The Basics of Adoption Practice

Adoption is a highly specialized field that focuses on placing children with families and providing services to ensure that these placements are permanent. In recent decades, the emphasis of adoption practice has shifted from helping families find children to finding safe and permanent families for children. Adoption workers are now expected to have extensive knowledge and understanding of the recruitment and assessment of adoptive families, the placement of children with a variety of strengths and needs, and supportive postadoption services to promote attachment and permanency for children.

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This bulletin provides an overview of the basics of adoption practice and the responsibilities of adoption workers. However, each State has its own laws and policies that regulate adoption, and there is significant variation from State to State. Workers are encouraged to become familiar with their own State laws and policies and to check with their supervisors or State Adoption Specialists for specifics.

**Types of Adoption**

Most adoptions in the United States fall into one of three main categories, each of which requires somewhat different services and skills from the adoption worker:

- The adoption of children from the public foster care system by foster caregivers, kin, or adoptive parents chosen by the agency for the child
- The domestic adoption of infants who reside in the United States and are adopted through private adoption agencies or independently (depending on State law)
- Intercountry adoption of infants and children from other countries by U.S. citizens

Much of the discussion that follows applies to all three types of adoption. In some cases, especially those involving intercountry adoption, there will be less opportunity for the adoption worker to receive and provide information and services to the birth family, the adoptive family, or the child.

**Family Assessment**

Assessment of the family is one of the earliest steps in the adoption process for the worker and the family. Often, this process is called the “home study.” It is a mutual process by which the worker and a prospective adoptive family determine the family’s appropriateness and readiness for adoption. The assessment process is strengths-based, with the intent to screen in applicants. It often includes:

- The relationship-building between the family and the worker or agency
- The adoption education and development of families
- The exploration of values, expectations, and motivations
- The family self-assessment of strengths and limitations
- The preparation of the family for placement
- The agency’s and worker’s determination of the safety and well-being of the prospective family placement for the children (Rycus and Hughes, 1998)

Agencies use a variety of assessment tools and opportunities, including individual and family interviews; preservice training and other group sessions; written autobiographies; and collateral contacts through references, credit reports, physical and mental health evaluations, driving records, and criminal record checks. The assessment will vary depending on the jurisdiction and the type of adoption, but its components will be similar. Often, the final assessment or home study is shared with the family.
Prospective families should be assessed within their cultural context. Thus, adoption workers should strive to be culturally competent, so that they can relate to persons from diverse cultures in a sensitive, respectful, and productive way. To reduce the chance of misassessment, workers must consider different communication and interaction styles, nonverbal behaviors, differences in the use and meaning of specific words and phrases, family roles and relationships, and home environments.

What Areas Are Assessed?
Unlike home studies of the past (where the actual home was the focus), assessments consider personal and family characteristics that have been correlated with successful parenting of adopted children. Those include:

- The ability to provide safety and permanency for the child
- The motivation for and expectations of adoption
- The personal and emotional maturity
- The stability and quality of interpersonal relationships
- The resilience, coping skills, and history of stress management
- The ability to adapt
- Parenting skills and abilities
- Empathy
- The belief that adoptive parents have full rights and responsibilities to parent a child not born to them
- The ability to provide “hands-on” parenting
- The willingness to make a lifelong commitment

What Are the Outcomes of a Family Assessment?
The final phase of the family assessment is to formalize the assessment’s conclusions and plan next steps. Because the family assessment is a collaborative process, the formal approval should evolve as part of the discussions between the worker and family and will, in most cases, be mutually determined by the family and agency.

The possible outcomes from a family assessment include:

- **The family is approved for adoption.** This approval should include the age, sex, number, and type of child(ren) for which the prospective parent(s) is most suited. The family should be notified in writing and given information regarding their next steps. Families need to understand that receiving approval for adoption in general does not necessarily mean they are approved to adopt a specific child.

- **The family is deferred.** The family is not ready for adoption at this time. This decision may be made by either the family or the worker. It may be due to current circumstances (e.g., an unexpected pregnancy, health problem, or job change), unresolved issues from the past, or unclear or unrealistic expectations. If the worker makes the decision, the worker should provide the family with written documentation and offer concrete suggestions and referral sources to help rectify the situation. An open invitation may be left for the family to return to the agency when they are ready to move forward.

- **The family is inappropriate to adopt.** The worker has determined that the
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family is ineligible to adopt because they cannot provide a safe, stable, and nurturing environment for an adopted child. This may include such factors as a felony record, active substance abuse, chronic mental instability or pathology, sexual disorders, or a substantiated history of abusing or neglecting children. The worker should provide the family with written documentation of this decision, citing specific examples.

Deciding not to approve families is often difficult for most workers, so it is important to provide concrete, documented reasons why they are not being approved. These reasons should be linked directly to the parenting of an adopted child. Remember, denying or deferring a prospective family may prevent an adoption disruption or dissolution for a child in the future.

For resources on family assessment, go to the Child Welfare Information Gateway website section on Recruiting, Preparing, and Retaining Foster/Adoptive Parents at www.childwelfare.gov/permanency/adoption/rpr/index.cfm.

Child Assessment

In adoptions involving children or youth adopted from the foster care system, an adoption worker may be able to conduct an assessment of the child. (This worker may be a different person from the worker who assesses the family.) Gathering and giving full consideration to all available information about the child allows the agency to make the most appropriate selection of a permanent family and enables a prospective parent to make an informed decision about accepting a child. Assessing the child should involve:

- Knowing the whereabouts and legal status of the child’s siblings and the pros and cons for seeking an adoptive family who could keep the siblings together or reunite them if they have been temporarily separated from each other
- Developing an understanding of the child’s history, including involvement with the child welfare system
- Assessing current functioning and needs
- Identifying potential future needs
- Recognizing the long-term impact of abuse, neglect, or sexual victimization on the child’s development
- Evaluating strengths and limitations
- Assessing the desire or readiness for adoption
- Identifying the knowledge and skills that will be required to parent the child to adulthood effectively
- Identifying the extent of contact with birth relatives, including siblings (if they have not been placed together), and the level of openness that may be desired
- Developing a sense of the type of family in which the child will best live and thrive

Sources of assessment information may include official records, medical reports, and interviews with people who know the child, developmental and personal information, and the child’s own interests. Older children and youth may be able to provide a great deal of information on their own interests, history, and resources within their family network.
Workers can learn more about obtaining background information on children through the Information Gateway factsheet *Obtaining Background Information on Your Prospective Adopted Child* (www.childwelfare.gov/pubs/f_background.cfm).

For children assessed as not yet ready for adoption, specific activities can be used to involve and prepare them to join permanent families. Adoption workers or adoption-competent therapists may engage children in such activities as being photographed, preparing life books, and sorting out feelings. For many older youth, involving them in their own permanency planning can be key to overcoming their resistance to adoption.

For more information on preparation and transition activities, see the Information Gateway factsheet *Helping Your Foster Child Transition to Your Adopted Child* at www.childwelfare.gov/pubs/f_transition.cfm.

**Birth Parent Involvement**

Regardless of the circumstances that led to the placement of a child for adoption, many birth parents desire to be involved in the adoptive planning for their children. Traditionally, birth parents involved in voluntary placements have been allowed more active participation and decision-making responsibility than in nonvoluntary placements. These parents are often involved in preplacement counseling and planning, the provision of medical and social history, the selection of an adoptive family (a relatively new development), the determination of the level of ongoing contact with the adoptive family, and activities to help children understand the transition to adoption.

Current adoption practice may include similar kinds of birth family involvement, even in cases of nonvoluntary placement. Nonadversarial adoption planning is in the best interests of the child and the birth family. If appropriate, birth parents who did not voluntarily place their children may still have an important role in the provision of medical and social history, the placement process, providing necessary closure for the child, decision-making about future contact, and beginning their own grieving process.

Birth parent services. Most birth parents grieve the loss of their role as the child’s primary parents. In many types of adoption, there are services to help birth parents. Depending on the adoption worker’s role and the type of agency, services to birth parents may be integral to the adoption process (as with many private agencies), may be conducted by child welfare workers (as with some public and private agencies), or may be essentially non-existent (as with many intercountry placements or private adoptions completed without the involvement of a social services agency). The goals of these services are to:

- Empower birth parents to have as much input as possible in plans for their child
- Assist the birth parents in maintaining their dignity and self-worth throughout the adoption process
- Ensure that the main focus is the child and his or her best interests
- Help birth parents make responsible decisions throughout pregnancy, parenting, or adoption planning
- Acknowledge the parental role in cases of involuntary placement and to garner their assistance in gathering pertinent informa-
tion, preparing the child, and assisting the agency in adoption planning for the child

- Facilitate communication (and mediation, if necessary) among members of the birth parents’ extended families and between birth and adoptive families, as appropriate
- Help the birth parent understand, accept, and manage the pain of an adoption decision, whether that decision is made by the parent or by the court


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**Openness in Adoption**

Openness in adoption refers to the continuum of relationships that can exist between members of the birth family and the adoptive family, including the child. This continuum runs from closed adoption, in which no identifying information is shared between the birth family and the adoptive family, to fully open adoption in which the child and adoptive family have an ongoing relationship with members of the birth family. Even in closed adoptions, nonidentifying medical information is generally provided, although this may be minimal for some intercountry adoptions.

For more information on openness in adoption, refer to the Information Gateway bulletin *Openness in Adoption* at www.childwelfare.gov/pubs/f_openadoptbulletin.cfm.

Successful adoption relationships always focus on the needs of the child. Adoption professionals work with birth and adoptive parents to enhance their ability to maintain this focus. Some key factors to consider in facilitating an open adoption relationship include the following:

- What level of openness is appropriate and safe for all parties?
- How will changes in the nature of the relationship be negotiated over time?
- Can the adoptive parents set appropriate boundaries?
- Does the birth parent recognize and support the adoptive parent as the parent?

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**Matching Families and Children**

The goal of a careful matching process is to ensure the most appropriate fit between the needs of the child and the strengths of the family. In the case of domestic infant adoption or placement of children from foster care, matching is the task of reviewing the assessments of prospective families along with those of available children to determine the best family to provide safety, permanency, and well-being for a specific child or sibling group.

The selection of a potential adoptive family should be a collaborative effort between the child’s social worker, foster parents or current caretakers, the adoptive family’s assessment worker, adoptive parents, other professionals, and, in some instances, the birth family and the child. In seeking families for children, workers should first explore families to which the child already has some attachment (e.g., relatives or current or previous foster care-
givers). This may be particularly important for older youth. If no appropriate resources for the child exist within the child’s current network, “matched” families (nonrelative families unknown to the child) should be considered to meet the child’s needs for adoptive placement.

In intercountry adoption, there may be fewer opportunities for matching by the adoption worker. In some cases, the selection and matching may be done in the child’s birth country rather than by the U.S. agency. Some agencies provide referrals so that the U.S. agency selects the child to be offered to a family. The family then accepts the referral or waits for another referral.

**What Makes a Good Match?**

Consider the following factors:

- Does the family have the skills, abilities, knowledge, and desire to parent the child?
- Does the family possess the emotional and financial resources to meet the child’s needs? Do they know how to access them?
- Is the family’s lifestyle compatible with that of the child?
- Does the family have specific experience with needs similar to those of the child?
- Are the parents willing to learn more about caring for this child’s needs?
- Does the family feel that this is the right child for them and that their existing structure can grow and adapt to meet the child’s needs?
- Does the family have a network of family, friends, and professionals to provide emotional support for the adoption?

There is a range of possibilities between a good and poor match. In most matches, the family is a good match for some of the child’s issues, a minimal match for some, and a poor match for others. It is imperative that the family be a good match for the child’s most critical needs or issues. Additionally, prospective parents should be highly motivated to develop the necessary knowledge and skills to meet all the child’s needs.

**Legal Considerations in Matching**

There is overarching legislation that guides practice and may impact matching, including the following:

- **The Adoption and Safe Families Act (ASFA) of 1997** supports permanency for children by reducing timeframes for courts and child welfare agencies in working toward permanency outcomes (family reunification, kin placements, or adoption) for children in foster care. ASFA shortened the timeframe for children’s permanency and shifted the focus to safety for children. For the text of ASFA, visit [http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.21&filename=publ89.pdf&directory=/diskc/wais/data/105_cong_public_laws](http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.21&filename=publ89.pdf&directory=/diskc/wais/data/105_cong_public_laws). For comments on practice issues, go to [www.abanet.org/child/tenprereqs.html](http://www.abanet.org/child/tenprereqs.html).

issues, go to www.abanet.org/genpractice/lawyer/complete/f95child.html.

• **The Interstate Compact on the Placement of Children** (ICPC) is a binding contract between 52 member jurisdictions (all 50 States, the District of Columbia, and the U.S. Virgin Islands) that establishes uniform legal and administrative procedures governing the interstate placement of children. The ICPC is based on the premise that children placed across State boundaries should receive the same benefits and services as if they remained in their home States. General ICPC information can be obtained by linking to http://icpc.aphsa.org. A guide to the ICPC can be found at http://icpc.aphsa.org/documents/Guidebook_2002.pdf.

• **The Multi-Ethnic Placement Act** (MEPA) was enacted in 1994 and amended by the Interethnic Placement Amendment (IEP) in 1996 to eliminate discriminatory practices that denied children permanency and discouraged applicants from becoming foster and adoptive parents. The foundation for MEPA is the Civil Rights Act of 1964 that prohibits recipients of Federal financial assistance from discriminating in their programs and activities based on race, color, or national origin. The law prohibits the delay or denial of a child's placement or an individual's ability to adopt on the basis of race, color, or national origin. It also requires agencies to recruit potential foster and adoptive families that reflect the diversity of children in care.

Violations of MEPA carry financial sanctions. If a social worker in either a public or private agency violates MEPA, the entire State can lose a portion of title IV-E funding for every quarter they are out of compliance. In addition, State departments can impose sanctions on any agency, including a corrective action plan, recouping of title IV-E monies from public agencies, or requiring the return of contract monies from private agencies. Private agencies that violate MEPA are at risk of losing their license to perform foster care and adoption functions.


### Sharing Information With Families

Information about the child's history may be shared with a prospective adoptive family in a presentation meeting or electronically. For families considering adoption from foster care and in some cases of intercountry adoption, the information is usually shared before any actual meeting with a specific child, so that the family can decide whether to proceed.

Sharing information serves several purposes:

- **Introduces background information about the child to the family**
- **Provides the family with information regarding the child's present level of functioning**
- **Initiates the family's self-evaluation process**

In some cases, information is minimal, making it more difficult for families to make decisions about their ability to provide a nurturing...
home for a particular child or sibling group. Additionally, the ability of prospective parents to make good, thoughtful decisions may be affected by their eagerness, their reluctance to turn down a child, or their desire not to disappoint the worker or agency.

Workers and agencies have an ethical responsibility to share all nonidentifying information about the child and birth family with prospective adoptive parents. Providing accurate and complete background information is important for several reasons:

- It helps the prospective adoptive family make an informed decision.
- It ensures that the child is placed in an environment that can meet his or her needs.
- It ensures that the adopted person has full and accurate knowledge of his or her family, medical, and genetic history.
- It helps protect agencies and intermediaries from “wrongful adoption” lawsuits.

More information can be found in the Information Gateway bulletin Providing Background Information to Adoptive Parents, available at www.childwelfare.gov/pubs/f_backgroundbulletin.cfm.

### Involving Youth in Their Placements

Ideally, older children and youth are able to have significant involvement in their own permanency planning. Using a team approach to permanency planning for youth allows them to participate as team members in the planning process. Their involvement can include the following:

- The identification of kin or other important people who may be willing to provide a permanent connection or even a permanent family
- Participation in teen conferences, adoption fairs, and other activities in which youth and prospective families are brought together
- Involvement in youth development opportunities, such as training and recruiting of prospective families

For more information on placing youth, see the Child Welfare Information Gateway bulletin Enhancing Permanency for Older Youth in Out-of-Home Care at www.childwelfare.gov/pubs/focus/enhancing/index.cfm.

### Placing Children With Families

Once a family has been selected for a child and the child has been prepared for placement, the worker and family may develop and implement an individualized plan for how and when the child will move into the family’s home. The plan carefully considers the needs of the child and family in order to:

- Provide continuity of caregiving
- Ease the child’s adjustment
- Enhance the child’s understanding of the event
- Allow an opportunity for important people in the child’s life to help the child transition
- Facilitate new attachments
• Plan for postadoption contacts
• Help the family and child cope with changes and stress

Any child experiencing a move and change in caretaker is at risk for experiencing trauma (Dozier, Dozier, & Manni, 2002). This is true for domestically adopted infants, older children adopted from foster care, and infants and children placed through intercountry adoptions. However, the degree of trauma can be mitigated by the care and skill the worker and the families bring to the process.

**Prefinalization Services**

A child typically lives with the new family for 6 to 12 months before the adoption is finalized by the court. This period sets the tone for the adjustment and attachment of both the child and the members of the adoptive family. Adjustment generally occurs in a predictable sequence of five phases: getting acquainted, the honeymoon, ambivalence, reciprocal interaction, and bond solidification (Pinderhughes and Rosenberg, 1990). Adoption workers should be aware of this sequence of phases in order to educate families about what to expect during the adjustment process.

The availability of supportive services before and after adoption finalization has been widely identified as a critical factor in the successful continuance of an adoption (Goodman, 1990). Objectives of prefinalization services are to:

• Continue to educate family members about expected stresses and changes
• Help parents facilitate new attachments
• Encourage a sense of entitlement by adoptive parents
• Recognize early indicators of potential disruption
• Address children’s issues with loss, attachment, or cultural differences
• Address parents’ issues with unmet expectations, cultural differences, or lack of preparation
• Provide immediate interventions to stabilize placements at risk of disruption

While most adoptive placements are successful, disruptions (termination of the placement before finalization) do occur. Researchers note that the rate of disruption among children adopted from foster care increases with the age of the child, since older children often have experienced multiple moves, placements, changes in schools, and other difficult events following their initial abuse or neglect (Barth and Berry, 1990). Research suggests that disruption is less likely when postadoption services are provided (Goerge, Howard, Yu, & Radomsky, 1997).

More information about disruption can be found in the Information Gateway bulletin Adoption Disruption and Dissolution: Numbers and Trends (www.childwelfare.gov/pubs/s_disrup.cfm).
A WORD ABOUT ATTACHMENT

After placement, adoption workers help children and families learn to develop and maintain healthy attachments within the family. Attachment can be viewed as a continuum with healthy attachment at one end and attachment disorder at the other. While a small percentage of children with attachment problems can be correctly diagnosed as having an attachment disorder, many more adopted children display signs of stressed attachment, a midpoint along the continuum. Children who have experienced maltreatment or traumatic separations are hesitant to trust others sufficiently to attach quickly or easily.

The worker plays a key role in assisting the family to help the child overcome attachment problems and in finding adoption-competent mental health practitioners who can facilitate the family bonding process. Consequently, the worker must possess a solid knowledge of attachment dynamics and be able to assist the family in developing strategies to move toward healthy attachments.

Postadoption Services

Even after finalization, the need for services is a normal part of adoptive family development and is not necessarily an indicator of family dysfunction. Postadoption services can help all members of the adoption triad (birth parents, adoptive parents, and child) deal with normal developmental stages of adoptive family life, long-term adoption issues, openness mediation, searches for background information, or reunions. A safety net of supportive postadoption services preserves permanency, provides reassurance to prospective adoptive parents, and serves to bring in more adoptive families for children.


Summary

Adoption is an evolving, highly complex area of practice, and bulletins such as this provide one way for professionals to learn. Other ways that adoption workers can enhance their skills include clinical supervision, mentoring with experienced adoption staff, training and conference opportunities, reviews of literature, and e-learning opportunities.
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References


FURTHER RESOURCES

The library at the Child Welfare Information Gateway offers a full range of resources on adoption and adoption practice, and the library’s collection is continually updated with the latest reports, books, articles, and newsletters. The library also contains a number of items not available elsewhere, such as project reports from Federal grantees.

Anyone can search for and request items from the library. A library search will result in an abstract or summary and contact information for obtaining the material.

To conduct a library search, go to http://basis.caliber.com/cwig/ws/library/docs/gateway/SearchForm

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