



**Adopt US Kids**

*Together we hold their future*

# **FINDING A FIT THAT WILL LAST A LIFETIME**

*A Guide to Connecting Adoptive Families with Waiting Children*

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Madelyn Freundlich

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## How to Use this Guide

This guide is written for child and family caseworkers. It focuses on “best practices” in matching waiting children in foster care with adoptive families by capturing what families, youth, caseworkers, and researchers have learned to be the most effective ways of bringing waiting children and families together. The principles that provide the foundation for this work are:

*All children are adoptable.*

*Families and children are decision-makers in the family selection process.*

*Caseworkers are professionals who bring expertise and guidance, which is highly valued by families and children. Caseworkers have the very important task of working on the many discrete phases of the match process with families and children without losing sight of the seamlessness of the whole.*

The first section of this Guide, *Setting the Stage*, provides a short history of matching waiting children and families, what we currently know from the research about successful matching, and the role of values in the match process. The next section provides brief overviews on family and child preparation and assessments – important ingredients required to do this work. The next section, *Making the Decision: An Art, Not a Science*, is the heart of the Guide and provides step-by-step guidance to evaluate possible choices and select a family for a child. The worksheets at the back of the Guide are tools to facilitate the implementation of these guidelines.

The following are key terms used in the Guide:

- **Caseworker:** in some states, “social worker” may be used instead of caseworker.
- **Family Profile:** the full family assessment. It is synonymous with and can be used interchangeably with “home study.” “Home study” is an anachronistic term from a time when caseworkers believed that the condition of a person’s home was what should be assessed. Caseworkers now know that it is the family inside the home that is all-important.
- **Child Profile:** the full child assessment. It is synonymous with and can be used interchangeably with “child’s social and placement history.”

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## Setting the Stage

In order to implement “best practices” in matching children and families, it is helpful to have an understanding of the history of matching children and families, review what we know about matching from the research, and consider how our own values can influence the decisions we make in the matching process.

### ***A Short History of Matching***

The practice of matching children and adoptive families has changed dramatically over the past century. Consider the following statement from a 1919 manual for social workers:

*The laws of most states properly require that so far as is practicable, placements of children can be made in families of the same religious faith as that held by the children or their parents. It is also worthwhile to avoid mixing too diverse types of nationalities, as for instance, the very swarthy with the decidedly blond. There need be no question of superiority or inferiority raised in a rule to limit placements generally to similar personal, racial, or national types, or to approximations of them in their American descendants. No good can come from, and much harm may be done by, willful violation of customs and comity in the placement of children, even when the child welfare worker in doing so violates neither state laws nor his own conscience.<sup>1</sup>*

As this statement makes clear, physical and religious similarities were considered the most critical matching criteria in the early 1900s. These criteria continued to be of crucial importance to adoption social workers well into the twentieth century.

Until the 1970s, adoption primarily involved the placement of infants with married couples. During this era, adoption was shrouded in secrecy, and adoption professionals controlled virtually every aspect of the adoption process, including all decisions related to matching children and families. Social workers based matching decisions on real or perceived similarities between the infant’s birth parents and the adoptive parents, with attention primarily given to perceived intelligence, religion, and physical characteristics such as race, skin tone, height, and hair color. When infants were abandoned and no information on birth parents was available, some interesting practices evolved, based largely on the social mores of the time. In New York City, for example, “in the 1930s, the Catholics were given all the foundlings discovered from noon to midnight, the Protestants were given all those found from midnight to noon.”<sup>2</sup> Although Jews made up a third of the city’s population, children of unknown background were not referred to Jewish agencies because of fears that a Christian child might mistakenly be raised as Jewish. This practice changed in the 1950s, however, when abandoned children were divided among Catholic, Protestant and Jewish agencies, a practice that continued until the 1960s.

During much of the 20th century, the laws of some states listed the factors to be considered in matching children and families. Up until the 1970s, in fact, some state laws mandated matching on certain criteria despite the wishes of the birth parent. The most commonly required matching criterion was religion. The laws of some states continue to recommend, though they do not require, that birth parents and adoptive parents be of the same religious faith.<sup>3</sup>

Rivaling the emphasis on religion as a matching criterion has been the focus on skin color and

race. The social importance of matching on these factors is dramatically illustrated by the case of a little girl born in 1950 in New Orleans of a white mother and unknown father.<sup>4</sup> When her mother became ill, the child was placed with her mother's sister. The mother died, and the child remained with her aunt. As the child became older, her skin color darkened, and white neighbors began to complain. The child's aunt relinquished custody of the child when she was two years old, at which time she was placed with black foster parents. They, however, were not allowed to adopt the child because she had been listed as "white" on her birth certificate. After her foster parents were denied the opportunity to adopt her, the child was moved to an orphanage that only served black children. Later, the state of Illinois permitted a black couple to adopt the child. Interestingly, the original foster parents went on to adopt a child born in Korea who had a Korean birth mother and an African-American birth father.

*"Parents need to take a major role in the decision-making process. I think it's a message of responsibility, a life long responsibility. I'm not just looking at providing shelter and the hierarchy of needs for this child. I'm looking at adopting a child and all the dreams, expectations, and life long care that goes into having another family member. So it's not like, 'Well this is the person that we're going to provide to you at the selection.' It's like no, I think we're major decision-makers in that process."*

*—From a Prospective Adoptive Parent*

In addition to religion, race, and skin tone, other traits have been considered and sometimes are still considered to be appropriate criteria for matching children with families. These factors include the educational or professional achievements of the birth and adoptive parents, the presence of abilities such as musical or athletic talent, and general interests such as reading or sports.

The wisdom of matching children and families on specific criteria has been the subject of great debate. Proponents of matching families and children on the basis of particular characteristics emphasize "goodness of fit" and the importance of these factors in placing a child with the right family (or placing the right child with a family). Other professionals, however, disagree. They point out that many biological children do not share the interests and talents of their parents, and that biological siblings, although often sharing some common interests and talents, have talents and interests of their own. These professionals see the prospective parent's commitment to parenting as the overarching criterion.

The wisdom of matching on the basis of specific criteria has been re-examined as the population of children who need adoptive families has changed and as views of "appropriate" adoptive families have evolved. Beginning in the 1970s, the number of infants available for adoption began to decline, and the number of older children needing adoptive families began to grow. Today, the number of older children in foster care who need adoptive families significantly exceeds the number of infants placed for adoption each year. The children and youth who currently need adoptive families once were considered "unadoptable" as a result of their age, health status, or other factors. They now are being placed with adoptive families in large numbers, often by agencies that specialize in the adoptions of older children.

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At the same time, there have been significant changes in who is adopting. A few decades ago, only heterosexual, married (primarily Caucasian) couples were considered “appropriate” adoption applicants. Today, single women are the fastest-growing group of adoptive parents, and increasingly, single men, and LGBT partners and singles are adopting. In addition, foster parents, who once were not allowed to adopt any child they fostered, are adopting large numbers of waiting children. Foster parents are, in fact, the largest group of adopters from the foster care system, having adopted 62% of all children adopted from foster care in FY 2003.<sup>5</sup>

From the perspective of “matching,” foster families who adopt are of particular interest. In most cases, because children enter foster care on an emergency basis, they are placed with foster families on the basis of availability rather than on the basis of a careful assessment of “goodness of fit” between the child and family. Although foster parents may specify the characteristics of children whom they would like to foster and they can decline to accept placement of children who do not meet these criteria, many foster parents open their homes to children whom they did not originally envision fostering. And, many of these foster families go on to adopt children who would not have been a “match” based on the foster parents’ initial thoughts about the children who would be a “good fit” with their families.

As adoption practice has changed over the years, adoption professionals have taken a fresh look at the practice of matching and have developed new approaches to bringing children and families together in ways that promote adoption success and avoid the trauma and heartbreak of adoption disruption. As they have developed these approaches, they have placed less importance on children’s and families’ physical attributes, and instead, have focused more on parent-child compatibility traits, strengths, lifestyles, the special needs of the child, and the family’s expectations.<sup>6</sup> Greater attention has been placed on identifying families who can meet both the short-term and long-term needs of children. Selecting an adoptive family for a child has evolved into a thoughtful decision-making process, requiring insight and foresight by professionals, the crucial participation of prospective adoptive families and, whenever possible, the participation of children themselves.

### ***What Research Tells Us***

Although there has been little research on the process of matching waiting children and adoptive families, studies have focused on the factors associated with adoption disruption, which occurs when a child leaves the adoptive family before the adoption is finalized, and on adoption dissolution, which occurs when a child leaves the family after the adoption is finalized. This research<sup>7</sup> is relevant, at least to some extent, because it provides information on the longer-term outcomes for the adoptive relationships that the matching process begins.

With regard to how often adoptions disrupt or dissolve, the research tells us that:

- Most adoptions do not disrupt. In fact, over 80 percent of all adoptive placements remain intact. Even fewer adoptions terminate after the adoption has been legally completed. Over 98 percent of legally completed adoptions remain intact.
- The rates of adoption disruption and dissolution rates generally have remained relatively consistent over time. Disruption rates, however, did decline between 1984 and 1988, a development that has been attributed to the introduction of post-adoption services.

Research indicates that adoptions may disrupt or dissolve because of a number of complex factors. Whether the match between the child and the family was “right” (that is, resulting in a suc-

cess) or “wrong” (that is, leading to an unsuccessful placement) is not an easy question to answer. Adoption outcomes for waiting children and the meaning of those outcomes are not always clear. Consider the following:

*A child with very serious behavior problems as a result of previous trauma is placed with an adoptive family after a careful decision-making process that matches the child and family. The adoptive placement disrupts when the child must be placed in a residential treatment facility. The family, however, continues to maintain an ongoing relationship with the child, visiting him at the facility and regularly writing him.*

Would the match between this child and family be a “bad” one because the adoption was not achieved and sustained? Or, was the match a “good” one, given the family’s ongoing commitment to the child despite the child’s pre-adoptive experience which may have made life with a “happily ever after” family unrealistic?

It may be tempting to seek a definitive measure of the “goodness of fit” between children and families so that the “best” match can be made. Given the complexities of children’s histories and needs together with the myriad of factors that potentially affect a match, it is unlikely that such an instrument could be developed. Research, however, has indicated that certain child and family characteristics appear to be associated with adoption stability and adoption disruption.

- The risk of adoption disruption appears to increase when children are older, have severe behavioral problems and have had long stays in foster care.
- Adoptions appear to be more stable when parents have prior child-raising experience, are tolerant of a wide range of behaviors, and have flexible and realistic aspirations for their children.
- Adoptions by single parents are no more likely to disrupt than adoptions by two parents, even when single parents adopt older and troubled children.
- The fact that both parents work outside of the home seems to have no effect on disruption rates.
- The risk of adoption disruption appears to increase when the adopted child displaces a biological child as the oldest in the family or when a sibling group is placed into a family that already has other biological or adopted children.
- There appears to be no relationship between adoption disruption and the size of the family or the parents’ fertility history.

It is important to note that although studies have identified a number of factors that appear to be associated with adoption disruption and dissolution, these factors may or may not apply in the case of an individual child and family. As Marianne Berry has written:

*“It is important that parents and practitioners remember the most important and consistent finding in disruption research: that risk factors for disruption do not always lead inevitably to*

*“In my placement work, I found that rigidity, lack of a sense of humor, and an inability to accept help caused most of the disruptions I encountered.”  
– From a Caseworker*

*disruption, and there are always many factors which lead to disruptions, making it difficult to pin the 'blame' on any one cause."*

Children whose adoptions have disrupted have gone on to be successfully adopted by other families, and families who have experienced a disruption have successfully adopted other children. It is clear that what has been learned from the research on adoption disruption should not be used to screen out families who have been approved or to screen out children as candidates for adoption. Instead, it should be used as a guide for providing pre-placement, post-placement, and post-adoption services and support.

### **Values and the Matching Process**

Personal biases and value judgments can easily find their way into the decision-making process as caseworkers and others work to match children and families. It is essential that everyone who is involved in making these decisions is aware of personal biases and understands how these biases may influence matching decisions. Without this awareness, value judgments and personal and professional interests and needs can significantly affect how professionals assess adoptive family applicants and waiting children. Social biases about gender, sexual orientation or race, for example – can impact decisions about who is an “appropriate” adoptive family and who is an “adoptable” child. As leading child welfare researchers have pointed out:

*“Many willing families are already available and interested in being adoptive parents, but agencies are ruling them out on the basis of reasons that may be more important to the social worker than the child.”<sup>8</sup>*

Personal and social values and biases can lead professionals to believe that adoption is not possible for certain children, undermining a full commitment to finding a family for every child. In her study in New York State, for example, Rosemary Avery (1999) found that 41 percent of the caseworkers for waiting children believed that the children in their caseloads were “not adoptable” and another 26 percent thought the children were “maybe” adoptable.

*“One of the most important elements in successful placement of older and special needs children is the worker’s attitude and belief in the child’s adoptability.”*

*–From a Caseworker*

Professionals also may hold beliefs that certain types of families are not suitable to adopt. Despite the fact that a growing number of single women are adopting older children, for example, more than one-third of the caseworkers in Avery’s study believed that adoptions by single parents were not appropriate for waiting children in foster care. In other cases, caseworkers may hold beliefs that fami-

*“When I train workers, I often tell them that I placed many children with people that I would not choose to be my friends, in fact, some of them I didn’t really like. But, they were great parents to their kids and that was what mattered to me...I’m not sure all workers really examine their own values and how this impacts their judgment regarding a specific child.”*

*– From a Caseworker*

lies must have middle incomes or have college educations, be a certain sexual orientation, or be affiliated with a traditional religion. Such beliefs limit the universe of potential families for waiting children who may age out of foster care without a permanent family.

Consider the following assumptions that once were thought to reflect good practice but which are now recognized as faulty:

A social worker and adoptive parent shares the following about the role that personal and professional biases can play in matching decisions:

*“I do a lot of training across the country and have done training in just this area. How do you select a family for a child? Each time I do, I include my family and child as one of the potential placements. My husband and I were 38 and 33 when we adopted and had no other children. Both of us are college graduates and professionals. We are white. Our son was 16, African American, tested in the borderline range on his IQ test and had a juvenile record. We asked to adopt him. Whenever I present our situation in a training, no one ever selects us for our son. Yet our adoption is very successful. Our son is now 38, has a seven-year-old son, a stable job and he and his family live four blocks from us. While it took a long time to come and there were lots of bumps along the way, we were totally committed to him and he has attached to our family. Yet left up to only a caseworker, in all likelihood, we would not have become a family.”*

*“I have seen many successful placements because we picked a family who thought that the child was a gift and one that was fine the way they were...other ‘higher functioning’ families would see the same child as a burden or a project. And when the child is not ‘fixed,’ there is trouble. Also my pet peeve...workers who always pick the richest family for a child because ‘they can go to college for free.’ That is a worker bias and value. Who is to say the child will be able to go to college or want to? Another value is placed on single [people...] as second class so not really ‘worthy’ of the ‘best’ kid, usually the young ones.”*

*–From a Caseworker*

Caseworkers and others involved in making adoption placement decisions need opportunities to address the values and biases that may inadvertently affect their assessments of children and families and their matching decisions. Often bias in adoption placement decisions is based on fear of failure. Those responsible for making adoption placement decisions may be afraid to move forward with the process of matching a child with a family, especially a child who has experienced significant abuse or neglect or who exhibits severe emotional issues. In a practice environment

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### *Beliefs in the Past*

*We need “perfect families” for children.*

### *What Research and Outcomes Have Shown*

*Families who have experienced problems and have handled them successfully are usually better adoptive resources for waiting children than families who have experienced few problems in their lives.*

*Families without a lot of parenting experience can parent successfully.*

*Working parents can make good adoptive parents.*

*Families with other than middle class backgrounds and value systems can make good adoptive parents.*

*Out-of-state families can be good resources for children. These families can maintain contact with former foster families and other relatives of the child despite distance.*

*Medical problems, disabilities, and obesity do not necessarily interfere with parenting abilities.*

*Parents who are recovering alcoholics or recovering drug addicts and who have been in recovery for a period of time can be effective parents.*

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*Married couples are what children need.*

*A single parent family or partnership is the placement of choice for some children.*

*Effective parenting is not dependent on one’s marital status (nor on religious affiliation, financial status, sexual orientation or where the family lives).*

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*Placing children out of birth order and the presence of other children in the home inevitably lead to adoption disruption.*

*A child may be successfully added to a family who is older than any of the current children in the family.*

*Children can be placed successfully with families who already have another child of the same age.*

*Children often can be integrated into large families as well, if not better, than smaller families.*

*Adoptive parents who have a child in therapy or a child who has problems may be able to handle another child who may or may not have special needs.*

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*All children should be adopted by families of the child's race and ethnicity.*

*Children can be successfully adopted by families from diverse cultures and communities, and of different races and ethnicities.*

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*Finality and confidentiality are the hallmarks of good adoptions.*

*There are many situations in which open adoption is beneficial for the child.*

*Many adoptive parents are willing to accept children who are not yet fully free for adoption.*

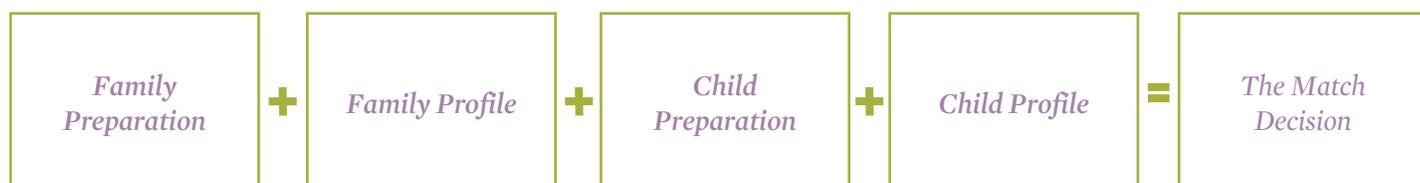
that sometimes resorts to scapegoating and blaming, it is understandable (but not acceptable!) that caseworkers and others who are responsible for making adoption placement decisions are afraid to make important changes in children's lives and may delay decisions to place children with adoptive families. Those making adoption placement decisions should be supported after decisions are made, and opportunities should be provided to them through training that allows them to explore their values and biases and through supervision that gives them the latitude to examine how their values and biases may play out in individual cases.

*"A child can't be unadoptable if there is someone who wants to adopt him/her."  
– From a Caseworker*



# Preparation and Assessment

Four key ingredients in the match process are family preparation, family assessment, child preparation and development of the child profile.



## **Family Preparation**

For the past three decades, adoption practitioners have understood the vital part that Family Preparation (training) plays in the adoption process. Once the mindset changed from finding babies for infertile couples to finding families for waiting children, educating and preparing those families took center stage in the adoption process. The focus moved from a process that was primarily investigative to one that focused on education and preparation.

### **PRACTICE TIP:**

Families should receive written information about the qualifications that they must meet in order to adopt, the reasons that families may be determined to be ineligible to adopt, and the adoption process, including the time frames for each step in the process.

The children who are waiting in foster care for permanent adoptive families are children who have experienced loss and traumatic events that often involved multiple moves and changes in caregivers during their short lives. In most cases, families who step forward expressing an interest in embracing these children do not have an inherent knowledge about the children's prior experiences nor

more importantly, the toll that upheaval and loss can take on a child's emotional development. And while by nature, children can be tremendously resilient, they need to be provided with a healing place – at least one parent who understands the child's past, the child's present functioning, and the challenges ahead, and most importantly, a parent who can make a full and lasting commitment to the child. Families who seek to adopt must receive information and training that enables them to understand the experiences of children who are waiting for adoptive families and only then can families make an informed decision about whether they can fully commit to parenting a child from foster care.

*"I would like to tell adoptive parents not to look at the paperwork. It will make you suspicious of your kid. You need to find your way through the maze and pester your kid all the time to share with you. Have love and patience. Like any relationship, you need to compromise."  
–From an Adopted Person*

### **PRACTICE TIP:**

Adoption caseworkers should attend the same trainings as prospective adoptive parents - beginning with orientation! This helps to ensure that the information given out to parents is consistent with agency practice. Joint trainings also provide opportunities for families and workers to get to know each other.

As volunteers (who come forward often as a result of recruitment activities), new families need a great deal from caseworkers: information, insight into the needs of the children, preparation to be the very best parents they can be, and help in making the life-altering decision: can I make an unconditional commitment to a waiting child?

One of the best ways to assist new prospective adoptive families is through offering a veteran adoptive and/or foster parent panel as an integral part of the training that these families receive. (A secret: New applicants listen more attentively and more fully trust information when it comes from fellow parents!) Training can further be enhanced by caseworkers and veteran adoptive parents serving as co-trainers for the entire preparation process. Another excellent strategy is to provide veteran adoptive families as “buddies” for new applicants so that prospective adoptive families have an opportunity for close, one-on-one relationships with experienced families.

*“In hindsight, we did not know enough initially to answer questions regarding the characteristics of children we wanted to parent. I mean it is a whole new world for people who have only had birth children. So you really don’t feel like you can ask the right questions. Although in the classes that we took they covered all the material about emotionally disturbed children etc, but since it is not applicable, it just goes right over the top of your head.”*

*–From an Adoptive Parent*

Family preparation classes for adoptive parents are pivotal. Positive outcomes for children and families depend on good, solid, and insightful preparation and education of adoptive parents. Ideally, the first family preparation class should be viewed as the moment when the Family Profile process begins. Too often, however, the educational aspect of family preparation is seen as separate from the Family Profile process. The end-product of the family preparation process, the Family Profile, is a thoughtful summary of what has occurred during family preparation and

*“The [Family Profile] process really made us sit down first off and decide the ages that we were looking for. Initially, we thought we didn’t want any child older than five years old and by the time we were done, we realized we would be willing to go up to ten. You know we learned a lot about [attention deficit hyperactivity disorder and reactive attachment disorder] and the different issues that children are dealing with and that there’s different degrees and just to what degree we think we could work with a child and the fact that there is no perfect child out there, that each child is going to have a set of issues to deal with. So it was really a good awakening for people who are just starting the process.”*

*–From a Prospective Adoptive Parent*

should be a mutual assessment arrived at by collaboration between the family and the agency professional. It encapsulates the growth, insight, wisdom and self-awareness that families obtain as a result of family preparation.

The same family preparation process should be used whether new families state a preference for adoption or for fostering. It is, after all,

the same population of children that both groups of families will parent, and new families often do not have sufficient information to make an informed choice as to whether foster care and/or adoption is their interest. Statistics tell us that about 60% of adoptions of children in foster care are by children's foster parents. Training all new families on both foster care and adoption and, additionally, approving families for both foster care and adoption reflects best practice. Many agencies have used this approach for some years with great success.

Any number of excellent training and other resources are available to provide prospective adoptive families with a better understanding of the issues that they may encounter when adopting a child from foster care. Training programs have been developed by a number of national and state organizations. See *Additional Resources* for suggestions of on-line resources and books that may be helpful.

#### **PRACTICE TIP:**

As the last stage in the training process, ask prospective adoptive families to write an addendum to the information they initially provided about the characteristics of children whom they feel they could parent. Ask them to reflect on the knowledge they have gained about themselves and the children available for adoption.

*“Another pre-requisite falls in the area of preparation of the child and family for adoption. That preparation should result in the child and family each having previously identified — what they want, what they can accept, and what is not acceptable to them. There may be some resistance to this on the part of children and families, but thinking these things through gives both a degree of control over and ownership of the process. Otherwise, it comes across as other people doing things to/for them. The more invested the child and family are in “the match”, the more likely it will be successful. At least they’ll try harder to make it so. No matter how compatible the child and family may be in other areas, I would never violate something either of them had previously noted as “important” to have or not have in each other.*

*—From a Caseworker*

## ***The Family Profile***

There are many divergent opinions regarding Family Profiles: what should be included in the Family Profile and in what order, how long should it be, what documents should be attached, and what should be emphasized and/or omitted. There currently is no nationally agreed upon format for Family Profiles. Nonetheless, there are certain features of a Family Profile that are essential:

- A core ingredient is the family’s own story. There are many ways that a family can tell their story:
- Through an autobiography written by the family – and unedited by the worker! The family prepares the autobiography, which usually is six to ten pages, in response to a broadly worded question, such as, “Tell us about yourself and what is important in your life.”
- Through a “Barbara Walters” style interview in which the caseworker asks open-ended questions and transcribes the family’s answers.
- Through an autobiographical videotape or scrapbook with pictures and words.

The family should provide a statement that is prominently featured in the Family Profile about the child/ren whom they believe they can welcome into their hearts and home and whom they believe they can parent well (For an example, see *Appendix A: The F Family’s Statement*). Caseworkers should encourage the family to use broad parameters in this statement without pushing them to ‘stretch’ beyond what they believe they can do.

Families’ preferences may include:

- Physical characteristics such as gender/ gender identity or physical or emotional disabilities. Even when families state preferences in these areas, whether a parent finds a particular child appealing is a very personal matter. A parent may not be able to say whether a particular child is of interest until he or she sees the child’s photograph or meets the child in person.
- Religion, culture and language. Prospective adoptive parents may specify the religious, diverse community or cultural backgrounds of the children whom they would consider for adoption. They also may have language dominance preferences. [However, MEPA/IEP prohibit agencies that place children in foster care from using specific tools to categorically assess the capacity of families to parent children whose race, culture or ethnicity are different from their own.]
- Personality characteristics and interests. Many adoption professionals state that personality is the most important area on which to focus in determining a good fit between children and families. Common interests often are a bridge to developing a relationship between a parent and a child. Many adoptive parents, however, note that children are ever changing and that parents need to be prepared to adapt to their child’s emerging personality, sexual orientation, and changing interests.

### **IMPORTANT POINTS TO REMEMBER ABOUT THE FAMILY’S STORY:**

- It should come from the family’s perspective!
- It should be replicable – multiple copies may be needed!
- It should be easily accessible to children’s caseworkers!

Unless the caseworker honestly believes that what the family has written is something s/he cannot support, this portion of the Family Profile should be placed alongside the “Caseworker’s Recommendation” section of the Family Profile.

- The Family Profile must be honest. Although a caseworker may be tempted to gloss over what might be considered “negative” about a family, this approach will help neither the family nor the child in the long run. Instead, caseworkers should address the problem area and with the family’s input, include in the Family Profile how the family has grown and has addressed or overcome challenges.
- The family should be told with whom their Family Profile will be shared and should receive a copy of the final Family Profile (without the letters of recommendation which must remain confidential). The Family Profile is, after all, about the family, and it contains both private information as well as their hopes and dreams. Sharing the Profile with the family allows families to pinpoint any inaccuracies, which then can be corrected. After the family reviews the Family Profile, the prospective parent(s) should indicate agreement with the content by co-signing it along with the caseworker. Some agencies have been reluctant to provide the family with a copy of the Family Profile because of concerns that the family will use it to achieve a private adoption through an attorney or an international adoption. Easy solution: Stamp “Not For Official Use” prominently on each page of the Profile.
- When sending a Family Profile for consideration, the caseworker should include a pre-printed description of her agency so that children’s caseworkers can quickly gain a sense of the agency’s philosophy and its work with adoptive families.

*“Well, the information we got on him was not accurate because it said that he tested in the borderline range of mental retardation and all that. You could talk to him and know that wasn’t true but he had been in foster care all of his life since he was nine months old and nobody had ever worked with him on educational issues. It was a struggle because everybody just assumed that he was slow so they never worked with him. So we had a lot of ground to make up.”*

*–From an Adoptive Parent*

### ***Child Preparation and the Child Profile***

Just as families need preparation regarding adoption, children need to be given information and support throughout the adoption process. It would be impossible to overstate how much courage it takes for a child to commit to a new family! How this preparation is done will depend on the age and maturity of the child and the circumstances of the adoption. Similar to the preparation and support of prospective adoptive parents, however, children and teens benefit from relationships with their peers who are experiencing or have already experienced the adoption process.

Child Profiles (Placement and Social History) are critical to the matching process. A thorough Child Profile makes clear the child’s strengths and needs and provides impor-

*“I adopted a 13- year-old boy [now 18] as a single mother. I was told that he was violent. This was not my experience. We had a few shouting matches but no violence! I think the foster parents needed a reason to let go.”*

*–From an Adoptive Parent*

tant information on which to base the consideration of prospective adoptive families for the child. The Child Profile is a primary tool in the matching process and is an essential resource for prospective adoptive parents. A quality Child Profile provides a multi-faceted picture of the child that can assist a family and the family's caseworker to thoughtfully consider whether the family can meet the child's needs. While there is no national uniform Child Profile, there is general consensus about the following:

*"I received all the information that was available for the three boys [individually at ages 8 and 9] that I adopted – but it was all lopsided and skewed. There were no hidden bad things, but there were no good things. Part of it was that no one had ever presented them with opportunities where their talents could emerge. And my boys are good at a lot of things – music, athletics and art. We started from scratch."  
-From an Adoptive Parent*

- Each child should be made fully aware of the contents of his or her profile, and be involved in preparing it to the extent that his or her age and abilities permit. The Profile or portions of the Profile could be shared with the child so that he or she can check the contents for accuracy and add any additional material.
- Child Profiles should be written in clear, plain language without social work jargon. They should also be written in a way that the child could read it and not feel embarrassment, shame, or discomfort.
- As many people as possible should be spoken to in developing the Child Profile – foster parents, birth parents (if possible), teachers, counselors and, importantly, the child.
- The Child Profile should make clear what information is known to be factual and what is surmised or a matter of speculation.
- The child's strengths should be highlighted along with the challenges.
- All child profiles should contain the following basics: a chronological history beginning from birth – both developmental history and placement history; birth family history including a genogram and medical information; child's social, medical and educational information; information about the child's birth parents and siblings, including their current whereabouts and the nature of any recent or current contact; and current functioning (including a detailed account of the child's daily and weekly routine) and readiness for adoption.

*"I think the two big things that we had on our list were psychological evaluations and social evaluations. So that we know the child's background. Again, we're not saying that the child that comes in has to be a wonderfully, well-adjusted individual. We understand there are going to be issues and such. We don't want to bring a child who they said 'he has a little bit of a temper tantrum' when he has full-scale meltdowns and is a danger not only to himself but also to others. We really want to understand where this child is at."  
-From a Prospective Adoptive Parent*

# Making the Decision: An Art, Not a Science

The matching decision can be a challenging one for caseworkers, their supervisors, and others who have a role to play in the decision-making process. It is important to remember that there is not only one “perfect” match that must be found. Parents and children, including children who become part of a family through adoption, connect with one another in many different ways. Prospective adoptive families may have successful adoptions with any number of children, and children may be adopted successfully by any number of families.

It is also useful to remember that predicting a family’s ability to parent a child with certain characteristics is uncertain at best. Families cannot predict with complete accuracy their capacity to manage problems and issues in the future, particularly if they have had little experience with these issues. A caseworker’s predictive abilities are likewise limited. Caseworkers should not expect or be expected to predict outcomes for children with certainty. How a child will react to a new family may depend on a number of factors: the child’s genetic makeup, personality traits, stage of development, and history with family and other significant adults in their lives. Children and families are ever-changing and bringing them together will engender more change.

*“I found my son on the Internet (I live in Utah and he is from Maine). It was a process of elimination really - I was interested in numerous kids but it all depended on whether the caseworker called me back. You have to have a live person to talk to. One caseworker went on maternity leave without a replacement! I believe that for every ten inquiries that I made, one caseworker called back. It wasn’t any one thing that appealed to me - he just grabbed me and then we found things to build on. My son and I each made [a relationship] for each other.”*  
–From an Adoptive Parent

## ***Some Suggested Guidelines and Timelines for Matching***

Policies regarding the matching decision vary from one state to another and from one county to another. As a result, the timelines and processes that agencies use in the matching process may be quite different. One approach that has been found to be effective in getting children where they need to be – that is, with families – is described here. This process, which involves making the matching decision for children featured through photolistings, takes approximately four months once a family’s inquiry is received and reviewed – a time frame that experience tells us is workable and ensures that children and families are not left in limbo. The following diagram illustrates this process in operation:

*“After years of experience, I still feel a match can be a crap shoot and I have a pretty high success rate. I have found that if the family feels certain and committed, the placement usually works. The family needs to hold the power!”*  
–From a Caseworker



1. After a family with a completed Family Profile has seen a photolisting of a child in whom the family is interested, the family asks for additional information on the child or the family's caseworker requests that the family be considered as an adoptive family for the child. The child's caseworker requests that the family or the family's caseworker forward the Family Profile and complete the *Family Profile Cover Page* (See Worksheet #1) if the family is interested in proceeding. As Family Profiles and accompanying Cover Pages are received, they are numbered in the order received.

*"It is essential that the child and family have a say in their coming together as a family. Older kids must have input into the type of family they feel they can successfully become a part of. Families who choose the child, rather than have a worker choose them for a child, have a greater level of commitment."  
–From a Caseworker*

2. The child's caseworker reviews all of the Family Profiles and Cover Pages as they are received. The child's caseworker then calls or emails the family's caseworker, clarifies any information and lets the family caseworker know the family will be contacted within one month. This begins the working relationship between the child caseworker and the family caseworker. At this point, if appropriate, there is an initial discussion of available services for the child and the prospective adoptive family including the existence of any agreements with private agencies to provide services in the state that is receiving the child.

3. Simultaneously, the caseworker monitors the interest that is being expressed regarding the photolisted child. When a child has been photolisted for at least one month and the child's caseworker has received at least one Family Profile, the caseworker moves to Step 4. To prevent delays and to ensure that families do not continue to express interest in a child for whom much interest

**PRACTICE TIP:**

It is helpful to have a liaison between an agency that recruits families and the agencies that are responsible for placing children. Good, trusting relationships between agencies are essential!

has already been expressed, the caseworker places the photolisting "on hold" once a certain number of Family Profiles have been received (even if less than one month has passed). Experience shows that 15 Family Profiles is the maximum number of profiles that can be reviewed in a timely way.

4. The child's caseworker contacts families regarding their continuing interest in the child. Once **at least one** or more families (a good guideline: a maximum of five families) state that they are interested and appear to be appropriate for the child, the caseworker places the remaining families in a "to be considered" file. These families might be asked if they would

*\* No last names, addresses, complete birth dates, emails, telephone numbers, or social security numbers for child, birth family or foster family. Families must be instructed to return or destroy the information if they choose not to pursue the adoption.*

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like to consider other children or may be possible families for this child if no family in the initial group of families is appropriate for the child. (See *Considering Approved Families for Waiting Children: Narrowing Down the Choices.*)

5. The child's caseworker mails Child Profiles (without identifying information\*) to the initial group of families (and/ or the family's caseworker) and requests an "interest" response within a short period of time. Three weeks is a good guideline. Families and/or family caseworkers are told that they can respond by mail, email, or phone. During this time, caseworkers provide families and/or family caseworkers with opportunities to ask questions about the child and the selection process.
6. The caseworker brings the Family Profiles to the team decision-making meeting. It is recommended that the team be asked to consider no more than 5 Family Profiles. Although, it is important to remember that one Family Profile is fine too! To ensure timely decision-making, it is recommended that the team decision-making meeting take place within one month of receiving the "interest responses" from families. (See *Team Decision-Making: Selecting a Family.*) At this point, caseworkers should inform interested families as to whether the child may be eligible for adoption assistance, what the current foster care subsidy is and the fact that adoption assistance cannot exceed that amount and finally, that both available community and family resources to meet the child's needs will be reviewed at the time of adoption. Caseworkers should also begin (if the state allows this at this point) the Interstate Child Placement Compact (ICPC) process if any families under consideration live in another state.
7. If the team determines that more than one family is appropriate and interested and the child is older, the caseworker talks with the child about which family he or she would like to pursue first. The caseworker should engage the child in a discussion by sharing pictures and basic information about each family, including the size and composition of the family and where the family lives. All information sharing should be done with a caseworker guiding and supporting the child. When done appropriately, this process can empower the child and increase the commitment of the family that is selected for the child.
8. Families who are not selected for the child should be informed immediately so that they may move forward in considering other children.
9. When a family is selected for the child, all information about the child should have been shared with the family (See *Communicating Children's Information to Prospective Adoptive Parents.*)
10. The child's caseworker and the family's caseworker begin to work together to plan the logistics regarding the child and family getting to know one another.

*"I also think it is important to consider the wishes of a child who is to be adopted but I would want to weigh those wishes. In doing groups for children who were waiting for adoption, they had very unrealistic expectations of what a family was...and who wouldn't if you had not had a functional family? They wanted a TV in their bedroom, and on and on...when workers consider the wishes of a child, they need to be clear what those wishes are and where they came from."*

*– From a Caseworker*

### ***Considering Approved Families for Waiting Children: Narrowing Down the Choices***

Once families have completed their training and been approved to adopt, they should be considered as potential families for children. Caseworkers need to trust the approval process and not engage in attempts to “re-study” families based on their own personal feelings about or reactions to the family. If there are concerns about a family, the child’s caseworker should specify his or her concerns and discuss them directly with the family’s caseworker.

When beginning to consider approved families as potential resources for children, the caseworker should review the information contained in the Family Profile. The first step is the caseworker’s response to the initial interest in a child expressed by prospective adoptive families. As a result of the success in recruiting new families for waiting children, both through the national outreach of ***AdoptUSKids*** and state and local recruitment, caseworkers may receive 10 to 20 (or more) Family Profiles for a given child. The increase in the number of interested families is wonderful, but it puts additional pressures on children’s caseworkers who often are already over-worked! When a large number of interested families have expressed interest in a child, caseworkers can do the following:

1. Sort the Family Profiles into two stacks – in-state and out-of-state. Federal law prohibits delay or denial of the placement of a child for adoption based on the geographic location of an approved adoptive family. Nonetheless, keeping children close to members of their birth family, friends, schools, and/or religious institutions may be in their best interests. Each child’s situation and needs must be individually considered. In some cases, this may result in a priority consideration of families who are more easily able to provide continuity for the child’s important relationships.
2. Date the Family Profiles by order received and review in that order. Use a “rule of five” considering only five family profiles at a time, requesting more only if the initial five do not prove to be appropriate resources.
3. Read the families’ autobiographies, even if they are handwritten and if the spelling and grammar is not top-notch. Autobiographies (or another format in which a family has chosen to tell their story) are important because they reflect how the family has chosen to represent itself. When agencies give families the freedom to write what they want and they do not edit, autobiographies often give enormous insight into a family’s background and motivation and uniqueness.
4. Use multiple people in reviewing the Family Profiles, using clear criteria (see below) for assessing families and impressing on all parties the confidential nature of the material they

*“We finally got a placement (most recently) after waiting two and a half years. We now have ten children and I think that we were discriminated against because of the size of our family. It was only after I got to know many people personally in the Department and they saw us as parents that we had the last two placed with us. That and the fact that we had never had a placement disrupt and never will. As far as getting the information we needed, I got copies of everything but the caseworkers have the control and I didn’t want to ‘rock the boat’ by asking too many questions.”*

*–From an Adoptive Parent*

are reading. Using multiple reviewers reduces the likelihood of bias in evaluating families!

- Contact the State Adoption Program Manager or your supervisor about using the services of the State Adoption Exchange. Adoption Exchanges can serve as first reviewers, reading through the Family Profiles submitted on a child and presenting the top five. Adoption Exchanges are there to help and in some communities, they are an overlooked resource!
- Use several experienced adoptive and/or foster parents in a volunteer capacity, or under a contract for pay, as Family Profile reviewers.
- Arrange to have a social work student intern (undergraduate or graduate level) help the child's caseworker review Family Profiles. This opportunity provides a terrific learning experience for the intern and free assistance!

Criteria that can be used to consider the appropriateness of possible adoptive families for a specific child or sibling group include:

- The prospective adoptive family's capacity to understand and be responsive to the child's safety needs that may have been compromised in his or her past.
- The prospective adoptive parent's ability to meet the current (not future!) expenses of caring for the *particular* child or children. For example, the home might need to be wheelchair accessible. In assessing the parent's ability in this regard, the availability of an adoption subsidy should always be considered. The assessment should not include the family's ability to cover expenses beyond childhood, such as whether the family has resources to send a child to college.
- Assess the capacity of the parent to raise the child to adulthood. If the parents' ability to do so is in doubt, explore the availability and involvement of extended family or

*"When reviewing [Family Profile] information as a possible match for a specific child, I'm looking for indicators of overall compatibility with the child's circumstances/wishes and specifically for strengths suggesting their ability to meet identified needs. Family traits that I pretty much consider important across the board include [the family's] history of making/honoring commitments, flexibility in approaching/dealing with life situations/events, ability to work together as a strong parent team (for two-parent families), level of self-confidence (but realistic), ability to work with others as a team, eagerness to learn/receptiveness to guidance, having a giving/nurturing nature, relevance of personal/household possessions, [and] expectations of others, especially children."*

*–From a Caseworker*

*"I've heard [caseworkers] say to families, 'Oh no, you don't want this child.' Well, that's the family's decision to make, it's not the [caseworker's] decision and you know I've met a lot of kids over the years that I wouldn't have wanted to parent but other people loved them."*

*–From an Adoptive Parent*

other adults in the family's life who could assume responsibility for the child if necessary. Developing back-up plans for children's care, in fact, is good practice for all families.

- Other children in the family. Attention should be given to the ages of the children already in the family relative to the age of the child to be added to the family and how the children already in the family feel about the adoption of the child. These issues should be explored but should not be viewed as prohibiting placement.
- The willingness and capacity of the family to adopt all members of a sibling group.
- The family's support system outside of agency support.

Prospective adoptive parents need to be fully involved in the matching process. Many times, caseworkers involved in the matching process are making "paper matches," that is, they have not written the Family Profile or Child Profile, they do not know the family or child personally, and they are making matching decisions on the basis of the written materials before them (which in fact, may no longer be accurate). Working closely with prospective adoptive families ensures that families are "buying in" to the process and that families' strengths, interests, and needs are accurately understood.

Involving families in the matching process does not undermine in any way the caseworker's role or the critical importance of the caseworker's judgment. Families should never be left to match themselves to a child in a completely independent fashion. Families who have adopted, in fact, emphasize the value of caseworkers' knowledge, guidance, and support in the adoption process.

The role of the caseworker is analogous to the doctor's role in elective surgery: the doctor informs and guides the patient based on his or her education and clinical experience, and the patient decides whether to proceed. The doctor, however, would not perform a medically unsound procedure regardless of the patient's pleas.

*"I remember one match: the parent loved organized sports and the boy eagerly watched sports throughout the visiting stage. The parent called me laughing a few months post-adoption and said, 'My son hasn't mentioned sports since the adoption day. His big love now is Nintendo!'"*  
–From a Caseworker

*"I think that any kind of input that we can get from the social worker would be greatly appreciated because they do have such an insight into children. I'm sure they have spoken with many people who have touched the lives of these children. We are reading things off a one-dimensional document many times and the three-dimensional look is what the social worker gets. So I think that being open for all that type of input is a good thing. I think it still will come down to once you have looked at all the information, once you have met the children and have done a strong critique on your own life that you are going to be able to make a decision."*

–From a Prospective Adoptive Parent

### **Stretching**

As a general rule, the preferences of prospective adoptive parents should guide the matching process. In some cases, however, a family may express interest in a child or

*“I think in working as a professional in adoption for 29 years, the more say so and the more participation the adoptive parents have in selecting their child, the more committed I think they are to making it work. You are going to work a whole lot harder for a child that you invested in and selected from the beginning rather than somebody else using your criteria to make a match.”*

*–From a Caseworker*

children whose needs are at a level beyond what the family identified as appropriate in their Family Profile. This type of match involves what is often called “stretching,” a common and important phenomenon in adoption. Stretching can have positive outcomes when a family experiences a strong connection and a commitment to individual children who do not “fit” within the family’s expressed preferences. In some cases, however, the family may attempt to stretch too far, expressing an interest in parenting a child whom they are not prepared to parent. In such cases, caseworkers should introduce prospective adoptive families to families who are already parenting children with similar issues. In this way, they can obtain a more realistic picture of parenting children with these needs before the family’s Profile is sent to the caseworkers of children that the family’s caseworker believes stretches the family beyond their capacity. Experienced adoptive parents specifically recommend that prospective adoptive parents visit other families’ homes so that they clearly understand the challenges that they may face if they move forward with the adoption of the child.

Caseworkers also should carefully explore the issue of stretching with the family. They should ensure that the family is fully aware of the potential impact on the family of adopting a child whose needs are significantly greater than the family initially felt able to meet. Caseworkers, however, should give credence to a family’s interest and explore it.

“Stretching” is not always initiated by families; “stretching” families also can be taken too far by adoption professionals. Caseworkers and others may encourage prospective adoptive parents to downplay their concerns about the needs of a child or what they can realistically expect of themselves. When families are asked to “stretch” too far, adoptions may be at risk. The risks of negative outcomes may be even greater when families are “stretched” and do not receive full information

*“We were horrified when presented with a checklist of criteria for a child we would consider adopting. It reminded me of an insurance form where you get X amount of money for a lost arm and Y amount if you lose your arm and both legs. We had no idea how to answer it. Our birth sons were 2 and 8 at the time and we thought a girl of 4-6 years would be nice. Yet, the first time we adopted a boy of fifteen years. Our caseworker knew us all and thought we would get along. We met at an adoption picnic and played basketball. My husband and I decided by the end of the picnic to adopt him. I know that there is a lot of controversy about adoption parties but adoption is about building a relationship. I ‘recognized’ my children [we next adopted two sisters that we also met at a picnic] as soon as I saw them – it was a similar feeling to seeing my birth kids. Too many adoptive parents think they will mold the child and really the family needs to mold themselves to the child.”*

*–From an Adoptive Parent*

about the child placed with them.

Finally, “stretching” can occur in relation to children’s wishes for a family. When children express interest in a family who differs significantly from the child’s initial description of a desired family, the caseworker should explore the child’s preference with him or her. At all times, the child must feel safe and some level of trust that the family is committed to meeting his or her needs on a continuing basis.

### **Adoption of Siblings**

A key issue in the matching process for many waiting children is that they are to be adopted as a sibling group. Especially when children have lost their parents due to abuse or neglect, maintain-

ing the sibling relationship is a priority criterion when considering potential adoptive families. Matching for these children involves finding a family with whom all the children can be placed together. In some cases, however, families may express interest in some but not all siblings. A family, for example, may be interested in adopting three of five siblings and may be open to meaningful contact with a family who is interested in adopting the remaining two siblings. Should either family be encouraged to stretch and adopt all five children? Should each family’s preference be honored and the sibling group be adopted by two families? Or should the families not be approved to adopt any of the children, a decision that means that all of the siblings lose the opportunity for an adoptive family? In such situations, it is important to explore a family’s rationale for wishing to adopt only certain children in the sibling group. In some cases, the barriers may be resolvable, such as when the family’s decision is based on financial considerations and adoption assistance can be arranged.

*“I wasn’t really asked what I wanted in a family – although the social worker asked what my favorite things are. I think I was 13 when I was adopted. My foster parents told me to pack up my stuff because [my new parents] were here to pick me up. I would have liked to know how many kids were in the family and what kind of stuff they do.”*

*–From an Adopted Person*

Although it may not always be feasible, caseworkers should begin with the assumption that all siblings should be adopted by the same family (For more guidance, see *Additional Resources*). Both research and experience have proven the importance of keeping siblings together in one family unless there are

*“I had thought about independent living once I left my foster home because that was my best option. I met my Dad at my job when I was 15. I decided adoption was a better option. I asked him to adopt me and my fate was in his hands. We had lots of dialog with each other. We didn’t need paperwork to tell us who we are.”*

*–From an Adopted Person*

*“I have seen caseworkers pressure families into accepting a placement. They make the families feel guilty.”*

*–From a Caseworker*

extenuating circumstances that indicate that it is not in a child's best interest. In addition, practice has shown that many families who intend to keep close relationships between separated siblings do not, in reality, do so over time. Caseworkers need to take into account sibling relationships from the child's perspective, whether the relationships are "of blood" or "of the heart." Although shared genetics are important and provide a compelling reason for keeping siblings together, existing emotional relationships between children also need to be acknowledged and preserved.

### ***Team Decision-Making: Selecting a Family***

When caseworkers have the Family Profiles of several families in hand or possibly only one family, how should the decision be made? A team approach is usually the best way to make decisions regarding child and family matches. It helps minimize the impact of individual biases, provides support to caseworkers and it provides excellent opportunities for less experienced staff to develop decision-making skills.

At a minimum, the child's caseworker, the family's caseworker and the child's attorney or CASA/GAL should attend the decision-making meeting. Veteran adoptive parents, adults who were adopted as children and foster care graduates can be valuable additions to a team. Current foster parents also may be invited to decision-making meetings to share information on the child and the child's needs. Some decision-making meetings also include a facilitator who has been trained to assist the participants in reaching consensus on the right match. Although it is desirable to have all of these individuals at team meetings, it may be difficult to do so when children are being placed with families across state lines. In these cases, it may be possible to convene everyone through the use of speaker phones or, if possible, video conferencing. Some states use adoption exchange personnel to act as liaisons with the workers of out-of-state families and include the liaisons in the decision-making meeting in place of or in addition to the out-of-state agency's presence in a teleconference.

Although involving a team in making decisions is the preferred approach, overly rigid processes, such as scheduling meetings only after three families have been identified, are not useful. It is important to remember: It only takes one family to adopt a child!

The team approach to making decisions about matching children and families is enhanced when all team members are clear about their roles and responsibilities. *Spaulding for Children's Special Needs Adoption Curriculum*<sup>9</sup> identifies roles for each team member as follows:

- *Facilitator.* The adoption supervisor serves as facilitator pulling the team members together, articulating the role and goals of each member, ensuring that each role is adequately represented in the discussion, summarizing the decisions and areas for follow-up, and moving the team through the decision-making framework. Helpful behaviors include: Stating the goal of the meeting; keeping the group on task; testing for consensus; and summarizing.
- *Recorder.* This person records the responses of the team members and provides a brief written summary of the discussion, the decisions made, and the responsibilities for each team member. The recorder's notes should include the exact words of team members when pos-

*"I've had families withdraw their home studies after not being selected on several occasions. They say they are tired of being thrown in as the 'third family.' Sometimes this gets inappropriately close to reality T.V."*

*—From a Caseworker*

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sible, common themes as they emerged from the group, areas of conflict that emerged, and plans for addressing the conflicts.

- *Child's caseworker.* The child's caseworker comments on relevant points from the child's history, highlights the child's feelings and wishes regarding adoption, and ensures that the child's needs and interests are being represented. Helpful behaviors include: Reminding team members that adoption is a service for children and advocating for the child's best interests.
- *Family's caseworker.* The family's caseworker comments on relevant points from the family's perspective, outlines their wishes with regard to adopting and highlights their strengths and challenges. Helpful behaviors include: Familiarity with the Child Profile; articulating how the family would meet the child's needs; and advocating for the family based on specifics.
- *Other team members.* The other team members identify potential bias in decision-making, assist in the evaluation of the capacity of the prospective adoptive family to respond to the present and future needs of the child, ensure that the family has been fully informed of the child's background experiences and needs, and suggest alternative resources or strategies for pre-placement preparation or post-placement services. A retired (neutral) caseworker can be a valuable additional member of the team. Helpful behaviors include: Maintaining focus on one's particular role as a consultant and advocating for further discussion of issues that are unclear.

Spaulding's Special Needs Adoption Curriculum also includes a framework to guide team members through the decision-making process. This framework, found in *Worksheet #2, A Decision-Making Framework for Matching*, describes two key activities: (1) making the matching decision regarding the child and family and (2) developing the plan to support the child's placement with the family.

When more than one family is under consideration for a child, the team may wish to use the following questions in comparing the families' respective strengths and abilities:

1. Is any family who is being considered being asked to "stretch?" A family, for example, may be asked to accept a sibling group of three when they indicated that they would be comfortable with one or two children. How has the request been discussed with the family? What has been their response? Are supports available that would assist the family in assuming more responsibility than they initially planned?
2. Do any of the families have prior positive connections with the child or children?
3. Does any family under consideration have experience that may prepare the family to respond to a particular challenge that the child is experiencing? A parent who already has a child who receives special education services, for example, may have an understanding of how to help a child with additional educational needs.
4. Which family best meets the child's desires for a family?
5. Has any family expressed comfort with an open arrangement with the child's birth family or other connections, if appropriate?

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The team should clearly state the rationale for making the decision in favor of one family and should document the child’s input into the decision when the child has been involved in the matching process. In situations in which it is determined that more than one family under consideration meets the needs of the child, the team’s decisions should be clearly documented and a back-up family or families identified. In the event that the selected family chooses not to proceed with the child, the caseworker then may move ahead immediately with the alternate family. In these cases, “back-up” families should be informed of their status.

Finally, attention must be given to support for selected families who live in states other than the child. The selection of the family is only one step in what may be an involved and frustrating process for the family as described by one adoptive parent:

*“I’d like to say that the most frustrating situation is finding a child that is a good match for our family, being chosen through match meeting and then seeing a huge mountain ahead to climb over. When the child is in foster care somewhere in the United States and the parents desiring to adopt are licensed foster parents in the United States, the system should be streamlined to make the placement happen quickly. We’re walking through this process now, since April. I just had to file 13 more documents...just like the ones we file for foster licensing...police checks, health reports, etc... it is very very frustrating to redo everything. Then we’ve waited on a very overworked caseworker to file [an Interstate Child Placement Compact] for us...This child is waiting for permanency.”*

### **Legal Considerations in Matching**

There is overarching federal legislation that guides the matching of children and families. Briefly, these laws are:

- *The Indian Child Welfare Act (ICWA)*. ICWA regulates the placement of Native American children. It was implemented with recognition that, in the recent past, most Native American children were being placed outside tribal communities, thereby reducing the children’s access to language and traditions important to their culture. Under ICWA, in any adoptive placement of an Indian child under State law, a preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child’s extended family; (2) other members of the Indian child’s tribe; or (3) other Indian families.
- *The Adoption and Safe Families Act (ASFA)*. ASFA supports permanency for children by reducing timeframes for courts and child welfare agencies in working toward permanency outcomes, including adoption, for children in foster care. ASFA prohibits denial or delay of the adoptive placement of a child with the approved adoptive family based on the geographic location of the family.
- *The Multiethnic Placement Act (MEPA)*. MEPA was enacted in 1994 and amended by the Interethnic Placement Provision of the Small Business Job Protection Act in 1996 to eliminate discriminatory practices that denied children permanency and discouraged applicants from becoming foster and adoptive parents. The law contains three major tenets:
  - An agency or individual cannot delay or deny a child’s placement for foster care or adoption on the basis of race, color or national origin.

- 
- An agency or individual cannot deny a person the opportunity to foster or adopt solely on the basis of race, color or national origin.
  - An agency must diligently recruit potential foster and adoptive parents that reflect the diversity of children in care.
  - An important consideration is that culture cannot be used as a proxy for race.

# Communicating Children’s Information to Prospective Adoptive Parents

Families must have complete information in order to make an informed decision about their ability and willingness to parent the child. Adoptive families, however, sometimes report that they did not receive full and adequate information on the children whom they adopted. In some cases, these families later found that they were emotionally and financially unprepared to parent the children they adopted. In some of these difficult situations, the adoptions disrupted before finalization or dissolved afterwards. In other cases, families experienced ongoing significant stress as they attempted to meet their children’s needs.

Sometimes caseworkers are concerned that they are violating the privacy of birth parents or siblings when sharing information with adoptive parents. In fact, in many states, state statutes or court decisions require that adoptive parents have access to all available medical and social history information in the file of the birth family. This information should always be provided to prospective adoptive parents in writing. Presentations of the information to a family also can be audiotaped or videotaped with the consent of the family. Because adoptive parents may find it difficult to remember all information that is given to them verbally, it may be useful to hold a pre-placement conference with prospective adoptive parents and provide them with all relevant information at the conference. Worksheet #3, *Guide to Pre-Placement Conference*, provides information on the content that should be covered in these conferences.

Providing complete background and assessment information on a child benefits both the prospective adoptive family and the child:<sup>10</sup>

- **It helps the prospective adoptive family make an informed decision.** Families who know a child’s complete medical, social, and foster care history are better able to make an informed decision about whether they are emotionally and financially prepared to meet the child’s needs. Telling prospective adoptive families everything that an agency knows about a child also helps a family plan for the child’s needs and reduces the risk of adoption disruption or dissolution.
- **It helps to ensure that the child is placed with a family who can meet his or her needs.** The prospective adoptive family’s knowledge of a child’s health, social history, and foster care history can facilitate early diagnosis and treatment, if needed. Accurate background information and diagnoses also may enable a child with exceptional physical or mental health needs to qualify for federal and state adoption subsidies.

*“I would like photocopies of all information in the file. There is so much interpretation and to be able to go back and see what was written and also to have that documentation because you are making a life- long decision. You are making not only an emotional but a financial and a legal decision. You want to have written full disclosure before making that decision. You also want to have the documents to go back and say listen this is what was shared with us.”*

*–From a Prospective Adoptive Parent*

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- **It helps ensure that the adopted person has all of the available accurate information about his or her family, medical, and genetic history.** Many adults adopted as children do not have access to medical and family information that individuals who are not adopted take for granted. As one adopted person said:

*“I find it criminal that the people responsible for my placement used my physical appearance as the sole criterion to match me with potential foster and adoptive families. These same ‘professionals,’ however, turned a collective blind eye to a number of potentially life-threatening inheritable traits [both parents had schizophrenia] that I then had the pleasure to discover, by way of a nightmarish process of trial and error, later in my life.”<sup>1</sup>*

Caseworkers may feel uncertain about the type of information about a child that should be shared with the selected family. In deciding what information should be shared, the following questions can be of assistance:

- What would I want to know if I were adopting this child?
- Have I satisfied the legal requirements of my State and the Federal government regarding disclosure and privacy?
- Have I used reasonable efforts to obtain as much background and assessment information on this child as I can?

Worksheet #4, *Information Sharing Checklist*, is one example of a useful tool to help caseworkers identify and share all relevant and available information about a child with the adoptive family. To help ensure that adoptive families have complete background information about a child and from which to make an informed decision about adopting the child, caseworkers should:

- Provide all information in writing to the family prior to the placement and retain a copy with the agency.
- Provide actual copies of reports, assessments, and other documents rather than summarizing the material.
- Refer families to experts such as pediatricians, psychologists, and educational consultants who can help them understand the information and its implications for the child’s current and future functioning.
- Explain to families that in virtually every case there is information that the agency will not know despite their best efforts. For example, a child who has been sexually abused may not feel comfortable telling anyone about the abuse until she is in a safe, stable environment. Indeed, an adoptive parent may be the very first person to whom a child will feel safe enough to disclose past abuse. Adoptive parents should be given the name of an agency contact person who can help the family should this happen post-adoption.

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It is equally important to help families develop an understanding of the impact of children’s past experiences on their current and future functioning, particularly when children have experienced maltreatment and multiple foster care placements. When families understand the possible impact on children of earlier experiences, they are better prepared to parent the child and can begin to identify the services they will need. Worksheet #5, *Predictions*, provides information on a practice tool that caseworkers can use to assist families to develop an understanding of the impact of past experiences on children.

**PRACTICE TIP:**

To save caseworker time, consider hiring other parties, i.e., adoptive parents, CASAs or foster parents to help sort through records and write Child Profiles. Their own experience makes them determined and knowledgeable information gatherers. Caseworkers should explain the importance of confidentiality but can ask parents and CASAs to sign confidentiality agreements. State and local Adoption Exchanges can also be approached to provide this service.

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# Adoption Support and Preservation Services

Matching ends with the placement of a child with a family but the agency's responsibility to the family is on-going. Although caseworkers may emphasize the "match" of family and child characteristics, adoptive families often focus on the importance of information and ongoing support as the relationship between the child and family develops. Attention must be paid to the longer-term support and service needs of adoptive families. In fact, best practice dictates that these services and supports be put in place before the child lives with the family and be available at least until the child reaches adulthood. Experienced caseworkers note that children need to live with their new families as long as they lived elsewhere before they are truly secure. Following the adoptive placement, families often need:

- Ongoing support in identifying and addressing their children's needs.
- A plan of action to meet children's emotional, behavioral and developmental issues.
- Information regarding therapists in the community with expertise in adoption issues, educational experts, and other professionals to whom families can turn for services and supports.
- Information on support groups for parents with adopted children.

Families' ongoing needs for supports and services are best explained in their own words:

*"We had five or six visits under various circumstances with the girls before they stayed overnight (we had 150 miles between us). We took them swimming, took them horseback riding, you know we introduced them to our family such as it is. A lot of that went on and so I would say that the transition period on the front end was exceptionally good. On the back end, once they were placed it was like everybody, every social worker, every family resource person just disappeared into the sunset and it was frantic for me because I had no contact with the people who could help me understand what was going on. And so I finally got a hold of the social worker and said I have got to have some help here and they sent a family aide. She started coming once a week, this was about three months after they were placed. This was helpful absolutely because I had somebody to bounce off of, you know that could put some words around the problems that I was having."* **–From an Adoptive Parent**

*"I would like to tell adoptive parents not to push too hard – put yourself in the child's shoes and have patience. Tell your child, 'I know you have been through X and Y but that won't happen here. You will be safe here.' Also, it is not about the monetary things that you are giving the child – it is about providing a family for a child."* **–From an Adopted Person**

*"I was 14 when I moved in with my parents. I was very skeptical as I had been told that I would never be adopted. I went along with the adoption because I thought it would be a way to reunite my two sisters and myself. It wasn't until I saw my parents fight to have my sister placed with us and the adoption was finalized that I started to believe my parents really wanted me."* **–From an Adopted Person**

*"I work in adoption and I decided to adopt when a colleague adopted a 13- year- old boy that no one else wanted – and he is a great kid! I never would have had the guts to do this without the supportive process that my agency provides. I was so scared! I was a single person. The process was so so vital. I didn't want to read the "horror story" in the records but I needed to know enough so that I could say to my son, 'this is what the record said – did that happen?'"* **–From an Adoptive Parent**



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## Conclusion

Matching waiting children with adoptive families is at the heart of social work practice. It takes time and a lot of hard work, but it is also supremely rewarding. This guide has been written to help caseworkers through the many steps of the matching process while always focusing on the most important outcome - permanent families for children. It provides caseworkers with information and practice tips on family preparation and Family Profiles, Child Profiles, the decision-making process, communicating children's information to parents, and post-placement supports. As this guide repeatedly states, the most effective way to match children and families is to involve them and a variety of adoption professionals throughout the process. Implementing these "best practices" helps caseworkers to be well prepared to do the best possible job on behalf of waiting children!

*Appendix B, One Approach to Matching Children and Families*, provides an example of an agency that has worked to place challenging children in adoptive families. **AdoptUSKids would love to hear from caseworkers across the United States about what they have found to be most effective in matching children with adoptive families. Please contact us with your tips and feedback through email ([info@ AdoptUSKids.org](mailto:info@AdoptUSKids.org) with the subject line: Finding a Fit that Will Last a Lifetime).**

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## Additional Resources

### ***Decision-Making for Sibling Placements***

Northeast Ohio Adoptive Services has developed a tool, the *Sibling Decision Making Matrix*, to provide guidance to caseworkers in making the best decisions for sibling groups. To get a copy of this tool and/or learn more about it, contact Northeast Ohio Adoptive Services at 216-581-9710. Additionally, Regina Kupecky has developed a curriculum entitled *My Brother, My Sister: Sibling Relations in Adoption and Foster Care* to train caseworkers, parents, and court personnel or to be used in segments to augment pre-service training. For more information about ordering this curriculum, please email ReginaKU@msn.com (with sibling in the subject line) or call 1-440-230-1960 #5.

### ***Internet Resources***

#### **National Adoption Information Clearinghouse**

The fact sheet, *Obtaining Background Information on Your Prospective Adopted Child* ([www.calib.com/naic/pubs/h\\_wrong.cfm](http://www.calib.com/naic/pubs/h_wrong.cfm)), provides further information. The *Statutes-at-a-Glance* ([www.calib.com/naic/laws/index.cfm](http://www.calib.com/naic/laws/index.cfm)) series highlights specific topics and provides a quick overview and comparison of legal requirements across the States.

#### **National Child Welfare Resource Center for Adoption**

Back issues of their newsletter, *The Roundtable* ([www.nrcadoption.org/roundtable.html](http://www.nrcadoption.org/roundtable.html)), can be obtained through the Web site. This publication regularly has articles relating to children who have been adopted from foster care. Volume 10, #1 has an article for social workers by Kay Donley Ziegler regarding sharing children's background information (disclosure).

#### **Child Welfare League of America's Standards of Excellence for Adoption Services**

This publication ([www.cwla.org/programs/adoption/cwla\\_standards.htm](http://www.cwla.org/programs/adoption/cwla_standards.htm)) outlines CWLA's recommendations for thorough investigation of medical, developmental, psychological, and family history, and full disclosure of this information to adoptive parents. These standards also address issues of disclosure to adopted individuals and disclosure of a child's positive HIV status.

Additional on-line resources for adoptive parents and professionals, include the following:

- National Adoption Information Clearinghouse ([www.naic.acf.hhs.gov](http://www.naic.acf.hhs.gov))
- North American Council on Adoptable Children ([www.nacac.org](http://www.nacac.org))
- ***AdoptUSKids*** ([www.AdoptUSKids.org](http://www.AdoptUSKids.org))
- National Foster Parent Association ([www.NFPAinc.org](http://www.NFPAinc.org))

Also consult the adoption pages of your state's child welfare agency website.

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## **Books**

The following are a few of many books that can serve as resources for prospective adoptive parents, including:

- *A Child's Journey Through Placement* by Vera Fahlberg
- *Our Own: Adopting and Parenting the Older Child* by Trish Mashew
- *Adopting the Hurt Child* by Gregory Keck and Regina Kupecky
- *Parenting the Hurt Child* by Gregory Keck and Regina Kupecky

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## Appendix A: The F Family's Statement\*

The following example is an adaptation from a portion of the fictional F's Family Profile. It provides the couple's assessment of their strengths and the type of child whom they believe they could parent successfully.

### ***Our Strengths***

We talk things out in our family. There are three adults in our family to provide supervision of a child – the two of us and L's (Mrs. F's) mother. We have experience raising our daughter, E, and working with other children. We have a good marriage. Children and teenagers like us. We have a lot of support from family, friends, neighbors, and our church. The Js, our "buddy family," have really helped us understand adoption, and their daughter and E like one another. They have said they will help us out. We have a good school in our area, and we know the principal and teachers. L works with them. There is a park and recreational center just two blocks from our house. We have room in our house and our family for another child.

We could parent a child who:

- is older, a teenager;
- has learning and school problems;
- is in therapy or needs therapy;
- has some medical problems;
- wets the bed;
- cares about his birth parents and foster family;
- is lesbian, gay, bisexual, transgender, or questioning (LGBTQ);
- is shy and has trouble making friends;
- has been abandoned, abused, or neglected (with help, a child who has been sexually abused);
- has been in a residential treatment center.

We would have difficulty with a child who:

- is taking drugs or drinks;
- is in a gang;
- has parents who would come to the house and hurt him or anyone else in our family;
- physically fights with children or adults.

We would be unable to parent a child who:

- has severe handicaps (a child who can't walk, needs a lot of equipment, and/or needs someone to watch him all the time because the bedrooms are upstairs, we both work, and L's mother does not have the strength to lift this kind of child);
- has a history of psychiatric hospitalizations and is suicidal or homicidal.

*\* Adapted from: The Special Needs Adoption Curriculum ©1991, Spaulding for Children. Authors: Linda Whitfield, M.S.W., Lynn M. Nybell, PhD., Sylvia Sims Gray, PhD., Drenda Lakin, M.S.W., A.C.S.W., and Judith McKenzie, M.S.W., Marcia Jaffe Cipriani, B.A.*

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## Appendix B: One Approach to Matching Children and Families

Across the country, effective approaches to placing children with families have been developed. Highlighted here is one creative program: Family Focus Adoption Services, a New York City agency, which has developed a model for working with families that tests and then supports their commitment to a child.

The principle at the heart of the work of Family Focus Adoption Services is that a family who is highly committed to a child is more likely to have a successful adoption. After placing waiting children with adoptive families for more than 15 years, Family Focus has concluded from their experiences that the following factors are not significant to successful adoptions: whether the child has been placed previously with a foster family or in a group home or a residential center, the age of the child, the child's race, the child's physical or mental health diagnoses, the child-raising experience of the family, the LGBT status of the child or family, the financial or marital status of the family, and the geographic proximity of the family to the child.

At Family Focus, parents who have been approved as prospective adoptive families identify children featured in photolisting books or on the Internet. The Family Focus caseworker then presents the family with the Child Profiles on the selected child or children and reviews the information with the family. If the family decides to proceed further regarding a child, the caseworker sends the family's profile to the public agency responsible for the child. If the public agency agrees to consider the family as a potential adoptive resource for the child, Family Focus arranges for a caseworker to present to the child a photo album prepared by the prospective adoptive parent(s) which includes pictures of each family member, pets, the front and back of the house or apartment, all rooms in the house, and the inside and outside of the car. If the child(ren) is interested in the family, an initial meeting between the family and child(ren) is arranged at a local McDonalds.

Once the child(ren) and family express interest in one another, Family Focus implements a clearly defined transition process over a six-month period. It assigns a transition caseworker for the child and a transition caseworker for the family, each of whom works intensively to ensure that the child feels safe and supported and the family feels comfortable and confident. The family and the child are asked to make a conscious decision regarding the adoption at each stage of the process. Under the Family Focus model, the adoption moves to finalization only after the child has verbally asked each prospective parent individually to be his or her parent. Children are discouraged from calling the prospective parents "mom" and "dad" until the child has asked each adult to be his or her parent. Family Focus reports very high success rates in placing very challenging children with families through their painstakingly careful process, which protects both children and prospective adoptive families.

# Worksheet #1: Family Profile Cover Page\*

**Applicant A** \_\_\_\_\_

**Applicant B** \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of marriage/civil union

if applicable: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caseworker Name: \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Primary language spoken at home:

**Date Family Profile was completed** \_\_\_\_\_

**Number of children desired for adoptive placement:**

**Age ranges desired:**

**The following are characteristics of a child we could parent:**

Children already in the home:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Adopted/Foster/Relative or By Birth \_\_\_\_\_

Other people living in the home:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

*\* The family's caseworker can save time by asking the family to complete this information. Handwritten forms are fine but should be legible.*

Children raised and out of the home:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Dates of Adoptive/Foster Parent Preparation classes:

**Signature(s) of Applicant Parent(s)**

**Signature of Family Adoption Caseworker**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ATTACH A PHOTO OF THE FAMILY TO THIS COVER SHEET

**TO BE COMPLETED BY CHILD'S CASEWORKER**

\_\_\_\_ Family has been contacted and family has confirmed receiving and reviewing the child's profile.

\_\_\_\_ Family has confirmed their continuing interest in the child.

Caseworker Name: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

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# Worksheet #2: A Decision-Making Framework for Matching

*Created by: Spaulding for Children. Authors: Linda Whitfield, M.S.W., Lynn M. Nybell, PhD., Sylvia Sims Gray, PhD., Drenda Lakin, M.S.W., A.C.S.W., and Judith McKenzie, M.S.W. (1991).*

## **Level 1: Child Specific-Decision**

What are the strengths of this particular family? What are the family's requests in terms of adoption? What kind of child or children might they be most willing and prepared to parent? What behaviors of children have they identified as most disturbing or difficult for them? What behaviors would they find tolerable?

What are the strengths of this particular child? What are the child's needs or requests in terms of adoption? What kinds of family situations might be the most disturbing or difficult for this child? What situation has the child found intolerable?

## **Level 2: Placement Plan**

### **Part 1: Health, Education and Housing Needs**

#### **Health Needs**

What specific health needs does the child currently have or is he projected to have? How have these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family?

What strategies or coping strategies has the family used to meet health needs? What support have they requested?

#### **Educational Needs**

What specific educational needs does the child currently have or can be projected to have? How have these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family?

What strategies or coping strategies has the family used to meet unique educational needs? What support have they requested?

#### **Housing Needs for children with physical disabilities**

What specific needs in terms of housing does the child have? How have these needs been shared with the family? What resources does the family have to meet these needs? What support have they requested?

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## **Level 2: Placement Plan**

### **Part 2: Emotional Support and Continuity Needs**

#### **Emotional Support Needs**

What specific needs for emotional support does the child have or is he projected to have? How has information about these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family?

What strategies or coping strategies has the family used to meet these needs? What support have they requested?

#### **Continuity Needs**

What specific needs does the child have for continuity with his birth family and his cultural or religious background? How have these needs been shared with the family? What resources are available to help the family to meet these needs? How has this information been shared with the family? What support have they requested?

Is the child at risk of a disrupted adoption if he is placed with the family? What are the specific risks and what evidence do we have? Has the family been informed of these risks? Can anything be done to reduce or eliminate these risks?

#### **Conclusion**

*After examining and exploring the above issues discussed, does the family wish to proceed with the placement? If not, will they have the option to consider placement of another child?*

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# Worksheet #3: Guide to Preplacement Conference

*Contributed by: Virginia Sturgeon, Child Welfare Consultant and Trainer and Adoptive Parent*

The preplacement conference is designed as a forum to share information with and provide an opportunity for prospective adoptive parents to ask questions regarding a child/children for whom they have been selected. The conference should involve all persons who have relevant information to share regarding the needs of the child/children. Because it can be difficult to have all parties meet in the same location, caseworkers need to be creative through the use of teleconferences and video conferences. The conference should provide the prospective adoptive family with any additional information they need to make a decision regarding whether they want to proceed with visitation with the child/children. Adoptive families are under no obligation to proceed with an identified adoptive referral. (This should be stressed to the family at the beginning of the conference.)

## ***Who Should Attend the Preplacement Conference***

Essential participants at the preplacement conference are:

- The prospective adoptive parent(s)
- The social worker for the prospective adoptive parent(s)
- The child's/children's social worker
- The foster parents or primary child care provider for the child/children should he/she be in a group home or residential treatment facility

Other important persons who may attend the conference:

- Adoption specialist for the agency
- The therapist/counselor for the child/children
- Teachers
- Supervisors for the social workers involved
- Doctors/nurses, physical therapist, occupational therapist, or speech therapist for children with special medical needs
- Child's CASA, GAL or attorney
- Representative from the child's Tribe even if the Tribe has declined jurisdiction

## ***Outline for the Conference***

### **I. Introductions**

- A. The conference should be chaired by either the adoption specialist or one of the supervisors involved. (The chair should also record the information shared in the conference, summarize the conference and distribute the recorded information to the essential participants after the conference.)
- B. Participants should introduce themselves and explain their role in the life of the child/children.

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## II. Review of Background Information

### A. Overview of Information Previously Shared

- The worker for the prospective adoptive family should have previously shared all written background information with the family and provided them with a copy of it.
- A brief overview of this previously shared information should be provided by the worker for the child/children.
- The foster parents/caretaker and other participants should be asked to contribute any additional information regarding the child/children's background.

### B. Questions Regarding Background

- Following the sharing of background information, the prospective adoptive parent(s) should be given the opportunity to ask any questions they may have regarding the child's background.

## III. Special Needs of the Child

### A. This portion of the conference is devoted to those professional participants who work with the child to meet his/her special needs. Each participant will be asked to share relevant information regarding his or her work with the child. For example:

- Doctors/Nurses may share information regarding medical treatment needed, medication the child is taking, and future prognosis regarding ongoing medical needs.
- Physical therapist, occupational therapist, and speech therapist might share the therapy schedule, goals for the therapy, progress in therapy, and plans for future therapy.
- Therapist/counselors will address the emotional needs of the child. They would discuss ongoing therapy needs, issues that are being addressed in therapy, and what role the adoptive parents will play in therapy.
- Teachers should discuss the child's intellectual and academic functioning. Is the child in special education? Does the child require additional assistance with schoolwork? What is the child's potential for academic achievement?
- Foster parents/caretakers should discuss any special requirements/challenges to providing ongoing parenting to the child/children.

### B. Questions of Prospective Adoptive Parents

- Following the sharing of this information, the prospective adoptive parents should again be given the opportunity to ask questions regarding the information they have heard.

## IV. Living with the Child on a Daily Basis

This part of the conference is devoted to an exchange of information primarily between the foster parents/caretakers and the prospective adoptive parents. The chairperson of the conference should ask the foster parents/caretakers to share the following information:

- A. Describe the child/children's typical day. What time does the child get up in the morning? What does he/she eat for breakfast? What is the routine for getting ready for school/day care and what happens when they get home in the afternoon? What time does the child/children go to bed and what is their bedtime routine? Are there any fears/worries regarding bedtime? The foster parents/caretaker should paint a picture of the child's day for the prospective adoptive parent.
- B. The child/children's personality. Again the foster parents/caretaker should provide the prospective

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adoptive parents with a “picture” of the child. Is he/she cheerful in the morning or grumpy? What does the child enjoy? What are his/her fears/worries? How do you know if the child is sick, upset, or angry? Does the child like to give/receive affection?

- C. Discipline techniques and other parenting skills. The foster parents/caretakers should describe for the prospective adoptive parents the discipline techniques they use that are effective. They should also discuss any other skills they use in parenting this child such as how they get the child to talk about his or her feelings and issues and how they deal with the child’s moods or anger. Are there any triggers (i.e., holidays, a particular time of the year, certain smells) from the child’s past that arise and cause difficulty?
- D. Other pertinent information. The foster parents/caretakers should share any additional information they feel is essential for the prospective adoptive parents to have with regard to parenting this child/children. This might include the chores the child is used to doing at home (i.e. making his/her bed in the morning, setting the table for meals), whether the child is used to sharing a room or having a room of his/her own and if the child has pets or a fear of animals.
- E. Give the adoptive family information on the child’s daily routine that has been provided by the foster parent/caregiver.
- F. Questions. Allow the prospective adoptive parents or other participants to ask any questions they may have that are pertinent to this section of the conference.

#### **V. Preparation of the Child/ren for Adoption and Important Connections**

- A. What has been done to prepare the child for adoption?
  - What is the child’s understanding of adoption?
  - Who is working with the child to get him/her ready?
  - Does the child understand that he/she will not be returning to his/her birth family?
  - What are the child’s feelings about being adopted?
  - Does he/she have any fears/worries about adoption?
- B. Important Connections
  - Are there important people in the child’s life now with whom he/she will need to maintain connections after adoption?
  - If so, who are they and what type of contact (visits, phone calls, cards, or letters) will be needed?

#### **VI. Additional Questions**

- A. Allow an opportunity for the prospective adoptive parents to ask any questions they have that have not been answered.
- B. Provide the opportunity for the child’s worker, foster parents/caretakers or other participants to ask any questions they may have of the prospective adoptive family.

#### **VII. Break and Contemplation Time**

- A. Explain to the participants that you are going to take a break (15 minutes or so). Ask the prospective adoptive parents to talk with each other and with their social worker about the information they have received in the conference.

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- B. During the break, ask the adoptive family to make a decision regarding the next steps in this referral. Again point out to them that they are under no obligation to accept this referral and that their options include:
- Taking more time to discuss the information they have received with each other and with their worker before making any decision.
  - Based on the information they have received they may decide that this is not an appropriate referral and this is not a child/children they feel they can parent. They may ask that the referral be withdrawn.
  - They may feel positive about the information they have received and that they would like to proceed to the next step of meeting the child/children and having visits.
- C. Stress the importance of taking this time to discuss their feelings and again point out that the purpose of this conference was to provide them with the information they need to make an informed decision about parenting this child/children. Whatever their decision, assure them that they will be supported.

### **VIII. Reconvene and Discuss the Decision**

At the end of the established time, reconvene as a group and ask the adoptive family what their decision is. Based on what they have decided, you will proceed in the following manner:

- A. If their decision is not to proceed, assure them that you support their making a conscientious decision based on the needs of the child/children and their ability to meet them. Also assure the family that because they have decided not to proceed with this referral it will not prevent them from being selected for other children. Thank the family for their time and interest.
- B. If they need more time to consider this referral, establish a target date for them to reach a decision and share it with their worker. The worker for the prospective adoptive family can then contact the child's worker with the decision and they can plan from there.
- C. If their decision is to proceed with the referral and meet the child, plans should be made to accomplish this. The first visit should be scheduled as well as a discussion of a visitation schedule. How often will the child visit? Where will the visits occur? How will the visits be evaluated?
- D. If visitation is to begin, there should be an understanding of how and who will determine when the child is ready for placement. Should the family, child, or agency decide during the visitation process that this is not going to be a workable placement, how should that decision be conveyed and what will happen then?

### **IX. End the Conference**

- A. The decision reached and the plan for what will now occur should be restated and names, address and telephone numbers of participants should be shared for future contact.
- B. All parties should be thanked for their participation and contribution to the conference
- C. Adjourn the conference.

# Worksheet #4: Information Sharing Checklist\*

Child:

Prospective Adoptive Family:

Child's Caseworker:

Date:

	<b>Information Shared</b>	<b>Information Not Available</b>
Child's strengths, special qualities and interests	<input type="checkbox"/>	<input type="checkbox"/>
Maternal birth family history	<input type="checkbox"/>	<input type="checkbox"/>
Paternal birth family history	<input type="checkbox"/>	<input type="checkbox"/>
Sibling information	<input type="checkbox"/>	<input type="checkbox"/>
Developmental history	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
Medical history (including physical disabilities)	<input type="checkbox"/>	<input type="checkbox"/>
Educational history (including special education needs)	<input type="checkbox"/>	<input type="checkbox"/>
History of neglect	<input type="checkbox"/>	<input type="checkbox"/>
History of physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Placement history	<input type="checkbox"/>	<input type="checkbox"/>
History of emotional and/or behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>
Post adoption services	<input type="checkbox"/>	<input type="checkbox"/>
Under state rules, eligibility for IVE or state funded only (circle one)		
Adoption assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

*\* Adapted from the Information Sharing Checklist created by Spaulding for Children.  
Authors: Linda Whitfield, M.S.W., Lynn M. Nybell, PhD., Sylvia Sims Gray, PhD.,  
Drenda Lakin, M.S.W., and Judith McKenzie, M.S.W. (1991).*





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anisms in her journey which may not serve her as well in your home. Be patient with her when she acts out and try to understand that she is scared and hurting.

7. Jessica appears to have been very “parentified” in regards to her birth mother. This is a social worker term meaning that the child and parent switched roles. Jessica had to take care of herself and her birthmother because her birthmother was unable to do this. Because she has had so much responsibility, it will take a long time for her to just relax and be a kid. Encourage the child in her whenever possible.
8. Jessica will have strong loyalty toward her birth family. It is noted in the record that her birth mother told her to misbehave so she could come back to her birth mother. Jessica appears to be beginning to believe that her birth mother will not be able to care for her; however, be ready for her to revert to total loyalty to her birth family when she is angry at you.
9. There is a strong possibility that Jessica was sexually abused by her birth father. Children who have been sexually abused often have a great deal of confusion regarding trust and appropriate expressions of affection. It will be necessary to be vigilant about her behaviors. Because Jessica is very immature for her age, she may choose to play with younger children. You will need to watch her carefully and not leave her unsupervised with children as she could act out sexually with them. Many girls Jessica’s age are sexually active – she may choose to begin having sex, even though she is very young. You will need to have discussions regarding “safe sex” and birth control. Additionally, she may display some inappropriate sexualized behaviors with her dad (Stan) and other men. Be sure to redirect her behaviors without shaming her. She has had so much shame in her life and it is important to remember that she might never have been taught many of the appropriate ways to express affection that you take for granted.
10. Jessica was physically abused by her birth parents. Consequently, any type of physical discipline will be detrimental. Jessica needs to know that in your home hitting and touching people offensively is not tolerated. She will need to be given choices. The parenting techniques you learned in group and have started to practice will be most beneficial in dealing with negative times with Jessica.
11. It has been suggested that Jessica’s birth family was verbally very abusive. Because she has experienced so much abuse, it is possible that it will take her a very long time to begin to trust you. Remember that we suggest that it takes one year for every year a child was in care for the child to begin to heal.
12. Jessica has a beautiful smile and contagious laugh. She will brighten your home and make it more alive than it has ever been.
13. To our knowledge, Jessica has never exhibited any negativity towards animals; however, it would be good to watch her very carefully while she is with your cat until she is very settled in your home. She should not be left alone with the cat (even while you are in another room) until you are absolutely sure she is able to be very gentle with her.
14. Jessica has a good appetite and sleeps well.

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15. Although Jessica's relationship with her birth mother has been tumultuous, she is still emotionally very connected to her. It will be good to encourage her to talk about her feelings regarding her birth family without making it too much of an issue.
  16. Jessica does not seem to have difficulty making friends and she can be very charming. She will be able to enjoy activities with you and your families and friends.
  17. Jessica has a very strong temper. She has exhibited aggressive behaviors such as kicking and screaming. If she becomes very angry, she may damage furniture and/or other belongings. Keep in mind that things are replaceable and if they are not, please don't have them where she could destroy them if she becomes enraged.
  18. Jessica is a very bright child with a great deal of potential. Channeling her energy will be your most challenging task.
  19. Jessica will need a great deal of therapy to address the many losses and difficult experiences she has had. She will be seeing Dr. Good Therapist and some of the work that you do as a family may be difficult – expect Jessica to act out after difficult therapy experiences.
  20. Because this is a small community, Jessica may encounter relatives and acquaintances from when she was living with her birth family. Expect her to act out after this happens.
  21. Because Jessica's birth mother was so dependent and unable to care for her children, it is probable that Jessica did not receive adequate nurturing in her early years. She will have some issues regarding attachment and will need you to be patient with her emotional delays. She may need to regress to earlier years and redo them with you. Examples of this are long tantrums followed by a need for hugging, following you around while being very upset, and eating constantly. It is helpful to have a rocking chair and rock her to calm her and allow her to revert to a younger time.
  22. Jessica likes to please people – give her a great deal of positive feedback and she will probably try to do more to please you.
  23. Jessica will need you to be open to her confusion about her birth family. As she becomes closer to you, she will begin to be protective of you and – as she struggles with loyalty issues – her confusion will increase. It is important for her to know you value her birth family and that you are willing to talk about them.
  24. Jessica is a very fun person who loves shopping, pretty things, and make-up. She will probably involve herself in all sorts of “girl stuff.”
  25. Due to her early childhood experiences, Jessica does not believe that adults can take care of her – she needs you to show her that they can.
  26. In addition to taking care of Jessica, you need to take care of you! Schedule time alone together (dinner out, movie, short drives) so that you are able to refill your engine and handle all the positive and negative things that come along.
  27. Continue to participate in the adoptive parent support group. The families there will be very supportive and understanding – they are also available to swap children so you get some down time.

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28. Jessica is a very resilient young lady. She has survived a great deal. She has the capability to greatly enhance your life if you respect her resilience and don't expect her to immediately give up all the behaviors that have kept her functioning. Remember that in Group we talked about our kids needing marathoners, not sprinters. Jessica needs you to take the long view and understand that she will progress at her own pace and you can't rush that!

- Although this seems like a great deal to consider, please HAVE FUN and GIVE LOTS OF HUGS! This will make everyone happier!

Please feel free to add your comments, suggestions, and your own predictions if you would like. (If you do not have enough room, you may use the other side of this page.)

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_

Date: \_\_\_\_\_

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