care or worry once the adoption placement was finalized (Brodzinsky & Schechter, 1990). During the first half of the twentieth century, secrecy in adoption was prevalent. The belief that children and families were best served by the strict observance of confidentiality resulted in adoption practices that encouraged parents to allow others to believe that their adopted children had been born to them. In fact, before the 1950s, families with adopted children were often told not to tell their children that they had been adopted (Krueger-Jago & Hanna, 1997).

Activism on the part of birth parents and individuals who were adopted during the 1960s and 1970s has challenged traditional notions regarding the importance of secrecy in adoption and has increased demand for more forthright exchanges of information between members of the adoption triad (Zamostny, O'Brien, Baden, & Wiley, 2003). Today, the majority of domestic adoptions have some degree of openness, meaning that they involve at least a basic amount of communication and contact between the members of the adoption triad. Still, some adoptions are closed. In a closed adoption, a birth mother or birth parents might receive minimal information to help select

¹This discussion of the history of adoption was adapted from the History of Adoption Project Web site (Herman, 2003).

adoptive parents for the child, but complete names and other identifying information are not shared by either set of parents, and no plans for contact are made.

Adoption is now viewed as an acceptable way to form a family that has lifelong implications for members of the adoptive triad (Zamostny et al., 2003). In other words, the conceptualization of the adoption experience has changed over time as more people have chosen to build their families through adoption.

Considering Adoption

Many issues arise when people consider adoption as a way to create or add to a family. Often, when people first begin to think about adoption, it may not seem right for them. For couples, it is normal for each partner to feel differently about the idea of adopting, especially at the beginning of the process. Over time, as people explore and learn more about adoption, they may become more comfortable with the idea of being adoptive parents. Adoption is not right for everybody; there may be a long winding path to travel before one can decide whether it is the right choice. Adoption is a life-long family commitment that begins as a very involved process requiring immense emotional and, in some instances, financial dedication.

There are many reasons people choose adoption as a way to create or add to a family. For example, some people choose to adopt because of a previous family experience with adoption, because they are taking on the responsibility of caring for the child of a relative who is unable to parent (i.e., kinship placement), or because they have always known they wanted to adopt a child. Stepparents may want to adopt their spouse's child or children from a previous marriage to help the custodial parent with his or her responsibilities or in order to provide the family with greater stability, love, and care. Some people adopt a child before or instead of having a child by birth, while others may adopt after having children by birth or even after having raised a family to adulthood. Other people believe that if they have the ability and the means to raise a child, then they should become parents to children who need them, rather than bringing new children into the world. Some people have genetic conditions they do not want to pass on or medical conditions that make having a child by birth very risky. Single people may want to have a child and believe adoption is the best approach to parenting. In addition, same-sex couples may want to create a family through adoption.

Sometimes people who would like to create or add to their family turn to adoption when they find that because of a diagnosis of infertility they are not able to have a child by birth. For people experiencing infertility, there are a few important things to think about in deciding whether adoption is the right choice. For instance, how do you feel about your infertility? It is

6 Adoption in the United States

normal to have a wide range of feelings, such as shame, despair, feelings of inferiority, and anger. If a person is often angry and preoccupied by the unfairness of infertility, he or she may need some time before being ready to adopt. It is important for people to recognize and resolve their feelings about infertility before pursuing adoption. Some people feel a strong desire to have children who resemble them or feel a need to have children who carry their genes. In these cases, adoption may not be the right choice. If, after reflection, people conclude that being a parent is more important than how one becomes a parent, then they should actively explore the possibility of adopting. Adoption may fulfill a desire to be a parent, but it should be understood that it is not a solution for infertility.

As a person determines whether adoption is appropriate for him or her, it is important to consider how one's extended family might react to having a child join the family through adoption. Will family members be welcoming or apprehensive? What, if anything, might need to be discussed among the family to help them support the adoption decision? Prospective adoptive parents may want to consider taking a parenting course before their child arrives. No child is born with an instruction manual, and during the course of our formal education, we receive virtually no training regarding how to raise children. Learning techniques that will help adults to shape their child's behavior can add a tremendous amount to the rewards of parenting and can make the task of parenting much easier.

Adoptions in the United States are primarily handled in one of two ways: either through licensed agencies or privately, often with the assistance of an adoption attorney. Each state has different laws regarding who is allowed to place children for adoption. Certain states only allow state-approved and licensed adoption agencies to make adoption placements, while other states permit attorneys and some may permit an adoption facilitator to do so. In addition, each state has a social services agency responsible for adoption placement services for children in foster care who need permanent families (see Appendix B).

Agency Adoptions

Adoption agencies are licensed by the state in which they are located, and in states in which they have satellite offices or are approved to practice. Agencies can be either public nonprofit organizations affiliated with a government agency or private for-profit or nonprofit entities affiliated with a religious or other social services organization. The licensing and procedural standards that govern adoption agencies provide some assurance of supervision and oversight regarding how these organizations operate and conduct business.

In agency adoptions, state-licensed social workers assist birth parents and adoptive parents throughout the adoption process. Agencies offer prospective adoptive parents a variety of services; they conduct the mandatory

home study or pre-adoption certification, collect medical and biographical information, place the child with the adoptive parents, and supervise the placement process prior to the legal finalization of the adoption. They also offer services to birth parents, including the screening of prospective adoptive parents, collection of medical and biographical information, counseling and emotional support prior to and after the birth and placement of the child with an adoptive family, and provision of financial assistance throughout pregnancy and post-placement. Licensed adoption agencies can be found through each state's licensing authority.

Independent Adoptions

Independent adoptions, also referred to as private adoptions, are conducted by attorneys who specialize in the legal issues of adoption, or by adoption facilitators, who are usually self-educated and possess knowledge about adoption from personal experience. Adoption agencies are not involved in independent adoptions. Attorneys are licensed and regulated by the states in which they practice. The American Academy of Adoption Attorneys (see Selected Resources for contact information) is a national association of approximately 330 attorneys from the United States and Canada who have distinguished themselves in the field of adoption law. The Academy's work includes promoting the reform of adoption laws and disseminating information on ethical adoption practices (see Appendix C for their code of ethics). Members must meet strict affiliation requirements and can provide valuable assistance in processing interstate or intercountry adoptions. Some adoption attorneys act much as an agency would, working to help locate a child or expectant mother or to connect prospective adoptive parents with a birth mother who has expressed an interest in planning an adoption for her child. However, attorneys are not qualified to perform home studies, which must be completed by a licensed social worker.

Other aspects of the complex role of an adoption attorney can include arranging the initial steps of the adoption process and finalizing the adoption through the court process. As mentioned previously, laws governing adoption vary from state to state and country to country. An adoption attorney should understand complex adoption laws and be able to review financial matters with prospective adoptive parents so they can take advantage of all adoption benefits and assistance available. If prospective adoptive parents choose to use an adoption agency, an independent adoption attorney can review the agency contract to make sure it is legally valid.

The best way to find a qualified adoption attorney is to ask other adoptive parents who have had positive experiences with particular attorneys. In addition to the American Academy of Adoption Attorneys, another resource is each state's bar association. It is important to select an attorney for whom adoption is a central focus. Costs for the services of an adoption attorney can range from \$15,000 to \$25,000, so it may be helpful for those who are

8 Adoption in the United States

seeking the services of an attorney to compare the costs and services offered to be sure they arrange to work with an attorney who can meet their needs. Overall, an adoption attorney can be a useful advocate for the client at every stage in the adoption process, from the initial inquiry through post-placement concerns.

In a very small minority of states (see Appendix D), it is legal for prospective adoptive parents to hire an adoption facilitator, whose role is to locate an expectant birth parent for a fee. In other states, an individual may assist prospective adoptive parents in their search for a child to adopt but may not charge a fee for this service. Facilitators are not qualified to conduct home studies. Other expenses such as the birth mother's medical, counseling, and living expenses; the adoptive parent's legal fees; and home study fees must be paid in addition to the facilitator's fee. Adoption facilitators usually operate independently of any professional organization and therefore are not under the authority of an oversight or supervising body. It is important to note that facilitators are not licensed, do not have to meet educational or licensing requirements (e.g., they are not required to be insured), and do not fall under the jurisdiction of state or federal agencies. Facilitators are never required for an adoption, whereas attorneys or licensed agencies may be.

Approaches to Adoption

There are three types of adoptions: adoption of a waiting child from public foster care, domestic adoption, and intercountry adoption. Before deciding which of the three types of adoption is best for them, prospective adoptive parents should consider their own resources and abilities as well as what characteristics they are looking for or are willing to accept in the child who will become part of their family. Parents need to consider how a child will fit into their extended family. They may also want to consider how a child of another race may experience their neighborhood or school system. Many people find it helpful to talk to people who have adopted children and consult with professionals who are knowledgeable about the different types of adoption. Seeking out community groups that are not affiliated with agencies or professionals who provide placement services can also be helpful, as some people feel more comfortable asking questions in a setting in which the professionals who may facilitate their adoption are not present. These groups often offer information sessions that provide an overview of the processes, children available, and outcomes of different types of adoption. For prospective adoptive parents, conducting research about local licensed adoption agencies and professionals should be the first step in finding an agency or professional. Talking to families formed through adoption is also helpful. Parents who have adopted can share the lessons they have learned about the adoption process and may be able to provide a reference for or express concern about a particular agency or professional.

As prospective adoptive parents begin to understand the different approaches to adoption, they may begin to contact adoption agencies and professionals to request information packets. Agencies generally include information about their programs, fees, and application requirements in addition to their contact information and stories and pictures of families they have brought together. Choosing an agency or adoption professional is one of the most important decisions to make in the adoption journey. The organization or person chosen is involved throughout the adoption process and post-placement period. Prospective adoptive parents should be sure they are comfortable with the style and philosophy of the agency or professional with whom they decide to work. It is important to keep in mind that parents and professionals need to work together throughout the adoption process. Through orientation sessions, prospective adoptive parents can learn about the agency, its programs and services, the children served by the agency, legal requirements, the rights and responsibilities of adopting parents, matching procedures, and the time line for completing an adoption (table 2

TABLE 2 General Questions for Agency Orientation Seminars

Is the agency licensed in this state and/or other states?
How many children were placed for specific programs?
What are the specific requirements for qualifying applicants?
Are there any restrictions that apply to applicants?
What is the typical total cost for adoptions?
What services are included in the fixed fees?
What fees are variable?
What is the fee schedule?
Is there a sliding fee scale for services based on income?
What is the waiting time to begin a home study?
What does the home study entail?
What is the average time from the application to placement?
What types of education programs are offered for pre-adoptive and adoptive families?
How does the referral or matching process work?
What kind of information does the agency provide regarding the health, development, and history of children and birth parents? When do they provide this?
What are the agency's guidelines for returning applicants' calls?
Can applicants talk with other families who have used the agency's services?
What happens if prospective parents decline a referral or placement opportunity?
What pre- and post-placement support services are available?
What are the post-placement supervision requirements?

10 Adoption in the United States

provides a list of questions prospective adoptive parents can ask at orientation sessions). More importantly, these sessions afford prospective adoptive parents an opportunity to meet agency staff and listen to other pre-adoptive parents. The process of adoption can take several months to years, depending on the circumstances. Therefore, it is vital that prospective adoptive parents carefully select the professionals who will be helping them create a family.

Sometimes people feel uncomfortable about asking questions or raising issues at an orientation session. Prospective adoptive parents do not want to be perceived as being ignorant, insensitive, or even difficult. However, addressing concerns and questions as they arise allows prospective adoptive parents to avoid many problems and misunderstandings. Prospective adoptive parents should feel empowered and proactive throughout the adoption process. No question is wrong if the answer enhances a parent's confidence and supports the development of a strong family.

The Adoption Process

In order to ensure that children are placed in good families where they will be able to thrive, the adoption process is composed of several steps. The process begins with a detailed application process, followed by a home study that may take several months to complete as parents work to fulfill the requirements for themselves and their home. After the home study is completed and approved, prospective adoptive parents wait for a referral of a child from their agency or adoption professional. Once a referral has been made and accepted by the parents, the adoption process continues with the placement of the child in their home. While this might seem like the ultimate event of the adoption, it is really just the beginning of the post-placement period. The typical post-placement period is long enough to ensure that the adoption is going well, that parents and children are adapting to their new life as a family, and that they have been referred for any services they might require. Adoption finalization (i.e., legal recognition of the family's formation) is the last step in creating a permanent legal relationship between the child and his or her adoptive parents.

The Application Process

Adoption agencies ask prospective adoptive parents to complete and submit an application. Submission of an application demonstrates to the agency that a prospective adoptive parent is seriously interested in pursuing adoption. It allows the agency to gather basic information and begin the process. A fee is charged to process the application upon submission. There are no fees to adopt a waiting child from foster care through a state social services agency, and many private agencies waive or reduce fees for people who adopt a waiting child.

An adoption application generally requires autobiographical information, including:

- identifying information (name, address, contact information)
- date and place of birth
- citizenship status
- Social Security number
- marriage/divorce dates
- information about other children (living in and out of the home)
- education and work histories
- health and mental health histories
- financial history
- information about any other members of the household
- information about adoptive parents' preferences regarding children (number, age, gender, developmental abilities, medical needs)

Additional documents such as birth certificates, marriage certificates, divorce decrees, decrees of name change (if applicable), letters of employment, tax returns, a written statement from a physician regarding the health of each member of the household, a written statement from a mental health professional (where applicable), written references, and a request for criminal and child abuse clearance are required as well.

Some agencies may include additional questions on their applications regarding prospective adoptive parents' motivations for choosing to adopt, issues with infertility, connections to other families who have adopted or to people who were adopted, and available support networks. These questions help applicants prepare for the home study process, which delves into a variety of issues regarding adoption and parenting. Once the application package has been completed, the agency usually contacts the applicant within thirty days to begin the home study process.

The Home Study

A home study is an assessment of a prospective adoptive parent's living arrangements by a licensed social worker. Home studies are required for any form of adoption. The typical home study process takes three to six months to complete. In the best of circumstances, a home study can be an inspiring and educational process, but it can also cause anxiety and stress as prospective adoptive parents worry about being judged by adoption professionals. It is important to remember that social workers are not looking for superhuman or perfect parents. Prospective adoptive parents can sometimes choose the social worker who will conduct their home study and should interview him or her prior to making a commitment. Applicants need to feel comfortable with the social worker and should be sure to gauge their attitudes regarding specific issues that may be relevant in their case (e.g., single parenting, gay or lesbian parenting, parenting by cancer survivors).

12 Adoption in the United States

There are three parts to the home study process. The first, mandated by the state, assesses basic suitability to parent and ensures that prospective adoptive parents can provide a safe and secure environment for a child. Home study providers are required to share their criteria for this assessment with prospective adoptive parents. Secondly, a home study should educate prospective adoptive parents about and prepare them for issues that may arise during the adoption process, as well as later during their life as an adoptive family. The third part allows the agency to get to know and understand who the applicant is and what type of family he or she hopes to have. This ensures a successful matching process with a birth mother considering an adoption plan, or a successful referral of a child in foster care who is awaiting adoption or of a child through intercountry adoption. Parent education programs may be offered or required along with or prior to the home study meetings.

While the home study process can vary by state or worker, some basic information is always collected first as part of the application process (see table 3 for a basic checklist of documents needed for the home study). In addition, there are several interviews with the social worker. This process allows the applicant to develop a relationship with the social worker. Understanding the family helps the worker offer them an appropriate adoption referral. The home study frequently involves at least four meetings, at least one of which is in the applicant's home. For couples, the home study also includes meetings with each individual. If additional family members or others (children, relatives, friends, etc.) live in the home, they also meet with the social worker either privately or together with the applicant.

During these interviews, some basic issues are discussed, including the applicant's background, upbringing, and relationships with parents and siblings; health status; income status; and criminal background. The worker explores how the applicant deals with stress and how he or she has coped with any past crises or losses. Couples are asked to discuss how they met, how they resolve differences, and how they envision their future roles as parents. Other issues include applicants' motivation for adopting; their views about accepting an adopted child, child rearing, and discipline; their understanding of and attitudes toward birth parents; and how they plan to incorporate acknowledgement of adoption into the lifelong parenting process. The home study also presents an opportunity for prospective adoptive parents to discuss the characteristics of children they would consider adopting, such as age, race, ethnicity, and the birth parent's and child's social, medical, and developmental issues.

The home study process includes a check of the safety and appropriateness of the home for a child. During home visits, workers assess the home to ensure that it meets state standards (e.g., that it has working smoke alarms and safe drinking water and adheres to lead paint regulations, and that

TABLE 3 Adoption Home Study: Basic Document Checklist*Required Documents*

Birth certificates
 Marriage license
 Divorce decree
 Change-of-name decrees
 Copies of driver's license

Health Information

Medical forms/physician letters
 Mental health provider letter, if applicable
 Health insurance policy

Financial Information

Tax returns
 Current asset statements
 Savings/checking/money market accounts
 Mutual funds/stocks/investments
 Debt statements
 Life insurance policies
 Letters of employment
 Proof of mortgage/rent payment

Safety Information

Fire safety inspection certificate
 Water test certificate
 Lead paint inspection certificate
 Building code requirements documentation (local/state)

Background Checks

Criminal background check report
 Fingerprinting clearance report
 Child abuse and neglect clearance from state Department of Social Services
 Child Support Enforcement Agency clearance
 Motor vehicle driving records

References

Close friends
 Co-workers
 Faith leader

firearms are properly stored). The worker is not examining the applicants' housekeeping skills, but rather the family's ability to accommodate a new member. While a certain level of order is expected, workers are not looking for a perfect house; they are trying to imagine how a child will fit into the existing household living arrangements.

Most home study procedures require prospective adoptive parents to have a physical exam to assess their health, life expectancy, physical ability,

14 Adoption in the United States

and mental health. Prospective adoptive parents are required to submit a report about their physical health. In some cases in which agencies or countries only place infants with infertile couples, prospective adoptive parents may be required to have a physician confirm the infertility diagnosis. Most social workers just want assurance that prospective adoptive parents are basically healthy, have a typical life expectancy, and are physically and mentally capable of caring for a child. If an applicant has a medical condition that is under control, he or she may still be approved but should acquire up-to-date documentation from a physician to support claims regarding his or her current health status. Serious health problems that could affect life expectancy require further documentation from the applicant's doctor, usually in the form of a letter. The letter should describe the applicant's diagnosis and treatment, current medical status, prognosis for future medical risk, and life expectancy. It may also be necessary for the social worker to meet with a medical professional in order to fully understand the applicant's condition or situation.

In addition to verification of their health status, the home study process requires prospective adoptive parents to disclose and verify their income by providing income tax forms or paycheck stubs. Applicants are asked about their level of education, further plans for education, past and current employment, and plans for employment after the adoption. The social worker may also ask about savings, insurance policies (life and health), investments, and debt. These inquiries are meant to ensure that applicants are financially able to care for a child and that the child will have health insurance coverage. To adopt a child, prospective adoptive parents do not need to be wealthy, but they must show that they are responsible and able to manage their finances.

Finally, the social worker asks the applicant to write an autobiographical statement and provide personal references from non-relatives. The autobiographical statement is typically written in a life story format. Workers usually provide a set of questions to guide prospective adoptive parents through the writing process. While this exercise can be intimidating, it is important because it allows the social worker to better understand the applicant and prepare a fair and objective report about him or her. In addition, writing down a personal story helps applicants explore their feelings about becoming parents and preparing to adopt.

Individuals who are identified as personal references should be people who have known the applicant for several years and in many contexts (e.g., close friends, co-workers, faith leaders). An applicant's references may be interviewed, but more likely they will be asked to write a letter describing the prospective adoptive parent's character, ability to handle stressful situations, and interactions or involvement with children.

The social worker completes the home study by writing a report, which includes a summary of the home study findings and the worker's recom-

mendations. It also indicates the age and number of children the prospective adoptive parents have requested or that the worker recommends. The summary report generally includes information about the prospective adoptive parents; for couples, the report includes information about their relationship. In addition, for all applicants, it includes information about family background, education and employment, daily life routines, parenting experiences and issues, and the role of religion in their lives; a description of the neighborhood; an assessment of their readiness to adopt; and the worker's approval or recommendations. Should the agency have concerns during the home study, these are addressed during the process. A home study cannot be approved until at least thirty days have elapsed from the date of the applicant's initial formal contact with the agency. Applicants are usually notified of the home study results within one month of their last session. Once the home study is approved, prospective adoptive parents are eligible to adopt.

Waiting

The time between being approved to adopt and receiving a referral for a child is often called the waiting period. At times, waiting for a referral can be difficult. People become frustrated by their lack of control over a process that is so important to them. There are numerous ways to cope with the uncertainty and the emotional stress of the waiting process. One way is to stay in communication with the agency or professional facilitating the process. Many agencies provide education and support groups with monthly or weekly meetings for waiting parents. Adoptive parents often find that one of the most useful aspects of these sessions is that they offer an opportunity to meet other pre-adoptive parents who are experiencing many of the same questions, concerns, joys, and stresses. Adoptive parent discussion groups cover a variety of topics such as loss and grief related to infertility and adoption, how to talk about adoption with extended family and birth parents, how to manage the wait and prepare for the placement, and what issues might arise in raising a child who was adopted. Prospective adoptive parents can also use this waiting period to read books on parenting and adoption and attend adoption- and parenting-related seminars.

Referral and Placement

In adoption, the first connection between pre-adoptive parents and a child or birth parent is called a referral, which happens differently depending on the approach chosen. Regardless of the kind of adoption, however, all referrals share some common characteristics. For example, at the time of the referral, prospective adoptive parents receive basic information that may

16 Adoption in the United States

include the race and national origin of the child and birth family, as well as background information such as family history and the psychological and medical status of the birth parents. If the child is not yet born, as is common in domestic infant adoptions, basic prenatal information is provided. For older children, more information is available regarding history, current care, and physical and mental health.

One difficult aspect of the adoption process is the limited nature of the quality and quantity of information available to pre-adoptive parents. Each adopting parent or couple has to decide what information they must have in order to accept the referral of a particular child. When significant medical or psychological risks are identified, potential parents are faced with difficult decisions. It is always advisable to seek competent professional advice and to discuss concerns with agency staff.

There may be specific concerns regarding the child's health or unresolved questions about the birth family's medical and psychological history at the time of the placement. In these situations, the agency will likely require the prospective adoptive parents to sign a statement acknowledging that they are accepting the placement with the understanding that there may be certain medical or psychological risks. Even when no specific health risks are known, many agencies ask parents to sign a statement acknowledging that the agency cannot be held responsible for the future physical or mental health of the child being placed.

If prospective adoptive parents accept the referral, the process moves forward. Plans are made for the adoptive parents to receive more detailed information regarding medical and mental health history and a statement of the child's legal status, as well as any other information relevant to the child's growth and development. Once the agency and the prospective adoptive parents reach an agreement about the referral, the agency develops plans to determine where and how the placement will take place. Adoption agencies usually charge an adoption placement fee when a child is placed. Since placement details differ among infant, waiting-child, and intercountry adoptions, please refer to chapters 3, 4, and 5 for more information.

Post-placement Period

After the placement of the child with the prospective adoptive parents, a certain amount of time must pass before parents may petition to finalize an adoption. This is called the post-placement period. Each state has mandated post-placement requirements. In many states it is typical that six months must pass from the date of placement before parents may petition legally to finalize an adoption. A few states require longer or shorter post-placement periods, while at least one state, Indiana, leaves the length of the post-placement period up to the discretion of the court hearing the adoption petition (see Appendix E). Some intercountry adoptions are finalized in

the country of origin but may require readoption in the parents' state of residence (see chapter 5 for more details).

During the post-placement period, adoptive families have monthly contact with an adoption professional from the placement or supervising agency, during which they discuss family adjustment and the health and development of the child. At least two of these contacts take place in the adoptive parents' home. Other post-placement contact with adoptive families takes place through telephone conversations or meetings at the agency. Adoptive families and adoption professionals remain in contact until the adoption is finalized. Adoptive parents can use these conversations and meetings to obtain support, learn about ways to adjust to the new family arrangement, work through language barriers, ask and answer questions, identify resources, and explore adoption issues in general.

Finalization

Finalization is the last legal step in the process of adopting a child. This is the official event in court at which the adoptive parents are recognized as the child's legal parents. The agency or adoption attorney files a petition with the appropriate court of the adoptive parent's state of residence (see table 4 for a list of documents needed for the adoption petition). A date is set for the adoptive parents and child to appear before a judge for the signing of the adoption decree. For some intercountry adoptions, the adoption decree is signed in the child's birth country through an authorized agent. When this occurs, adoptive parents often choose to go through a readoption process, in which the state court recognizes the adoption and provides the child with a United States adoption decree. For more information on the readoption process, see chapter 5. Finalization is a memorable celebration. Photos or videos of the event make a great contribution to the family story and photo album or memory book. Having visual records of this event can also help children understand their adoption story.

TABLE 4 Documents to Support the Adoption Petition

Child's birth certificate or date and place of birth if the birth certificate is not available
Written statement of parent's desire to adopt and approval to adopt (an approved home study), including statement of financial ability
Written declaration that adoption is in the best interest of the child
Legal termination of birth parents' rights
Statement of adoptive parent's relationship to child (e.g., relative or non-relative)
Statement with date of custodial placement
Identification statement from the authority that awarded placement custody

18 Adoption in the United States

Openness in Adoption

Adoption practices related to communication and contact between birth and adoptive families have been changing over the past several decades. In the past, it was common to see closed adoptions, in which little or no information and no contact was shared by birth and adoptive families. Originally, professionals involved in arranging adoptions believed that birth parents, adoptive parents, and children would experience less shame if information was kept confidential and contact between the parties was not permitted. This thinking stemmed from the belief that it was shameful and scandalous for unwed mothers to have children. However, over the last thirty years, stigmas associated with single parenting and having children outside of marriage have diminished. We have also learned that a closed, secretive approach to adoption can result in negative consequences for children, birth parents, and adoptive families. Secrecy and lack of information make it difficult for children to understand their history and identity and why they were placed for adoption. It also puts adoptive parents in the difficult position of not having access to information that could help them understand and meet the needs of their children. Lack of access to information also poses problems for birth mothers, who might be comforted by knowledge of their child's well-being. With information, birth parents are better able to manage their grief and are more confident with their decision to make an adoption placement. Increased communication and contact in adoption, referred to as "openness," has been a response to these findings.

"Openness" refers to a continuum of choices regarding the sharing of information and the amount of contact between the birth and adoptive families. For many adoptive parents, this may mean meeting the birth parents and periodically sending letters and pictures. This kind of openness is common in domestic infant adoptions and is often coordinated through the agency without the disclosure of information such as last names and addresses. Other kinds of openness include sharing identifying information and making plans to have contact during and after the adoption. Today, the majority of domestic adoptions in the United States are planned to include some level of information exchange.

The amount of openness in an adoption depends on the individuals involved. There is no prescribed amount of openness that fits all families. Whatever form adoption openness takes, it should be established and managed with the best interests of the child in mind. Conversations with agency staff and other adoption professionals can help adoptive parents and birth parents plan for the kind of openness that fits their adoption. Relationships take time to develop and can transform over time. Similarly, openness plans can evolve as the needs of children and adults change. It is important to note that adoption, whether more open or more closed, creates a connection or relationship between the birth family and adoptive family that lasts a lifetime.

An open adoption arrangement, also known as a cooperative adoption agreement, a communication agreement, and a post-adoption contact agreement, is usually considered a good-faith agreement. It is simply an agreement, either verbal or in writing, between the birth parents and adoptive parents that arranges for ongoing contact of some form. Contact may be face-to-face, or mediated by an attorney or employee of the adoption agency, and may or may not include the child's participation. Most often these agreements are mutually arranged without any formal compact between the parties involved. However, written agreements allow adoptive and birth parents to specify the type and frequency of open adoption contact (e.g., exchange of information, letters, photos, personal visits) that will take place between the child, adoptive parents, and birth parents so that there is no possibility of confusion or misinterpretation. Written contracts should be seen as legally binding even where there are no specific state laws that recognize these agreements (see Appendix F to determine which states legally enforce post-adoption contracts). However, failure to meet post-adoption agreements regarding contact cannot be used as grounds to revoke an adoption or force the relinquishment of parental rights.

When prospective adoptive parents first learn that it is the birth parents who choose a family for their child and that they often require some level of openness in the adoption, they may experience fear that contact with birth parents will interfere with the child's placement or that their roles as parents will be compromised because the child will be confused by the complexity of having two sets of parents (Grotevant & McRoy, 1998). As openness in adoption has become more prevalent, researchers have begun to focus on the outcomes of openness.

Research Spotlight: Open Adoption

Initially, participants in studies looking at the outcomes of open adoption were birth and adoptive parents. Over time, as children in open adoptions matured, they were also able to participate in studies. Studies on adoptions with varying degrees of contact and communication among triad members have examined outcomes for children adopted through domestic infant adoptions, older children adopted from foster care, adoptive parents, birth mothers, and birth families. Roby, Wyatt, and Pettys (2005) and Roby and Matsumura (2002) reported on openness in intercountry adoptions from the Marshall Islands. Other researchers have identified implications for adoption practice relative to what has been learned regarding these outcomes.

Outcomes in Infant Adoptions

Researchers examining outcomes for children who were adopted as infants have found no significant difference in self-esteem, curiosity, satisfaction, and socio-emotional adjustment among children who were adopted in

20 Adoption in the United States

more open and less open adoptions (Grotevant & McRoy, 1998). However, children who had more information about their adoptions were found to have a better grasp of the concept of adoption and higher levels of understanding of the meaning of adoption both in general and for themselves in particular (Grotevant & McRoy, 1998). It was also found that when siblings had different levels of openness in their adoptions, in an effort to maintain equity among the children, adoptive parents tended to restrict the amount of information about their birth families they were willing to share with their children according to the level of openness in the least open adoption (Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedrich, 1996).

In 2002, Kohler, Grotevant and McRoy reported on adopted adolescents' preoccupation with adoption and found a relationship between a child's gender and his or her level of preoccupation (i.e., girls were more preoccupied than boys). Kohler et al. (2002) also reported that higher levels of preoccupation related more to whether or not the adolescents felt alienated from their adoptive parents; the level of openness in the adoption did not seem to matter as much as whether or not the child felt trust for the adoptive parents.

Outcomes for Children Adopted from Public Foster Care

Many children who were adopted from public foster care reported that they were pleased to have been adopted and were satisfied with their relationships with their adoptive families (Logan & Smith, 2005). When children were able to maintain contact with birth relatives with whom they had previously experienced positive relationships, they were glad to visit with them (Fratter, 1996; Logan & Smith, 2005; MacAskill, 2002). Children who had experienced serious issues with members of their birth families reported that direct contact could be uncomfortable and distressing (Fratter, 1996; Neil, 1999). Fratter (1996) found that not all children continued contact, nor did all families find the contact to be helpful. Still, most of the children wanted to remain in contact with their birth families (MacAskill, 2002; Neil, 2003; Thomas, Beckford, Lowe, & Murch, 1999). Logan and Smith (2005) reported that of the children they studied, half of the children adopted from foster care wished for more contact, while the other half were satisfied with the level of contact they experienced.

Outcomes for Adoptive Parents

Adoptive mothers who experienced some degree of openness in their adoptions perceived their adopted children to be more competent, had a more positive parenting relationship with their child, and felt less threatened by their lack of knowledge about their child and his or her background

than did those in traditional closed adoptions (Lee & Twaite, 1997; Neil, 2003). In addition, adoptive parents' satisfaction with birth family contact correlated more with their belief that it was the right thing to do than to the actual tenor of the visits (Grotevant & McRoy, 1998; Neil, 1999; Roby et al., 2005). Over time, the development of a trusting relationship with birth mothers helped adoptive parents perceive that contact could be safe (e.g., Grotevant & McRoy, 1998; Neil, 2003; Siegel, 2003). When adoptive parents possessed a strong ability to understand the perspective of others, they were more likely to view contact from a positive point of view and to maintain or increase such contact over time. These parents also demonstrated greater degrees of empathy and talked more openly about adoption with their children (Grotevant & McRoy, 1998; Neil, 2003). Openness has been found to benefit both parents and children; it helps adoptive parents answer their children's questions and provides them with better tools to parent. Adoptive parents in open adoptions have opportunities to access answers to their children's questions that they would not have had in closed adoptions (Siegel, 1993). In addition, openness gives the adoptive parents a sense of control, and both birth parents and adoptive parents have reported that they felt confident about their assessments of each another (McRoy, Grotevant, & Ayers-Lopez, 1994). Of all adoptive parents, those in fully disclosed adoptions who had ongoing contact with the birth mother reported the least amount of fear that she would return to claim the child (Fratter, 1996; McRoy et al., 1994; Siegel, 1993, 2003). Adoptive parents whose relationships with birth parents involved greater levels of openness reported that they perceived birth parents with compassion and had more respect for them (Lee & Twaite, 1997; Maynard, 2005; Siegel, 1993).

Openness may present some challenges for parents. In open adoptions, adoptive parents may be unable to distance themselves from their intimate knowledge of the birth parents. Adoptive parents have reported that knowing the birth mother sometimes impeded their ability to bond with the child (Siegel, 2003). Some adoptive parents who were initially willing to try to maintain contact with their children's birth mothers found that it was almost as if they were parenting a teen or young adult in addition to their child (Siegel, 1993). They regretted being unable to continue that relationship, and the birth mothers were also disappointed when it could not and did not continue.

In their study of open adoption relationships between U.S. adoptive parents and birth families from the Marshall Islands, Roby et al. (2005) found that the majority of the adoptive parents (forty-six out of fifty-one, or 87%) saw their agreements for openness with the Marshallese as morally binding. Parents felt that maintaining contact was something they ought to continue to do, even if the post-adoption contact agreements were not enforceable. While contact between the majority of the adoptive and birth families was

22 Adoption in the United States

not always maintained, Roby et al. report that some adoptive families still participate in informal networking with other families that adopted from the Marshall Islands and share information and continue contact, which often includes visits with birth families.

Outcomes for Birth Mothers

Research shows that women who chose open adoption acknowledged their pregnancies, sought prenatal care, and learned what to expect both during their pregnancies and from the adoption planning process. They felt that they made an informed decision to place their child and were able to create positive memories of the child (Lauderdale & Boyle, 1994). Regardless of the level of openness, birth mothers reported that children for whom they made an adoption plan are psychologically present to them during routine day-to-day life experiences, not just on special days, such as the child's birthday. This psychological presence is more positive in fully disclosed adoptions but is not markedly negative in less open and closed, or confidential, adoptions (Fravel, McRoy, & Grotevant, 2000).

Birth mothers appreciate receiving information through the agency about their children's health, character, skills, and interests (McRoy et al., 1994; Siegel, 1993). Birth mothers who experience contact with the adoptive family often see themselves as a friend or relative, not a mother (McRoy et al., 1994). Hughes (1995) observed that promises of direct contact may be a circuitous means to encourage birth parents to make adoption plans when they might not otherwise do so.

Outcomes for Birth Families

In a study of birth mothers and fathers whose children were adopted through the public foster care system, the majority of the birth parents expressed fear that their children would be angry that their birth parents did not try harder to keep them and would not understand why they voluntarily relinquished their rights (Maynard, 2005). All the birth parents who participated in Hughes's (1995) study wanted assurances that the child would be told about them and helped to understand that relinquishment did not equal rejection.

Some birth relatives find that contact helps them deal with their loss and enables them to feel more confident regarding the abilities of the adoptive parents to care for the child; thus, they are more supportive of the child's placement (Fratter, 1996; Neil, 2003). Birth parents and other members of birth families in both open and closed adoptions sometimes expect that children will return to them once they are old enough to search for information about their origins (Hughes, 1995; Logan & Smith, 2005; Roby &

Matsumura, 2002). In Hughes's (1995) study the birth parents had placed children several years earlier and were not looking for ongoing contact and communication, which they felt might be too painful for both themselves and the children. Still, those birth parents expressed the belief that after children turned eighteen they would make an effort to contact them. Logan and Smith (2005) talked with all members of the adoptive triad (i.e., birth parents, adoptive parents, and children) who were already in contact and learned that the birth parents did not feel that they had completely relinquished their children, and that they did hope that their children would come back to them when they could. In their study of birth mothers from the Marshall Islands, Roby and Matsumura (2002) describe the Marshallese view of adoption, according to which the child's placement with an adoptive family creates a kinship connection between the adoptive parents and the Marshallese birth family, who see children as family property that can be used as gifts to extend the boundaries of their family and build kinship connections that include "support and expanded rights" (Roby & Matsumura, 2002, p. 11). Walsh (1999) also points out that unlike the American idea of adoption, in which a child exchanges one set of parents for another, in Marshallese culture, children gain "additional sets of parents" (p. 9).

The majority of the birth parents surveyed felt that, in principle, they should have access to information about the adoptive parents and the child's development. At the very least, they supported some sort of mediated sharing of information that did not need to directly involve the child but would continue until the child became an adult. Several wanted to see this made a legal requirement of adoptions (Hughes, 1995).

Outcomes Affecting All Members of the Adoption Triad

Logan and Smith (2005) learned that adoptive parents in open adoptions realized that the agency did not prepare them to manage their feelings about birth relatives and contact. After the adoption, all members of the triad reported that they felt responsible for working out their own problems. While fully disclosed adoption works well for some families, it also presents challenges for members of the adoption triad, who must build a new network with new relatives (McRoy, Grotevant, & White, 1988). Also noteworthy is the fact that two-thirds of fully disclosed adoptions did not begin that way. Instead, over time, mediated or confidential adoptions evolved into fully disclosed adoptions based on trust and mutual respect. Variations in the amount and type of contact in open adoptions exist as a result of families' circumstances (McRoy et al., 1994). Openness allows birth parents and adoptive parents to focus on each other as individuals and to see the similarities in their goals and aspirations for the child. They realize that they all want what is best for the child (Maynard, 2005).



24 Adoption in the United States

Implications for Practice

Because contact in open adoption has been defined to range from mediated information sharing to direct contact, professionals who help families arrange adoptions should not focus on promoting only one type or level of openness. Fratter (1996) suggests an open-minded but cautious consideration of contact for children who are adopted. Since openness has not been found to confuse children about adoption or lower their self-esteem (Wrobel et al., 1996), professionals might initially encourage families to formulate an arrangement that suits their unique needs. In addition, a plan to renegotiate contact as the child grows up allows parties to the adoption to feel comfortable as the child matures and the relationship between the families changes over time (Hughes, 1995; Siegel, 2003). Professionals may also want to be able to share information on research outcomes regarding openness so that they can reassure adoptive parents, who may be concerned about how openness will affect their role as parents.

Conclusion

Just as each individual is unique and every family is unique, so too will every adoption be a unique interaction among the members of the adoption triad, supported by the members of the adoption team. Research shows that in many cases some level of openness is helpful for all members of the adoption triad for a variety of reasons. It can be useful for children to have access to the answers to their questions about their birth families. It can also be helpful for adoptive parents to have access to those answers, and to the answers to their own questions. Finally, having the ability to find out what has happened in the life of the child for whom they made an adoption plan can benefit the birth mother and birth family. It would seem that with flexibility, sensitivity, and careful planning, some level of openness may benefit all members of the adoption triad.

