SPECIAL NEEDS ADOPTIONS

An Honors Thesis (Honors 499)

by

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PURPOSE OF THESIS

This is a discussion of special needs adoptions. It explores a brief history of adoption as a basis for the present state of adoptions. An explanation of this group's special needs is included as well as the reasons why the children are difficult to place for adoption. The Adoption Assistance and Child Welfare Act of 1980 is introduced with its impact on recruiting adoptive parents. Other recruiting strategies are seen in light of the adoption agency's role. The adoptive families are compared with special needs children which leads to some of the controversy surrounding this type of adoption placement. Finally, the risk of adoption disruption is introduced.
HISTORY OF ADOPTION

The history of adoptions can be trace back to early civilizations. Common reasons for adoptions were to provide the family with male heirs, to pass on the family name, and to provide more workers for the family businesses. The best interest of the child was not taken into account. Until about 1850, most children without parents in the United States were placed in orphanages. At this time reformers who were concerned about children's needs began to place children with families in rural areas. (Samuels, p.1,2) These adoptions were more like apprenticeships in that the children were only "adopted" until they were eighteen years old. Towards the end of the nineteenth century, states began creating adoption legislation that evolved into what is in place today. (Encyclopedia of Social Work) The Child Welfare League of America currently defines adoption as "the legal method provided by law to establish the legal relationship of parent and child between persons who are not so related by birth." The service of adoption has continued to become less focused on the needs of the adoptive parents and more focused on the needs of the children as the field has become more child welfare oriented.

The face of adoption has continued to change in the past forty years. Until the 1950's, the faces were those of healthy white infants and infertile couples. By the 1970's, the number of adoptable infants declined due to the availability of contraceptives and abortions. At the same time, deinstitutionalization¹ prevented mentally and physically disabled children from being placed in hospitals or other health institutions. Instead less restrictive environments were sought such as foster homes and adoptive homes. There was also an increased number of children being removed from abusive or neglectful homes which again led to more children being placed in foster homes and being placed for adoption. (Brooks, p.1137) The permanency placement² movement

¹ Deinstitutionalization is a trend in national policy which seeds alternative care for populations frequently institutionalized such as elderly, mentally ill, developmentally disabled, children, and criminals. (Encyclopedia of Social Work)
² Permanency placement is long term care for dependent children that is accomplished through adoption or returning the child to his/her biological parents. (Encyclopedia of Social Work)
Edith Fein stated, "Thus, even if placement in foster care had no effect on these children, their early developmental problems might be expected to adversely affect their later adjustment and behavior." (Fein, p.579) Special needs children have often been in several foster homes, and the emotional problems of these children grow with every placement. (Samuels, p.133,118) Many special needs children have problems that are exaggerated by the fact that they lack the stability of a permanent home. Therefore, it is very important that adoptive parents be found for these children.

THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980

The Adoption Assistance and Child Welfare Act of 1980, which was an amendment to Title IV of the Social Security Act, provides for the subsidized recruitment of adoptive parents for special needs children. (Samuels, p.115) It allows for the subsidizing of adoption expenses and for making the adopted children eligible for Medicaid and other social services. (Brooks, p.1147) These benefits are not only available to low income families, but the parent’s income determines the amount of the subsidy and not the eligibility. (Brooks, p.1159) These benefits are particularly important to families considering the adoption of a child with medical problems. Families no longer have to fear financial hardship when adopting these children.

This act emphasizes the importance of preserving the family whenever possible and gives the Federal government power to monitor the foster care system. (Barriers to Freeing Children for Adoption, p.2) After the child has been in foster care for 18 months, states must begin plans to either return the child to his/her biological parents or place for adoption. It prevents the child from lingering indefinitely in the foster care system. (Samuels, p.116) The act allowed foster parents to adopt their foster children and still be eligible to receive the financial assistance they
received under foster care. (Brooks, p. 1147) This is a great incentive for foster parents to adopt the children in their care.

In order to receive funds, the states must meet certain standards. They must set goals for permanency placement, support the families as they try to reach these goals, and evaluate whether or not foster care is necessary for each case. States receive no funds if "reasonable efforts" are not being made to establish permanent placement. (Barriers, p. 2, 3)

BARRIERS TO ADOPTION

When it is determined that the child cannot return to his/her home in a reasonable amount of time, adoption may become a permanent placement option. The adoption process takes much longer than other placements because of the legal process which is involved. For this reason, child welfare workers are often reluctant to terminate parental rights too quickly since it is not guaranteed that their recommendation will be upheld. (Barriers, p. 2) For special needs, children there are many barriers to adoption, which is evident in the fact that even children who have plans to be adopted often remain in foster care three and a half to five and a half years. Sometimes the barrier lies within the agency. State agencies may be slow in meeting "reasonable efforts to reunite families". This situation may suffer further complications because what is meant by "reasonable efforts" is not clearly defined. There may be a lack of staff or commitment of supervisors which will further slow the process. (Barriers, p. 1) The legal system itself can also pose barriers. There are sometimes not enough legal resources for child welfare, and the question of whether or not a child is in fact adoptable can continue to be an issue throughout the legal proceedings. Even a social worker’s poor documentation can slow the legal process. (Barriers, p. 11)
RECRUITMENT

Recruiting efforts have been put forth to find home for at-risk children. The recruitment of adoptive parents may be made public or specific to one child. There are three areas of recruitment: (1) mass recruiting which involves advertising or public speaking and a high degree of organization, (2) informal recruitment, and (3) recruitment that takes place in the agency's response to prospective parents. (Adoption of Children, p. 450) One example of the first type of recruiting that has been very successful is called One Church, One Child. This program, which was started in Chicago, Illinois by a black, Catholic priest and encourages church congregations to recruit one family to adopt a child. As a result, the number of adoptions of black children doubled in that state from 1982-1984. Another major campaign to recruit adoptive parents is funded by Spaulding Southwest, which is a company that works with adoptive parents and organizations in Los Angeles, New York City and Houston to produce films in Spanish to recruit Hispanic adoptive parents. (Special Needs Adoption) In informal recruiting the social worker identifies those people who may have friends or relatives that may be interested in adopting a special needs child. Key people to contact may be foster parents, community leaders, or adoptive parents. Word-of-mouth is the main technique. There are many ways to accomplish this, but a little creativity helps. Some agencies conduct update meetings for people considering adopting a child. These meetings give information about children who are of in need of a home. Another idea is to print articles in church bulletins, community newspapers, etc. Finally, once someone expresses an interest the worker must develop a good relationship with the prospective parent(s). He/she must be prompt about follow-up and avoid stereotypes and biases. During the very first contact, the caseworker will be the one to set the tone of communication that will continue throughout the process. (Adoption of Children, p.451,454)
THE AGENCY'S ROLE

The adoption agency plays a big role in the adoption process both positively and negatively. When parents adopt a child's with needs beyond what they had originally preferred, it is called "stretching". Fifty-seven percent of all adoptions involve "stretching". The social worker can encourage these adoptions in different ways. One is to suggest adoption to foster parents. Also some parents simply need the assurance that they are capable of parenting a special needs child. (Nelson, p.29) One study of foster care/adoption found that the foster parent’s decision to adopt was largely based on the family's relationship with the agency. (Samuels, p.116) Foster parents often decide to adopt at the suggestion of their caseworker. (Nelson, p.28) This is extremely significant since most public agencies battle with understaffing, inadequate training of existing staff, and a high turn over rate. (Samuels, p.117.)

ADOPTIVE FAMILIES

Families who adopt special needs children tend to be more flexible in their roles and rules. They are also more close emotionally. (Rosenthal, p.206) Adults who adopt these children often have a high self-esteem and a strong identity that is not threatened by the child's negative behavior. (Samuels, p.137) New categories of adopting adults such as non-white and older persons are becoming more common. (Samuels, p.13) Special needs children are often adopted by non-traditional adoptive parents such as single parents, working mothers, and fertile couples. (Samuels, p.115,116) The foster parents usually have priority in adopting children who have been placed in their homes because it spares the child the trauma of another adjustment. Other advantages are that it gives the child more opportunity to be involved since he/she knows the parents, and the biological family may
be more likely to allow the child to be adopted into a known family. There are another set of issues when the foster parents are not the adoptive parents. The foster parents often feel guilty and may withdraw from the child. This can cause the child to feel rejected and cause increased problems with the child's adjustment to adoption. (Samuels, p.118)

TYPES OF SPECIAL NEEDS CHILDREN

Each category of special needs children has its own set of characteristics and problems. One example is children who are six years or older. Research has shown that these children have difficulty bonding with their adoptive families. The adoptive parents often have expectations the child does not fulfill especially when the parents are of a higher socioeconomic class. Other factors may include the child's unwillingness to be adopted or problems resulting from a large number of previous placements. (Samuels, p.127) One advantage to the older child is that he/she is old enough to understand and be a part of the adoption process. (Samuels, p.130)

Another category of special needs children who are difficult to place for successful adoption are sibling groups. It is widely believed that it is best to keep siblings together because sibling attachments are vital, especially when children suffer parental loss and/or abuse. Even when there is conflict, siblings still look to each other for emotional security. However, many adoptive parents are not willing to adopt more than one child. The mere fact that they have siblings may interfere with their adoption. The oldest child has likely taken on a caregiver role to make up for the lack of parenting received from their biological parents and may remain too independent after adoption, or, on the contrary, regress and be too dependent. Their loyalty to each other may inhibit their adjustment to their new family as well. (Samuels, p.130-132)
Children with developmental disabilities are in double jeopardy as candidates for successful adoption. These children often have physical impairments, serious medical conditions, mental retardation, learning disabilities and/or behavior problems. Their very conditions create problems that will occur in or out of a stable home. In one study, 30% of these children experienced secondary emotional problems as a result of their disability. For example, adolescents suffer from being rejected by the opposite sex. Interestingly enough, one study found that the incidence of adoption failure was much less for this group than any other special needs group. These children are often adopted into large families. Thirty-seven percent are placed in families with 5 or more children as compared to twelve percent for non-disabled children. Also the adoptive parents are more likely to place a high value on all human life. The Adoption Assistance Act of 1980 has been especially beneficial to this group by making these children eligible for Medicaid and Supplemental Security Income in some cases. (Samuels, p.126,127)

Contrary to what the general public may believe, the adoption of children with severe developmental disabilities can be beneficial to both the child and the adoptive family. A study of families who adopted children with a variety of medical conditions reported that they enjoyed more freedom than they expected before the adoption. Seventy-seven percent rated their experience as good or excellent. Parents of both lower and upper incomes seem to have a higher satisfaction with their adoption than those of middle incomes. This may be because middle class parents are concerned with getting ahead financially. In a study of British families who adopted mentally retarded children, “sixty-two percent of the mothers responded that they had become better people as a result of the adoption.” (Rosenthal, p.150)

In adoptions that involve white adoptive parents and minority (usually black) children, the child’s identity is very much a concern since self-esteem and racial identity are closely linked. A longitudinal study by
J.K. Shireman and P.R. Johnson of single parent families who adopted cross racially found that the majority of children still had a healthy sense of racial identity. However, it is also true that black adoptive parents seem to better instill racial pride, but the children are no better adjusted to their new home than those with less racial pride. A study by R.G. McRoy and L.A. Zurcher found adolescents to be well adjusted to their racially different family. The children felt as if they belonged in their family. It is also true that the child is better adjusted when the family lives in an integrated area and/or attends integrated schools. In a study conducted by R.J. Simon and H. Altstein, seventy-one percent of the children said their adoptive parents’s racial difference was not a source of problems, and eighty-five percent said they had been given knowledge of their own ethnic background. The success rate of cross race adoptions is comparable to other adoptions. (Samuels, p.121,122) In a longitudinal study of 204 families, eighty-one percent were satisfied with the adoption seven years later. (Rosenthal, p.131) In a study of 96 families only eight were experiencing serious problems that stemmed from racial differences. Eighty-six percent of the parents said they would adopt cross racially again. (Samuels, p.122).

However, unlike parents who adopt children of their own race, white parents who adopt minority children are more likely to have relatives or neighbors who are unsupportive of the adoption. These parents may deemphasize their child’s ethnicity but society does not. (Rosenthal, p.134) In same race adoptions, the child’s poor school performance or behavioral problems are less likely to cause problems with the parent/child relationship. (Rosenthal, p. 144) Because of the challenges cross race adoptions present, these adoptions are the most controversial.

Some Native American tribal spokesman have taken a stand against the cross race adoption of Native American children. In 1978 the Indian Child Welfare Act was responsible for significantly reducing the
placement of Native American children away from immediate families. The Act gave tribal organizations the authority to place children in adoptive homes when one or both parents are members of the tribe. The tribal organization gives preference to extended family, other tribe members, and other Native American families, in that order. Unfortunately, because of the lack of information from tribal courts, there is little known about these adoptions. (Samuels, p.122,123)

Similar opposition exists in regards to black children. The National Association of Black Social Workers (NABSW) is "vehemently opposed" to cross race adoptions. This group does not believe that white parents can prepare a child for the racism and discrimination he/she is sure to encounter. (Rosenthal, p.134) The stance of NABSW has made agencies less likely to allow transracial adoptions. As a result, the adoption of black children has slowed. The National Committee for Adoptions states that it is preferable to place a child in a family of the same race, but that placement should not be postponed for a prolonged period of time if there are other eligible adoptive families. (Samuels, p.118)

Black children are even more at-risk since they are overrepresented in the foster care system. Black families adopt three and a half to four and a half times more than white families yet that is still not enough to off set the number of children in foster care. Thirty-eight percent of the children waiting for adoptive homes are black, but in 1988 only twenty-three percent of adoption were black children. (Rosenthal, p.127) The difficulty of finding placement multiplies with those who are over six years of age or disabled. The barriers are sometimes within the agency. Racism may account for some of the problem. Of all who seek to adopt, there is a lower percentage of minority families who are approved for adoption. (Rosenthal, p.128) At the same time eighty-three percent of adoption caseworkers are white which reduces minority recruitment. One study found that the number of black caseworkers is
positively related to the number of black adoptive families. (Rosenthal, p.127,128)

Children adopted internationally are another common group of cross race adoptions. These children have circumstances unique to their group. Forty percent of the 9,945 children adopted in 1986 were beyond infancy. Primarily from Korea, Columbia, India, the Philippines, El Salvador, Mexico, Chile, Honduras, and Guatemala, 92.2% of foreign born children adopted in the United States come from Asia and South America. These children face language as well as cultural differences. They are usually from underdeveloped countries and were placed for adoption because of poverty, parental death, war, or their country’s views on out-of-wedlock births. Often little is known about their biological parents. The World Council of Churches in 1979 declared that countries should care for their own children because of the discrimination the children may face in other countries and, that in the U.S., there should be a priority of adopting children in foster care first. (Samuels, p.124-126)

DISRUPTIONS

Going into every adoption there is the fear that the adoption will be interrupted before the process is finalized or that it will be disrupted. Legal bonds do not create emotional bonds. Poor patterns of communication are determined early on and can predict the disruption. (Adoption Disruptions) One study found that knowledge of the child’s background provided for more positive adoptions. (Rosenthal, p.150) When conditions arise that the parents were unaware of previously, the children are usually foreign born. Some have sought to reverse their adoption, but these cases are difficult to win and are not usually a realistic option. Agencies cannot be held responsible for later health or behavior of the child unless the information was intentionally withheld. (Hayes)
There is no magic formula to matching children with adoptive parents. It is always a guessing game to some degree.

Many placements have been facilitated with group preparation. The support group gives parents other feedback and help outside of their caseworker. Children also benefit from preparation. Older children need help letting go of attachments such as former caregivers. The cooperation of others involved in the child’s life significantly contributes to the child’s adjustment to adoption. (Barth, p.169-172)

CONCLUSION

Adoption has changed to include special needs children as it became more of a service to children. Special needs children, for various reasons, often have difficulty forming relationships. This makes them a greater risk for the adoption to be disrupted. The Adoption Assistance Act and other recruiting have increased the nation’s awareness of the needs of these children. The parents who adopt these children are as diverse as the children themselves. The children have their own set of frustrating circumstances that have caused them to be labeled “special needs”. Parenting these children certainly is challenging. There is much opposition to many special needs adoptions. The public eye is focusing on the children and their problems, but each year successful special needs adoptions set an example of how barriers can be overcome and a family can be created.
Adoption Disruptions, U.S. Department of Health and Human Services; Office of Human Development Services; Administration for Children, Youth and Families; Children's Bureau, June, 1981.

Adoption of Children with Special Needs: A Curriculum for the Training of Adoption Workers, developed for the Children's Bureau; Administration for Children, Youth and Family; Office of Human Development Service; U.S. Department of Health and Human Services; Prepared by The Office of Continuing Social Work Education; School of Social Work; University of Georgia; Athens, Georgia.


