



Eliminating Barriers to the Adoption of Children from Foster Care

Citation

Kamarck, Elaine C., Mary Eschelbach Hansen, Julie Boatright Wilson, and Jeff Katz. 2012. Eliminating Barriers to the Adoption of Children from Foster Care. HKS Faculty Research Working Paper Series RWP12-040, John F. Kennedy School of Government, Harvard University.

Published Version

<http://web.hks.harvard.edu/publications/workingpapers/citation.aspx?PubId=8544>

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Eliminating Barriers to the Adoption of Children in Foster Care

Faculty Research Working Paper Series

Elaine C. Kamarck

Harvard Kennedy School

Mary Eschelbach Hansen

American University

Julie Boatright Wilson

Harvard Kennedy School

Jeff Katz

Listening to Parents

September 2012
RWP12-040

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ELIMINATING BARRIERS TO THE ADOPTION OF CHILDREN IN FOSTER CARE

Executive Summary

For children in foster care who cannot be reunified with their families of origin, there is no question that adoption is preferable to “aging out”. Moreover, every dollar spent on adoption for a child from foster care yields three dollars in benefits. Yet, 27,854 youth aged out of foster care in FY2010, and, for each child who was adopted during the year, two children with a goal of adoption continued to wait in foster care. Research shows that there are more than enough families interested in adopting children from foster care, but that only one in 28 people who contacts a child welfare agency actually adopts a child. *Today there are more than 100,000 children waiting in foster care in large part because of barriers in the adoption system that could be eliminated through changes in policy and practice.*

To probe ways to eliminate these barriers, Listening to Parents convened an Executive Session of eighteen experts in adoption and family policy at Harvard’s John F. Kennedy School of Government on March 25, 2011. Participants included academics, advocates, government officials, foundation leaders, former frontline caseworkers, and adoptive parents.

Barriers to Adoption

Barriers to adoption from foster care identified by participants in the Executive Session include:

- financial disincentives for creating interstate adoptions;
- lack of standardized information about families seeking to adopt and about children waiting to be adopted;
- insufficient post-adoption support compared to support for youth aging out; and
- absence of a robust model for creating adoptions, including effective recruitment of adoptive families; appropriate caseloads, training, and supervision for workers; and significant youth involvement.

Because adoption saves state and federal money and because there is bipartisan consensus that all children need and deserve permanency, Executive Session participants believe that the current budget crisis is an excellent opportunity for Congress to take steps that increase adoption and ensure a better future for children in foster care.

Recommendations for Congress

The United States does not have a national adoption system. Instead, there is a different system in each state, the District of Columbia, and Puerto Rico. Moreover, some state child welfare systems are administered at the county level. Each jurisdiction has its own criteria for adoption eligibility and process for recruitment, approval, and training of adoptive families. The absence of a robust nationwide model, inadequate fiscal support for adoption, and the existence of disincentives to matching children and families across state lines, prevent annual adoptions from increasing beyond the 2009 peak of about

57,000 and limit interstate adoptions to approximately one in every 200 adoptions. Because of the unique relationship between the federal government and the states, *Congress is best-positioned to create incentives to improve and standardize adoption practice within each state and to facilitate adoptions across state lines.*

To increase the number of adoptions, Congress should:

1. *Reward both sending and receiving states for creating interstate adoptions.* In the current system, the state that sends the child to be adopted in another state enjoys a financial gain while the state that receives the child experiences a financial loss. Congress should change incentives so that both states are rewarded when a child is adopted across state lines.
2. *Establish national standards for home studies and for descriptions of waiting children.* Nationwide use of a standard home study, such as the Structured Analysis Family Evaluation (SAFE), will raise the average quality of home studies. A nationwide standard is also essential for increasing interstate adoptions, since mistrust of data from other jurisdictions is a barrier to adoption. Similarly, national standards for describing and disclosing each waiting child's experiences and needs are critical, both for the process of matching children and parents and for preparing parents to meet the child's needs. Congress should instruct the Department of Health and Human Services to establish these standards.
3. *Eliminate long-term foster care as a goal.* Children with a goal of Another Planned Permanent Living Arrangement (APPLA) exit foster care into "living situations" but have no family. "No family" should never be the plan for a child. Congress should create incentives for states to replicate existing effective initiatives for reducing use of APPLA.
4. *Emphasize funding for post-adoption services.* No money is dedicated to post-adoption services while significant funds are set aside for other programs, such as independent living for youth with a goal of APPLA. Children who have been adopted from foster care outnumber those in independent living programs by 10 to 1. Funding for post-adoption services should be increased so that it is *at least equal* to that dedicated to supporting independent living. As use of APPLA is reduced and independent living services are less urgently needed, Congress should reallocate the funds currently used for independent living to post-adoption services.
5. *Encourage development of a robust, comprehensive practice model of adoptions from foster care.* Congress should support the development and use of a model that enhances the primary emphasis on safety with a more nuanced strategy for permanence. An effective model will feature child-specific recruitment, clearly defined roles and responsibilities for workers and supervisors, and youth involvement in collaborative permanency planning. Such a model will facilitate training of frontline social workers and supervisors and will make it possible to develop measures of accountability for outcomes.

ELIMINATING BARRIERS TO THE ADOPTION OF CHILDREN IN FOSTER CARE

Recommendations for Nationwide Reform

Prepared by Elaine C. Kamarck, Julie Boatright Wilson,
Mary Eschelbach Hansen, and Jeff Katz

On March 25, 2011, eighteen experts in adoption and family policy met at Harvard's John F. Kennedy School of Government to probe ways to eliminate barriers that prevent children in foster care from being adopted. Participants included academics, advocates, government officials, foundation leaders, former frontline caseworkers, and adoptive parents. The discussion was divided into four parts: identifying barriers to adoption, identifying what can be done to overcome these barriers, clarifying the federal role in encouraging adoption, and developing concrete strategies to eliminate identified barriers. This summary tries to remain true to the spirit of that discussion.

Experts Participating in the Executive Session

- Richard Barth - Dean, University of Maryland, School of Social Work
- Judy Cockerton - Treehouse Foundation
- Thomas M. Crea - Assistant Professor, Boston College Graduate School of Social Work.
- Nicole Dobbins - Executive Director, Voice for Adoption
- Sharen Ford - Manager, Permanency Services, Colorado Department of Human Services
- Lauren Frey - Project Director for Permanency Services, Casey Family Services
- Sarah Gerstenzang - Executive Director, New York State Citizens' Coalition for Children
- Mary Eschelbach Hansen – Associate Professor of Economics and adoption researcher, American University
- Elaine Kamarck - Lecturer in Public Policy at Harvard Kennedy School
- Jeff Katz - Founder, Listening to Parents
- Joe Kroll - Executive Director, North American Council on Adoptable Children
- Natalie Lyons - Vice President and Center Director, National Resource Center for Adoption
- Ruth McRoy - Professor, Boston College Graduate School of Social Work
- Jennifer Perry - Children's Action Network
- Rita Soronen – President and CEO, Dave Thomas Foundation for Adoption
- Kim Stevens - Project Manager, Community Champions Network, North American Council on Adoptable Children
- Kathleen Strotzman- Executive Director, Congressional Coalition on Adoption Institute
- Julie Boatright Wilson - Senior Lecturer in Social Policy at Harvard Kennedy School

Background

One of the greatest challenges facing child welfare agencies in the United States is providing permanent families for children in foster care who cannot be reunified with their families of origin. Although the number of children and youth adopted each year has doubled since the passage of the Adoption and Safe Families Act in 1997, in 2010 nearly 28,000 youth “aged out” of foster care. These children reached the age of legal maturity without the safety, security, and love of a permanent family to guide them into adulthood. These youth are disproportionately likely to become homeless, to be incarcerated, to abuse alcohol and other substances, and to become pregnant.¹ Just over half of the nearly 100,000 children waiting in foster care for a permanent home in 2010 were adopted. In every year for the past decade, waiting children have outnumbered adopted children by about 2 to 1.

The adoption gap is *not* due to lack of interest in adoption by families; surveys indicate there are *more than enough* interested families to adopt *all* children waiting in foster care to be adopted. The adoption gap is caused by barriers to adoption that could largely be eliminated through changes in policy and practice.

Adoption is important for these young people and for society as a whole. Providing permanent, loving homes to all children in foster care is essential for these individual youth. All children deserve to have a family that loves them, cares for them, and can provide support throughout their lives.

Adoption of youth from foster care saves taxpayer money, even as it provides life-changing outcomes for children, with saving to government that far exceed the cost of the adoption. As Mary Hansen wrote in a *Washington Post* editorial on October 19, 2008:

US Foster Care Dynamics: FY2010	
In foster care on 9/30/10	408,425
Exited foster care in FY2010	254,114
...reunification with parents	128,913
...adoption	52,340
...guardianship	16,208
...emancipation (“age out”)	27,854
...living with other relatives	20,423
...transfer to another agency	5,114
...runaway	1,504
...other	338
Entered foster care in FY2010	254,375

Facilitating an adoption from foster care costs government about \$115,000, it saves approximately \$258,000 in child welfare costs, netting \$143,000 in taxpayer savings for each child. My research estimates that each adoption from foster care nets an additional \$190,000 to \$235,000 in other savings—from reductions in special education spending to the costs of future involvement in the juvenile justice system, for example. Moreover, a child who is adopted from foster care is likely to earn more—and pay more taxes—than counterparts who “age out” of foster care without a permanent family (between \$88,000 and \$150,000 over a lifetime). **All told, every dollar spent adopting a child from foster care yields about three dollars in benefits.**²

¹ Mark E. Courtney, Amy Dworsky, JoAnn S. Lee, Melissa Raap, Gretchen Ruth Cusick, Thomas Keller, Judy Havlicek, Alfred Perez, Sherri Terao, Noel Bost, “Midwest Evaluation of the Adult Functioning of Former Foster Youth” (<http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>).

² Mary Hansen, “Despite a Tragedy, Adoption Aid Remains Crucial,” *The Washington Post*. October 19, 2008. See also, Mary Eschelbach Hansen, “The Value of Adoption,” *Adoption Quarterly* 10(2), pages 65-87; and R.P. Barth, C.K.

Advocating for changes now is particularly timely because families interested in adopting are increasingly looking to do so through foster care. The number of infants available for private adoption has been declining for decades³ and the number of foreign children available for adoption is now declining due to changes in international law.⁴

More Parents than Children

Prospective adoptive parents outnumber waiting children by a ratio of more than 5 to 1. In a *Washington Post* editorial on November 5, 2008, Jeff Katz drew on the 2002 National Survey of Family Growth,⁵ to compare prospective parents seeking to adopt a child with children available in foster care. At that time, there were 600,000 American women actively trying to adopt a child. The survey asked women about the characteristics they would prefer or accept in a child they adopted. Based on the results:

- 521,400 would adopt an African American child. At the time there were about 41,600 African American children in foster care waiting to be adopted. This implies there were as many as 12.5 prospective parents for each waiting African American child.
- 351,600 would adopt children ages 6 to 12. This implies that there were 7.6 prospective parents for each waiting child in this age group.
- 185,400 would adopt a child age 13 or older. This implies that there were 6 prospective parents for each waiting adolescent.
- 181,800 would adopt a child with a severe disability, and 447,000 would adopt two or more siblings at once.

But according to a 2005 Harvard University study, only one in 28 people who initially contacted a child welfare agency actually adopted a child.⁶

Why is it so difficult to match prospective adoptive parents with children in foster care who need to be adopted?

Lee, J. Wildfire, and S.Y. Guo, S. Y., "A Comparison of the Governmental Costs of Long-term Foster Care and Adoption," *Social Service Review*, 80(1), pages 127-158.

³ For recent statistics, see Jo Jones, NCHS Data Brief Number 12, "Who Adopts? Characteristics of Women and Men Who Have Adopted Children" (<http://www.cdc.gov/nchs/data/databriefs/db12.htm>).

⁴ U.S. Department of State, Bureau of Consular Affairs, "Statistics" (http://adoption.state.gov/about_us/statistics.php#).

⁵ The National Survey of Family Growth (NSFG) is a national sample of 7,643 men and women 15 to 44 that gathers information on family life. The data used here are from Cycle 6 of the survey, which was conducted from January 2002 to March 2003. Centers for Disease Control, "Adoption Experiences of Women and Men and Demand for Children to Adopt by Women 18-44 Years of Age in the United States, 2002" (http://www.cdc.gov/nchs/data/series/sr_23/sr23_027.pdf).

⁶ Julie Boatright Wilson, Rob Geen, and Jeff Katz., "Listening to Parents: Overcoming Barriers to the Adoption of Children from Foster Care" (<http://www.hks.harvard.edu/ocpa/pdf/Listening%20to%20Parents.pdf>).

Barriers to Adoption

Members of the Executive Session drew on their own research and experiences, as well as the research of others, to identify the barriers to adoption facing adoptive families, barriers to frontline caseworker action, barriers within state agencies, and barriers created by federal regulation.

Barriers at the level of individual adoptive families. Adopting a child in foster care is never easy. Children who have experienced neglect or abuse, followed by the uncertainty and frequent moves that many children experience while in foster care, present challenges to the parents who adopt them.

Insufficient post-adoption services and support: Good foster families provide an enormous amount of love and nurturing to the children in their care. However, some are reluctant to adopt because the services the state provides to the child while in foster care may not be available *after* adoption.⁷ There is too little funding for behavioral and mental health services, advocacy in the school system, and foster-adoptive parent support groups—all of which are disproportionately needed by children in foster care and children formerly in foster care. In contrast, there are large set-asides for independent living, which would be largely unneeded if adoption were better supported and encouraged.

Barriers at the level of individual frontline child welfare workers. Frontline child welfare workers are responsible for the children and youth on their caseloads, for the families of origin of those children, and to foster or kinship families. Workers must provide services and supports to all of these stakeholders, with the concurrent goals of reuniting the children with their birth families if possible, and preparing them for adoption or another permanent outcome if reunion is not possible. These are enormous responsibilities.

Heavy caseloads for frontline workers: The average frontline social worker carries a large caseload.⁸ Given a shortage of time and limited resources, a worker must focus his or her primary attention on the children and youth in greatest crisis. In addition, adoption is one of the most labor-intensive activities in child welfare. As a result, children and youth with a goal of adoption, but stably living in a foster family or group home, may tend to fall to the bottom of the “to do” list.

Lack of experience and adoption-specific training: Frontline child welfare workers tend to be young, normally have only a bachelor’s degree in social work or a related social science field, and generally lack specific training in adoption.⁹ In addition, the annual

⁷ Children’s Rights, “Ending the Foster Care Life Sentence: The Critical Need for Adoption Subsidies” (<http://www.childrensrightrights.org/policy-projects/adoption/adoption-subsidies/>).

⁸ National Association of Social Workers, Center for Workforce Studies, “Special Report: Social Work Services for Children and Families” (http://workforce.socialworkers.org/studies/children/children_families.pdf)

⁹ National Association of Social Workers, Center for Workforce Studies, “Special Report: Social Work Services for Children and Families” (http://workforce.socialworkers.org/studies/children/children_families.pdf).

turnover of child welfare caseworkers is high. According to a GAO report from 2003, turnover was between 30 and 40 percent, with the average duration of employment less than 2 years.¹⁰ Moreover, recruiting and supporting adoptive families, preparing children and youth for adoption, and involving adults who are related or connected to children in permanency planning all require very different skills than the primary set of skills in the rest of the worker's job. Special attention to retaining and training workers would benefit all children in foster care and increase adoptions.

Lack of involvement of youth during permanency planning: When asked about wanting to be adopted, youth are put in the position of having to make a major, life-changing decision, often without much preparation and with little understanding of the implications of their answer. Many want to avoid being disloyal to their families of origin, or simply fear another in a long history of adult rejections. More frequent and open involvement in permanency planning, led by social workers trained in preparing youth for adoption, may lead more youth to want to be adopted. Involvement also opens the door for workers to better prepare children to transition to living with their permanent family.

Barriers at the level of state agencies. The United States does not have a national adoption system. Instead, there is a different child welfare system in each state, the District of Columbia, and Puerto Rico. Each jurisdiction has its own process for adoption eligibility, recruitment, approval, and training. Moreover, some state child welfare systems are administered at the *county* level rather than at the state level.¹¹ Inconsistencies between jurisdictions give rise to barriers to adoption both *within* states and *across* state lines.

Lack of a robust practice model for creating adoptions, including a role for supervisors who can guide frontline child welfare workers: Executive Session members believe that private agencies may be more likely to employ a model in which workers are assigned to specific tasks, rather than to deploy workers as generalists as is common in public agencies. In such a specialist-based model, training, supervision and performance incentives are better aligned. This may explain why states that contract with private agencies for specific adoption services achieve more adoptions than states that do not use contracts.¹² At a minimum, frontline workers in state agencies need a clear vision of how their work is connected to outcomes for the children and youth on their caseload and how the outcomes of safe and timely exit from foster care can be achieved for each child.

¹⁰ U.S. General Accounting Office, "Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff" (<http://www.gao.gov/new.items/d03357.pdf>).

¹¹ Thirty-eight states are state-administered; thirteen are categorized as state-supervised, county-administered. U.S. Department of Health and Human Services, "National Study of Child Protective Services Systems and Reform Efforts: Review of State CPS Policy" (<http://aspe.hhs.gov/hsp/cps-status03/state-policy03/index.htm>).

¹² Mary Eschelbach Hansen, "Using Private Contracts to Create Adoptions from Foster Care," Stephen J. Quintero (ed.), *Child Welfare Issues and Perspectives* (New York: Nova Science Publishers 2009).

Lack of a robust model for recruiting adoptive families: The absence of a robust model for identifying adoptive families has led to state and local practices that are ineffective in several ways:

- Adoptive family recruitment by public agencies tends to cast a broad net rather than to focus on finding families for specific children. There is emerging evidence that a general recruitment model is not as effective a use of agency resources as a more child-focused model would be.¹³
- Parents who respond to existing recruitment efforts report high rates of unreturned phone calls and e-mails and a lack of follow-up on the part of public child welfare agencies.¹⁴
- Prospective adoptive parents report that agencies are focused more on *screening them out* as prospective parents rather than *welcoming them* to explore whether adoption from foster care might be right for them. Related is the persistence, in some agencies, of the belief that kin, people over 55, and single people are not suitable adoptive parents.
- Agencies sometimes neglect to respond to those who are interested in providing something “less than” adoption or foster care, such as mentoring, respite, or internship opportunities. However, these types of relationships can often lead to a permanent connection through adoption.

Failure to use interstate adoptions to create permanency: According to data collected by the Department of Health and Human Services, 690,000 children were adopted from foster care between 1998 and 2009. Only 4,600, a little over one-half of one percent, were adopted by a family in a state different than the state in which they were freed for adoption. In the average year, just 300 children are adopted across state lines.¹⁵ Removing barriers to interstate adoption is *critical* to expediting permanency for children, especially those in large urban areas that straddle state lines, such as the New York, Chicago, and Washington, D.C. Executive Session participants cited the following barriers to interstate adoption that originate in state practice:

- Lack of standardized information about families seeking to adopt: All families seeking to adopt must have a written “home study” describing their fitness and preparation to be adoptive parents. The home study is the central document in approving families for adoption and matching waiting children with potential parents. Home studies vary greatly in the quality, amount, and type of information they contain. Most private agencies use idiosyncratic methods and formats for

¹³ Child Trends, “A National Evaluation of the Impact of Child-Focused Recruitment on Foster Care Adoption: A Five-Year Evaluation of Wendy’s Wonderful Kids” (http://davethomasfoundation.org/wp-content/uploads/2011/10/Executive_Summary.pdf).

¹⁴ The remaining points are reported in Julie Boatright Wilson, Rob Geen, and Jeff Katz., “Listening to Parents: Overcoming Barriers to the Adoption of Children from Foster Care” (<http://www.hks.harvard.edu/ocpa/pdf/Listening%20to%20Parents.pdf>).

¹⁵ Calculations of Mary Eschelbach Hansen using the Adoption Files of the Adoption and Foster Care Reporting System, which were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission.

home studies. In contrast to the way states recognize drivers licensed in other states, some states, as a matter of practice, do not accept the home studies prepared in another jurisdiction.

- Lack of standardized information about children waiting to be adopted: Just as the information on families varies by jurisdiction, so does the information on children and youth available for adoption.¹⁶ As a result, adoptive parents often report that they receive insufficient information on the educational needs or the physical, mental, and behavioral health of the children they adopt. Without detailed information, and full disclosure to prospective parents, it is difficult to successfully match children with the families best suited to adopt them.

Barriers at the level of federal law. The Adoption and Safe Families Act and subsequent laws, such as the Adoption Incentive Program, have affirmed the importance placed by the federal government on ensuring permanency to all children in foster care. Still, significant barriers remain.

Financial incentives and costs of recruitment discourage interstate adoption: The Adoption and Safe Families Act contains a Geographic Barriers Provision that prohibits delaying or denying placement based on the geographic location of children or parents.¹⁷ However, this provision has not been enforced. States moving a child from foster care to adoption may receive a financial incentive for doing so through the Adoption Incentive Program, whether or not the child remains in the state once adopted. But each state pays the cost of recruiting and preparing its own families, and gets no compensation if the family adopts a child from another state. In addition, some expenses subsequent to an adoption, such as costs for special education or other services, are paid by the state in which the adopting family resides. In sum, the state that sends a child to an adoptive family in another state enjoys a financial gain, while the state that receives the child experiences a financial loss. This creates an incentive for each state to match *their* families with *their* children. States will keep a family waiting indefinitely so that they might be available at a later date should an in-state child who matches their profile becomes available. The result is a silo effect, greatly limiting matches for children and families across jurisdictions and delaying placement of children with appropriate and willing parents in other states.

Use of the case goal of APPLA and set-asides for independent living deflect attention from the adoption of older youth: The Adoption and Safe Families Act created the category Another Planned Permanent Living Arrangement (APPLA) as the least preferred case goal for children in foster care.¹⁸ Children with a goal of Another Planned Living Arrangement (APPLA) will exit foster care into a “living situation” but will have no family. In FY2010, \$140 million was dedicated to independent living services to

¹⁶ AdoptUSKids provides a single place for photolisting, but does not provide or facilitate a detailed child study.

¹⁷ Adoption and Safe Families Act of 1997. Public Law 105-89 (section 202).

¹⁸ APPLA is sometimes referred to as OPPLA (Other Planned Permanent Living Arrangement) and other similar names.

support youth with a goal of APPLA;¹⁹ even though evidence suggests that independent living programs are not effective.²⁰ There are *no* funds decided for recruitment of adoptive families for older youth or for post-adoption support. Consequently, frontline social workers and agencies feel free to assign APPLA as a goal but feel little pressure to find and support permanent families for older youth.

Policy Options and Opportunities

We have documented that there are far more people willing to adopt children from foster care than there are children in need of adoptive families, yet each year almost 100,000 children wait in foster care to be adopted and about 30,000 youth “age out” of foster care. We know that each adoption produces benefits to the child, to society, and to the taxpayer that far exceed the cost of the adoption. We also know that changes at the federal level can significantly impact adoptions. For example, within three years of the passage of the Adoption and Safe Families Act, the number of children adopted from foster care each year doubled from 25,000 per year to 50,000.

Executive Session participants believe that now is the time for an emphatic renewal of the federal commitment to the adoption of children from foster care.

Encourage advocates to pursue a multi-faceted strategy to prompt change at the federal level to remove key barriers identified above.

Take advantage of the current budget crisis to generate support for adoption from foster care. We have ample evidence that, for children who cannot be reunified with their birth families, **adoption saves both state and federal money**. There is also bipartisan consensus that all children need and deserve permanency. We must encourage Congress to take action now to improve the lives of children and save money in the future.

Focus on obtaining reauthorization for child welfare funding measures before Congress. Congress will soon be addressing the following legislative reauthorizations that must be structured to focus on increasing adoptions from foster care:

- Title IV-E (Adoption Assistance, Administration and Training);
- Adoption Incentive Program funding;
- The Foster Care Independence Act;
- Adoption Opportunities Discretionary Grants²¹ and Field-Initiated Demonstration Grants; and

¹⁹ Child Welfare League of America, “The President’s FY 2010 Budget and Children,” (http://www.cwla.org/advocacy/FY2010_PresidentBudget_analysis.pdf).

²⁰ Reports conducted by the Urban Institute, the Chapin Hall Center for Children, and the National Opinion Research Center are archived by the Department of Health and Human Services, Administration for Children and Families, Office for Planning, Research, and Evaluation, “Multi-Site Evaluation of Foster Youth Programs (Chafee Independent Living Evaluation Project), 2001-2010” (http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/index.html#reports).

²¹ Recent grants have been for general trauma-focused practice rather than specifically for adoption (http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/2011.htm). Moreover, no Funding Opportunity Announcements have been issued since 2006.

- Amending provisions of the Fostering Connections to Success Act to mandate states to reinvest a percentage of their MOE (Maintenance of Effort) savings on post-adoption services.

Prioritize foster care adoption in as many policy and issue discussions as possible. While focusing on the foster care and adoption budgets and processes is important, the future of children in foster care should be considered in many pieces of legislation, including legislation on education, job creation, the social safety net, and other policies. The goal is to elevate the subject of adoption of children from foster care into as many policy and funding conversations as possible. For example, the adoption of children from foster care should be part of discussions about the following reauthorizations:

- Child Health Act, Title II of the Keeping Families and Children Safe Act,
- Mental Health Services and Substance Abuse Block Grants,
- Title V of the Social Security Act (Maternal and Child Health), Individuals with Disability Act,
- Temporary Child Care for Children with Disabilities and Crisis Nursery Act of 1986,
- State Respite Coalitions;
- Medicaid (Title XIX);
- Social Services Block Grant (Title XX); and
- Temporary Assistance to Needy Families/Emergency Assistance.

Bring the voices of youth into the national policy debate. It is important that the perspectives of youth be valued and that the voices of foster and adopted youth be heard. Youth who have experienced foster care are essential and effective advocates, and their voices are heard and heeded by key policymakers. Members of the Executive Session encourage bringing the voices of youth—especially those successfully adopted from foster care—into the discussion at public forums, Congressional briefings, and hearings. This can be accomplished through Congressional internships, work with the Congressional Coalition on Adoption Institute, FosterClub, local Foster Youth Advisory Boards, and Youth Speak Out Teams. This can also be accomplished by including these youth as board members on non-profit, adoption-focused organizations.

Encourage Congress to use the relationship between the federal government and the states to change state-level practice and to support families who adopt.

Reward both sending and receiving states for creating interstate adoptions. As noted above, in an interstate adoption, the rewards for finalizing the adoption go to the sending state, while the costs of recruitment and subsequent support for the adoption are borne by the receiving state. This distribution of rewards and costs currently reduces the incentives for timely adoption and severely limits the pool of suitable adoptive families. The distribution of rewards and costs can be offset by revising federal adoption incentive policy to reward the work done by both sending and receiving states.

Eliminate long-term foster care as a goal. “No family” should never be the *plan* for a child. Executive Session members noted that there are several initiatives for reducing the use APPLA (Georgia’s Permanency Roundtables; the Travis County, Texas, and Maryland initiatives to move foster youth out of residential care; Colorado’s Wait No More program, which is a public/private partnership with Focus on the Family; and Maine’s Integrated Youth Permanency Strategy, which is supported by the Annie E. Casey Foundation, Casey Family Services, Casey Family Programs and the Jim Casey Youth Opportunities Initiative). Congress should actively track states’ use of APPLA and should create incentives for other states to replicate successful initiatives that eliminate its use.

Establish a national standard for home studies. The members of the Executive Session encourage more states to adopt comparable home study standards of their own accord, but they recognize that the federal government is in the best position to work with the states to identify the most appropriate standards. Moreover, the federal government has the capacity to provide incentives to encourage all states to use similar standards. The use of meaningful national standards would raise the quality of the home studies completed by the states that currently have weak requirements. Such standards are also an essential component for increasing interstate adoptions, since one of the major challenges is mistrust of data from other jurisdictions.

A model for a standardized home study is SAFE (Structured Analysis Family Evaluation), which is used by 13 states, Los Angeles County, five Canadian provinces, and all agencies run by Bethany Christian Services. SAFE was developed to address the issues of uniformity in data gathering, including consistency in identifying and exploring critical issues such as substance abuse or abusive parenting practices; psychosocial evaluations in home studies; and information on biological and potential adoptive families. SAFE reduces the level of social worker bias in reports and increases the relevance and helpfulness of home studies.²²

Establish a national standard for child descriptions. Adopting families raise concerns about inadequate information on the medical, educational, and mental health history of the children they adopt.²³ While it is important to protect the confidentiality of each child, access to complete child-specific information for adopting parents is essential to prepare them to parent that child successfully. Members of the Executive Session encourage the federal government to establish standards regarding the information to be collected about children’s experiences and needs, to require that this information be used in matching children with prospective adoptive parents, and to require that the information be shared with prospective parents prior to placement.

²² Consortium for Children, “Structured Analysis Family Evaluation (SAFE)” (http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/Structured_Analysis_Family_Evaluation.pdf). SAFE has been shown to encourage more screening of sensitive questions including ones about alcohol use, prior juvenile incarceration, and intimate partner violence.

²³ For example, less than two-thirds of parents who adopted children from foster care reported seeing a report on a psychological evaluation prior to adoption. Unpublished calculation of Mary Hansen using the National Survey of Adoptive Parents, a nationally representative survey conducted in 2007 (<http://www.cdc.gov/nchs/slait/nsap.htm>).

Increase and emphasize funding for post-adoption services. Significant monies are set aside for independent living services while none is specifically set aside for post-adoption services.²⁴ However, for every child in independent living, there are 10 children who have been adopted from foster care. Executive Session members recommend that funding for post-adoption services be increased so that it at least equal to funding for independent living and that, as use of APPLA is reduced and independent living services are less urgently needed, the funds currently used for independent living be allocated to post-adoption support.

Encourage development of a robust practice model of adoption from foster care: Congress should fund the development and implementation of a comprehensive practice model that enhances the primary emphasis on safety with a more nuanced strategy for timely exit to a permanent family. This model should feature child-specific recruitment that includes family-finding and search within a child’s network of relatives and relationships, clearly defined roles and responsibilities for workers and supervisors, and youth involvement in collaborative permanency planning.

Such a model is at the core of Wendy’s Wonderful Kids (WWK), funded since 2004 by the Dave Thomas Foundation. WWK places workers in public and private adoption agencies in all 50 states, the District of Columbia, and four provinces in Canada. WWK workers implement proactive, child-focused recruitment programs. These workers have small caseloads, employ proven tactics to recruit permanent families, include youth in permanency planning, and prepare youth for the transition to permanency. An evaluation by Child Trends finds that children served by WWK are up to three times more likely to be adopted than those not served. Furthermore, the impact of WWK on adoption is strongest among older youth and those with mental health disorders—groups that have traditionally waited the longest for adoption or that are least likely to achieve adoption.²⁵ For a model of child-specific recruitment to be effective, the role of frontline workers must be clear. States must be encouraged to use more adoption specialists, to improve training for all social workers, and, especially, to strengthen the skills of supervisors.

²⁴ The North American Council on Adoptable Children summarizes how states piece together post-adoption service funding in “Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care” (<http://www.nacac.org/adoptalk/postadoptpaper.pdf>).

²⁵ Child Trends, “A National Evaluation of the Impact of Child-Focused Recruitment on Foster Care Adoption: A Five-Year Evaluation of Wendy’s Wonderful Kids” (http://davethomasfoundation.org/wp-content/uploads/2011/10/Executive_Summary.pdf).