

# EXHIBIT 51

CHILD  
WELFARE  
LEAGUE  
OF AMERICA  
STANDARDS  
OF EXCELLENCE  
FOR FAMILY  
FOSTER CARE  
SERVICES

REVISED EDITION

CHILD  
WELFARE  
LEAGUE  
OF AMERICA  
**STANDARDS  
OF EXCELLENCE  
FOR FAMILY  
FOSTER CARE  
SERVICES**

REVISED EDITION

Child Welfare League of America  
Washington, DC

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## FOREWORD

Setting standards and improving practice in all child welfare services have been major goals of the Child Welfare League of America (CWLA) since its formation in 1920. With the issuance of this revision, CWLA reaffirms its commitment to establishing standards that can be used as goals to advance contemporary practice. As we continue to learn more about the essentials for the healthy growth of children, CWLA can help to redefine the responsibility of society to provide for children the conditions and opportunities that encourage individual growth and development.

Since the inception of its program of standards development, CWLA has formulated a series of standards based on current knowledge, the developmental needs of children, and tested ways of meeting those needs most effectively. The preparation of standards involves an examination of current practices and the assumptions on which they are based; a survey of the professional literature and standards developed by others; and a study of the most recent experiences of social work and related fields—child development, early childhood education, mental health, public health, psychology, medicine, psychiatry, nutrition, and sociology—as they bear on child welfare practice.

The final formulation of standards follows an extended discussion of principles and issues by experts in each service, the drafting of a preliminary statement, and a critical review by CWLA member agencies, representatives of related professions, and other national organizations.

CWLA's preparation of standards involves the wide participation of local, state, provincial, and national agency representatives. Many CWLA member agencies, including state or provincial human service departments as well as voluntary agencies, have contributed the professional time and travel costs of the staff members who developed these standards, reviewed draft statements, and made suggestions for revision. Representatives of national organizations, including government agencies, sectarian agencies, and professional associations in related fields, have taken part in the various committees.

### *Purpose of Standards*

CWLA standards are intended to be standards of excellence—goals for the continuing improvement of services for children and their families. They are not the criteria for CWLA membership, although they do represent those practices considered to be most desirable in providing services to children and families and are used in the development of the standards of the Council on Accreditation of Services for Families and Children, Inc. (COA).

CWLA standards are directed to all who are concerned with the enhancement of services to children and their families, including parents; public and voluntary child welfare agency board members; direct service, supervisory, and administrative staff members; the general public; citizen groups; public officials; legislators; professional groups; agencies serving children and their families; agencies whose functions include planning and financing of community services; state, county, or provincial agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children; advocacy groups; and federations whose membership requirements involve judgments on the nature of services rendered by their member agencies.

Standards can stimulate improvement of services only as they question the value of present practices, provide a conviction that change is desirable, and offer a base from which to examine and measure practice. They should test the premises from which practice has developed, as well as the current services and performance of child welfare agencies.

Standards are of use in planning, organizing, and administering services; in establishing state, provincial, and local licensing requirements; and in determining the requirements for accreditation. They offer content for teaching and training in child welfare and other related fields, in professional schools, in in-service training and staff development programs, and in the orientation of boards of directors, staff members, and volunteers. They can help to explain and justify expenditures and budget requests to fundraising bodies, and appropriation requests to legislatures.

Finally, standards can promote understanding of how a service may more effectively meet the needs of children and their families, what it should be expected to do, and how it can be used. In that way, standards can promote greater public interest, understanding, and support for providing services, targeting legislation, and improving financing.

### *Review of CWLA Standards*

The Child Welfare League of America continues to review all of its standards at appropriate times. No standards should be considered final; in one sense, soon after they are issued they are out of date. Standards must be subject to continual review and revision since knowledge about children, families, communities, human behavior, and the treatment of human ills constantly changes. Developments in the social and medical sciences; the continuing evaluation of the effectiveness of current social service practices, policies, and programs; and shifting patterns of social values and social organization must lead to change in child welfare practice.

Family foster care has witnessed significant changes since the publication of CWLA's *Standards for Foster Family Care* in 1975. To address those changes, in 1990, CWLA, in conjunction with the National Foster Parent Association, convened the National Commission on Family Foster Care. The Commission was charged with defining the role for family foster care in the 1990s and with recommending practices, programs, and policies and outlining public and private responsibilities to support that role. The Commission's work culminated with the release of its

report, *A Blueprint for Fostering Infants, Children, and Youths in the 1990s*, in 1991. Subsequently, CWLA convened the Committee on CWLA Family Foster Care Standards to examine current family foster care practice and develop standards that reflect quality family foster care. The Committee drafted, circulated for review, and submitted this revised volume of standards to the CWLA Board of Directors, which approved the *Standards of Excellence for Family Foster Care*.

It is hoped that this revision will lead to the enhancement of family foster care services for children and their families throughout North America.

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## HOW TO USE CWLA STANDARDS

CWLA standards are designed so readers can quickly and easily obtain needed information.

A two part format for the standards was approved by CWLA's Board of Directors in 1984. One volume, entitled *CWLA Standards for Organization and Administration for All Child Welfare Services*, presents the generic components of child welfare practice that apply across the field. All specific service components are presented in separate volumes and encompass only those service elements applicable to a particular arena of child welfare practice. Each will be updated when appropriate. The contents page of each standard provides a rapid overview of the general areas covered.

For information on a particular practice, each standard's index lists in alphabetical order subjects of interest and related categories in the text. Each standard is designated by a number. The digit before the decimal point indicates the chapter where the standard can be found; the digits after the decimal point designate its numerical order within the chapter. The first (nonindented) paragraph of each numbered section represents the standard. The rest of each section may be considered as elaboration, explanation, or illustration. The introductory chapter, numbered 0, affords a historical background and philosophical overview, and provides a perspective for the remainder of the volume.

When various aspects of an issue are discussed in more than one standard, cross-references are noted in parentheses to other standards that are associated with or are part of the practice necessary for desirable service. Cross-references in service volumes referring the reader to standards in the generic volume are noted in parentheses by "O&A" followed by the digit (e.g., O&A: 2.1). Cross-references in the generic volume referring the reader to standards in service volumes are noted in parentheses by the specific service standard followed by the digit (e.g., DC: 3.1 or FFC: 2.3).

Cross-references to the current ten service volumes and the one generic volume are indicated by the following abbreviations:

- Λ = Adoption Service
- APS = Services for Pregnant Adolescents and Young Parents
- DC = Child Day Care Services
- FFC = Family Foster Care
- HC = Health Care Services for Children in Out of Home Care
- IHA = In-Home Aide Services
- ILS = Independent-Living Services
- O&A = Organization and Administration for All Child Welfare Services
- PS = Services for Abused or Neglected Children and Their Families
- RGC = Residential Group Care
- SSPF = Services to Strengthen and Preserve Families with Children

# 3

## STAFFING FAMILY FOSTER CARE SERVICES

Children in family foster care should be served by staff members and foster parents who are qualified to meet the children's physical, emotional, social, developmental, treatment, educational, cultural, and permanency needs. Each staff member and foster parent should have the requisite competencies (knowledge and skills) and the maturity, personal qualities, and life experiences that equip them to understand and work effectively with the children and families whom they serve.

### *Foster Parent Qualifications*

#### 3.0 Foster parent competencies

The family foster care agency should identify the competencies its foster parents should have at the time of licensing, certification, or approval. These competencies should direct the content of the agency foster parent preservice training program, determine the criteria for the selection of foster parents, and provide a foundation on which to build the agency's foster parent inservice training program.

At the time of licensing, certification, or approval, foster parents should have the knowledge and skills to:

- Protect and nurture children in a safe, healthy environment with unconditional positive support;
- Support relationships among children and their parents, siblings, and kin;
- Meet the development needs of the child by
  - helping them cope with separation and loss,
  - facilitating attachment,
  - building self-esteem,
  - affording positive guidance,
  - promoting cultural identity, using discipline appropriate to the child's age and stage of development and without harsh, humiliating, or corporal punishment,
  - supporting intellectual and education growth, and
  - encouraging and modeling positive social relationships and responsibilities;
- Support permanency planning, focusing first on family reunification and then on other safe and nurturing relationships intended to last a lifetime; and
- Participate as essential and effective members of a team, including managing the impact of fostering on themselves and their family, and obtaining rewards from the fostering experience.\*

### 3.1 Interpersonal qualities

In addition to specific competencies, foster parents should have the maturity, interpersonal qualities, and life experiences that prepare them to provide family foster care.

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\* These competency categories were developed by the Illinois Department of Children and Family Services in collaboration with CWLA for the *Foster PRIDE/Adapt PRIDE Curriculum* (Washington, DC: CWLA 1995).

### **3.2 Health and mental health status and history**

The family foster care agency should obtain the health and mental health status and history of all members of the foster family and all other adults living in the home to assure that no member of the household has an illness or condition, including alcohol and drug abuse, that presents a health or safety risk to any child placed there, and/or interferes with the foster parent's ability to provide satisfactory family foster care.

Each foster parent's health history should include written statements from a physician regarding the foster parent's general health, specific illnesses, or disabilities, and written reports of any mental illness, alcohol and other drug problems, infectious diseases, and other relevant health conditions.

### **3.3 Child abuse and neglect record check**

The family foster care agency should conduct a child abuse and neglect record check on all prospective foster parents and all other adults living in the home. If the record check indicates that a protective services investigation is pending, or that a substantiated report of child abuse or neglect exists on any adult in the household, the application should be denied.

### **3.4 Criminal record check**

The family foster care agency should conduct a criminal record check on all prospective foster parents and all other adults living in the home. The agency should not select as a foster family any household in which an adult has a substantiated criminal record of child abuse or spouse abuse or a criminal conviction, as evidenced by FBI, state, and local criminal record checks for any crimes against children or for any violent crimes, including rape, assault, and murder. Convictions for nonviolent felonies and misdemeanors should be handled on a case by case basis, taking into account the nature of the offense, the length of time that has elapsed since the event, and the individual's life experiences during the ensuing period of time.

### **3.5 Access to transportation**

Foster parents should have reliable transportation so that the children in their care have access to school, community services, and the agency. Foster parents who drive should have a valid driver's license and documented ownership of liability insurance within the limits required by the agency and the state/province.

### **3.6 Condition of the foster home**

The home of the foster family should provide a safe and healthy environment and should conform to state licensing requirements for the protection, health, and safety of the children living there.

### *Foster Parent Orientation and Preservice Training*

### **3.7 Requirements for orientation and preservice training**

The family foster care agency should provide thorough orientation and preservice training for prospective foster parents.

The agency orientation and preservice training program should provide structured opportunities for individuals interested in becoming foster parents to acquire the competencies (knowledge and skills) needed to become licensed, certified, or approved, and to provide quality family foster care.

The program should include:

- The purpose, philosophy, organizational structure, and goals of the agency and its family foster care program, and the relationship of family foster care to other child welfare services;
- Information about the strengths and needs of children and their families who—voluntarily or involuntarily—require family foster care services;
- Information about the critical nature and impact of separation and loss for all parties involved in family



foster care: children, families of origin, and foster families;

- The family assessment and home study process, and the criteria for being licensed, certified, or approved as a foster parent;
- The laws, regulations, policies, and values that direct the agency's child welfare program in general and the family foster care program specifically;
- How the team operates within the agency and the role of foster parents as effective and essential members of the team;
- The differences between foster parenting and other kinds of parenting, (including biological, adoptive, and kinship parenting) regarding attachment, commitment, relationship with the children's families of origin, expectations, responsibilities, supports, and lifelong impact;
- The rights and responsibilities of foster parents and of the agency;
- Policies on discipline, confidentiality, substance abuse, and HIV/AIDS;
- Health and safety procedures, including first-aid, CPR, HIV/AIDS precautions, policies on psychotropic medication, and emergency procedures;
- The importance of developing cultural competency in working with children, families, and agency staff members of other races and cultures;
- The knowledge and practice skills necessary to be a foster parent;
- Foster home licensing requirements;
- The impact of fostering on foster parents, their children, and all aspects of their family life, including employment, health, mental health, and finances;
- The applicant's willingness and ability to become a foster parent; and
- How foster parent associations can provide valuable information, friendship, peer support, and advocacy.

### **3.8 Combined preservice training for prospective foster parents and prospective adoptive parents**

Agencies that offer both family foster care services and adoption services should consider combining much of the preservice training for prospective foster parents and prospective adoptive parents.

Combining preservice training for foster parents and adoptive parents allows the agency to give both groups the same basic information, such as the difference between family foster care and adoption services; shared parenting in family foster care in contrast to the adoptive parents' right to assume full responsibility for a child; the stages of separation, loss, and attachment; parenting a child born to someone else, and the importance of families to children; parenting a child who has experienced physical abuse, sexual abuse, or neglect; how a child makes the transition to family foster care or to an adoptive family; and the impact of a new role on oneself, as well as on one's marriage, family, work, and finances. Adoptive parents who adopt a child from the family foster care system should fully understand the dynamics of family foster care and the general types of experiences of children placed with foster families.

The combined preservice training program can help prospective foster parents and adoptive parents recognize the important differences between fostering and adopting so that they can make an informed commitment to the role they choose or an informed decision not to foster or adopt.

### **3.9 Scheduling of the preservice training program**

The family foster care agency should schedule preservice training sessions so they are convenient for the attendees.

The agency should schedule preservice training sessions no more frequently than once a week to give participants time to reflect on each session. Sessions should be scheduled at different times and days to accommodate the family and work schedules of the participants. Sessions should be held in settings accessible to the participants, with public transportation and parking available.

### **3.10 Responsibility for providing preservice training for prospective foster parents**

The family foster care agency should assign qualified social work staff members to organize and carry out a preservice training program for prospective foster parents. The program should be planned and provided in collaboration with experienced foster parents who can model the value and practice of teamwork.

All staff members and foster parents who lead preservice training should be prepared as trainers, have skills in working with groups, and have a thorough understanding of program content.

### **3.11 Relationship between providing preservice training for foster parents and for social workers**

The family foster care agency should provide opportunities for prospective foster parents and prospective or new social workers to participate together in some aspects of preservice training.

The agency should determine the particular knowledge and skills unique to foster parents and unique to social workers that would be learned most effectively separately, and the knowledge and skills that would be most effectively and efficiently learned together.

## ***Foster Parent Assessment and Selection***

### **3.12 Relationship between foster parent preservice training and assessment and selection**

The family foster care agency should integrate the preservice training of prospective foster parents with the foster parent assessment and selection process.

### **3.13 Purposes of foster parent assessment and selection**

The family foster care agency should conduct a formal program to assess and select foster parents. The assessment and selection

program should involve planned meetings between the agency social worker and the prospective foster family.

The purposes of the foster parent assessment and selection program are to:

- Help the agency and the prospective foster parents determine the applicants' strengths in fostering, including identifying the types of children they could most successfully parent;
- Help the agency and the prospective foster parents determine the kinds of support that prospective foster parents would need from the agency;
- Determine the ability of prospective foster parents to meet the policies of the agency;
- Develop a written strengths/training needs assessment, or family profile, to guide the placement of particular children in each family; and
- Develop a written licensing study report.

### **3.14 Components of the assessment and selection process**

The family foster care agency should use an assessment and selection process that involves progressive stages of joint decision-making, starting with prospective foster parents' initial inquiry about fostering and continuing through licensing.

The process from initial inquiry through licensing should be seen as an opportunity for increasing levels of information exchange and understanding between the agency staff members and prospective foster parents until an informed joint decision can be made about the prospective parents' willingness and ability to foster the kind of children the agency is likely to have who need family foster care.

Following the initial inquiry, the assessment and selection process should include:

- An initial assessment to determine whether the prospective foster family meets the basic agency and licensing requirements;
- Exchange of information to inform prospective foster

parents about the children and families served, services, policies, procedures, and expectations of the agency, as well as the limitations of services and resources of the agency:

- Determination of the willingness and ability of the prospective foster parents to parent children in foster care and work with their families; and
- A decision by the family to accept or decline fostering or, if the agency has doubts about the family's ability to meet the requirements of fostering, a decision by the agency not to invite the family to serve as a foster family.

The family foster care agency should obtain references to supplement the information obtained in the meetings and training sessions with the prospective foster parents. References should include one member of the extended family, who should be seen personally.

### **3.15 Foster family assessment and home study**

The family foster care agency should complete a written comprehensive family assessment and home study in collaboration with the prospective foster parents. The assessment should include detailed information from the prospective foster parents. When the information indicates that the application process should continue, the family foster care agency social worker should make at least one visit to the prospective foster family's home.

The family foster care agency is responsible for establishing a standardized format for the foster parent assessment and home study. At a minimum, the assessment and home study should include:

- Dates and purposes of meetings with the prospective foster parents and a brief summary of each meeting;
- A detailed questionnaire and autobiography that maximize the input from the prospective foster parent;
- Evidence of the visit to the prospective foster family's home and the social worker's assessment of the community environment and the sleeping and living ar-

- rangements, and the social worker's interview with all members of the household;
- Fire and health inspections that evaluate the safety and health conditions of the prospective foster family's home;
- Medical assessments of all household members (3.2);
- The results of the checks of abuse/neglect records and criminal records of all adults in the household (3.3–3.4);
- References; and
- Impressions and recommendations of the family foster care agency social worker.

### **3.16 Selection based on strengths in fostering**

The family foster care agency should select its prospective foster parents based on an open and honest mutual assessment of their ability to provide quality fostering.

When the prospective foster family's ability to provide fostering is consistent with the goals of the agency's program, clients' needs, and agency resources, the prospective foster family should be invited into the agency's foster care program. The decision to decline the invitation rests with the family. When the family's abilities are assessed to be incompatible with the agency's program, the family should be helped with respect, dignity, and appreciation to elect ending their application. If the family chooses not to withdraw its application, the agency must make the decision not to proceed with the family's application. If the agency has doubts about the willingness and ability of prospective foster parents to meet the requirements for fostering, those prospective parents should not be selected.

The agency should not license applicants who may be inappropriate for fostering because the agency is experiencing a general shortage of foster families or a shortage of foster families for specific children, or because the agency finds that licensing, certifying, or approving is easier than denying the application and supporting the reasons for denial.

### **3.17 Selection of diverse foster families to meet the needs of children**

The family foster care agency should actively recruit and select foster families of diverse races and cultures to meet the range of needs of the children needing family foster care. Consideration should also be given to recruiting single foster parents as an appropriate resource for some children.

### **3.18 Nondiscrimination in selecting foster parents**

The family foster care agency should not reject foster parent applicants solely due to their age, income, marital status, race, religious preference, sexual orientation, physical or disabling condition, or location of the foster home.

### **3.19 Responsibility for assessing and selecting foster families**

The family foster care agency should assign responsibility for assessing and selecting foster families to a staff member who has the requisite knowledge, skills, training, and experience to carry out this responsibility.

### **3.20 Licensing of foster parents**

The family foster care agency should establish policies and procedures that outline the criteria and time frames that must be adhered to in the licensing of foster parents.

Although state statutes and regulations direct many of the family foster care agency activities in licensing, the family foster care agency should develop policies and procedures for carrying out the licensing process, including:

- Standardized forms to be used in the licensing process;
- Time frames regarding the agency's responsibilities

to accept an application, perform the licensing study, and render a decision regarding the application;

- The responsibilities of foster parents in applying for renewal of licenses; and
- An appeals process whereby an individual or couple whose application for license is denied has an opportunity to be heard, and to have an impartial third-party render a final decision.

### **3.21 Policy on agency staff members becoming foster parents**

The family foster care agency should, by written policy, prohibit staff members from becoming foster parents with the agency that employs them.

To avoid any perception of a conflict of interest, no current staff members should be allowed to become foster parents with the agency. The agency should encourage interested staff members to become foster parents in another agency providing family foster care service.

### ***Retention of Foster Parents: The Foster Parent-Agency Relationship***

#### **3.22 Retention of foster parents**

The family foster care agency should work actively to retain foster parents by clearly communicating foster parents' rights and responsibilities, providing foster parents with opportunities to develop the knowledge and skills associated with success, and providing agency services to support foster parents in their roles.

#### **3.23 Rights and responsibilities of foster parents**

The family foster care agency should acknowledge that foster parents have certain rights and responsibilities in caring for children in their homes.



Foster parents share the responsibility for the child in family foster care with the child's family, the family foster care agency, and, in many instances, the court of competent jurisdiction. Within this critical role, foster parents have the following rights and responsibilities:

- The responsibility for the day-to-day care of the child;
- The responsibility for keeping the agency informed of any changes in the foster parents' household;
- The right not to be held liable for any personal injury the child might incur unless the foster parents' negligence is established;
- The right to be notified of any court action or third-party review concerning a child in their care;
- The right to be informed of any grievance procedures or access to any appeals process should they wish to appeal an agency's policy, regulation, or plan for a child in their care;
- The right to be trained in their role as members of a team;
- The right to a clear understanding of their role as foster parents and the role of the child's family and the agency;
- The right to be treated with consideration and respect by the agency staff;
- The right to have a part in the decisions regarding the child in their care and to be treated as a member of the team in developing case plans for the child;
- The right to refuse to accept a child into their family if they feel they cannot meet the needs of the child;
- The right to continue their own family patterns and traditions;
- The right to a supportive relationship from the agency;
- The right to receive pertinent information about the children in their care;
- The right to attend all hearings affecting the child in their care; and

- The right to be considered as a permanent family for a child in their family's care if the agency has determined that plan to be in the child's best interests.

### **3.24 Foster parents' role as member of the team**

The family foster care agency should clearly define the role of the foster parents as full, practicing members of the family foster care team.

Successful fostering requires knowledge and skills beyond that of parenting one's own biological children. The foster parents' role includes intentional, active involvement in advocating for, planning, and delivering services to meet the individual needs of a child who is not the foster parents' child by birth, and includes involvement with the child's parents. Therefore, foster parents are to be considered full, participating members of the family foster care team. The responsibilities and contributions of the foster parents include:

- Acquiring the specialized knowledge and skills to successfully foster a child;
- Participating in planning for the child;
- Actively helping the child and, when appropriate, the child's parents, to meet case goals;
- Regularly assessing progress toward case goals;
- Meeting regularly with the social worker and other professionals, as indicated, to review progress;
- Helping the child meet all appointments included in the case plan by providing transportation and other pertinent services; and
- Advocating for additional services needed by the child and, as appropriate, the child's parents, for attainment of case plan goals.

### **3.25 Levels of family foster care that recognize foster parent expertise and skill**

The family foster care agency should establish levels of family

foster care that recognize and acknowledge the skills and expertise achieved by foster parents who make an ongoing contribution to the provision of family foster care.

With a decrease in the number of foster families who are economically and emotionally willing and able to provide family foster care, it is incumbent upon the family foster care agency to create ways of enhancing the status of those foster parents who remain committed and who are interested in a career path within the system. Established levels of foster care whereby experienced foster parents receive specialized training and enhanced compensation for providing increasingly skilled services to children with unique needs is one way of recognizing the value of the experience that foster parents gain over the years.

### **3.26 Determining the appropriate level of service for foster parents**

The family foster care agency should regularly assess the competencies, strengths, and needs of foster parents to determine the types and intensity of services that foster parents should have.

If the family foster care agency is to be supportive of its foster families, the agency social worker must maintain open and nonthreatening communication with them. This communication should encourage foster parents to identify their own strengths and needs in coping with the child in their care as well as in matters related to the family foster care experience among their own family members. Often, foster parents will need assistance in meeting unique or developmental needs of the children in their care. In ongoing and frequent contact with the family foster care agency, foster parents should recognize that the need for supports to assist them in their role as foster parents is an ongoing part of the assessment and revision of the service plan.

### **3.27 Reimbursement to foster parents for the full cost of fostering**

Family foster care agencies should have guidelines for reim-

bursement rates that reflect the full costs of family foster care and that are commensurate with the foster parents' level of competency.

Reimbursement rates to foster parents for services rendered should be based on the child's identified needs and the foster parents' level of competency (knowledge and skills).

### **3.28 Liability insurance for foster parents**

The family foster care agency should have liability insurance for its foster parents.

Family foster care agencies should provide to all licensed foster parents a written explanation of the agency's liability insurance program that details the circumstances and conditions that are covered and those that are excluded.

### **3.29 Supervision and monitoring of foster parents and consultation to foster parents**

The family foster care agency should provide foster parents with regular and ongoing supervision, monitoring, and consultation.

Supervision, monitoring, and consultation should focus on the quality of care provided by the foster parents; the foster parents' responsibilities in meeting the objectives of the placement agreement and service plan, including contacts with the child's parents; issues and problems that individual children in the foster parents' care are experiencing; and the foster parents' need for support, self-awareness, and individualized training.

### **3.30 Prevention of abuse or neglect in family foster homes**

The family foster care agency should have written policies and procedures concerning prevention of abuse and neglect by foster parents.

The agency should include with its preservice and inservice

training for foster parents and agency staff members information on preventing abuse and neglect in family foster care; definitions of abuse and neglect in family foster care; information on child management and supervision practices; and resources and supports for fostering children.

### **3.31 Response to reports of abuse or neglect in family foster homes**

The family foster care agency should respond immediately and thoroughly to all reports of abuse or neglect in family foster homes and take action consistent with the allegations made, the assessment of risk, and the findings of the investigation.

When a report of abuse or neglect is received on a foster family, the agency, in collaboration with the child protective services agency, should assess the risk to the children in the family and determine whether removal from the foster family is necessary to protect the children. While protection of the children is the critical priority, the ongoing investigation should be handled professionally and with support.

The investigation by the family foster care agency should ensure that foster parents are treated with honesty and respect during the investigation and that they are told what they might expect as the investigation continues. At the same time, the agency should cooperate with the child protective service authorities and should not become an impediment to the completion of the investigation.

When abuse or neglect by foster parents has been substantiated, the agency should handle the situation on an individual basis in accord with the needs of the children involved and in compliance with any existing state statutes and agency policies.

The agency should establish a process for revoking a foster family's license if revocation is found to be warranted as a result of an abuse or neglect investigation. The revocation process should include an appeals procedure and a review by an independent party.

### **3.32 Mentoring for foster parents**

The family foster care agency should arrange for new foster parents to have access to experienced foster parents who can serve as mentors and provide the new foster parents with informal support and guidance.

### **3.33 Respite care and child day care for foster parents**

The family foster care agency should arrange for all foster parents to have access to respite care as needed and to affordable, accessible, quality child day care.

### **3.34 Inservice training for foster parents**

The family foster care agency should provide accessible, quality, competency-based inservice training for foster parents.

A competency-based inservice training program recognizes that the knowledge and skills foster parents should have cannot be completely obtained through life experience or fully taught in preservice training because of the time needed to teach core, advanced, and specialized competencies; the learning needs of individual foster parents during their tenure with the agency; and the importance of using training resources effectively and efficiently for both foster parents and the agency.

A competency-based inservice training program should provide foster parents with the opportunity to:

- Build on the basic competencies established through life experiences and in preservice training;
- Identify and develop advanced competencies, such as working directly with parents of children in care to teach parenting skills;
- Identify and develop specialized competencies, such as working with medically fragile infants; and
- Continue relationships with other foster parents, including sharing expertise and problem-solving.

Particular competencies that should be encompassed in the inservice training program include:

- Helping children develop self-esteem;
- Promoting cultural identity;
- Responding to signs and symptoms of physical abuse, sexual abuse, neglect, and emotional maltreatment;
- Helping children learn appropriate behaviors;
- Supporting children's contacts with their parents, siblings, and kin;
- Helping children with family reunification, adoption, and preparation for young adult life;
- Understanding and managing the effects of chemical dependency;
- Working as a member of a team, including participating in case reviews, counseling sessions, medical services, school meetings, and agency team meetings;
- Implementing agency policies; AND
- Managing the impact of fostering on the foster family, especially other children in the family.

Family foster care agencies should require foster mothers and foster fathers to participate in training that meets their mutually assessed training needs, without presenting a hardship to foster parents in time, travel, or child care expense. Inservice training should be organized so that how the training is delivered, when, where, to whom and by whom are decided as part of a master training plan, with foster parents participating in the creation of this plan to ensure that they are both willing and able to participate.

### **3.35 Creating foster parent development plans**

The family foster care agency should create a foster parent development plan for each foster parent to document the strengths and competencies of the foster parents and identify those areas in which additional training or other supports are needed.

As members of the team, foster parents should take responsibility for continually enriching their competence. As they gain experience as foster parents, the differences between parenting one's own child by birth and parenting another's child become more apparent, and the special needs of individual children call for new knowledge and skills. The agency should assist by developing, with the full participation of the foster parents, a foster parent development plan setting forth how training or other development activities will help the foster parents become increasingly competent in the foster parent role. In addition, the agency should demonstrate the value it places on ongoing development of foster parents by providing financial or other supports for foster parents' development.

### **3.36 Relicensing of foster parents**

The family foster care agency should relicense foster parents at least every two years.

Relicensing studies should be conducted as frequently as required by state licensing law, but should take place at least once every two years. Relicensing procedures should determine continued compliance with licensing requirements. Relicensing should include:

- Evidence that the home is in compliance with licensing requirements, including those concerning health and safety;
- A study that identifies any changes in the family or physical facilities since the previous study was completed;
- Documentation that current checks of criminal records and child abuse and neglect records have been conducted on any additional adult members of the household;
- Information gathered by social workers as they have worked with the foster family and have visited in the foster home throughout the licensing period; and



- Verification of ongoing training that foster parents have received and that is required for licensure.

### **3.37 Foster parent files**

The agency should maintain a file for each foster family and provide foster parents with access to their own files.

Information about a foster family should be maintained in an ongoing file, beginning with documentation of their initial inquiry to become foster parents, and including the family home study (profile), licensing and relicensing information, training activities, strengths and needs assessments, and a chronological listing of all the children placed with the family, including their ages and the reasons that any such children no longer with them left their home.

### **3.38 Exit meetings**

The family foster care agency should conduct an exit meeting with foster parents upon their departure from the agency.

Foster parents are a valuable source of information as family foster care agencies strive to improve their policies and service delivery. Some foster parents will depart from the agency due to circumstances unrelated to the family foster care program, but the agency should use the opportunity of the exit meeting in all instances to explore any recommendations or suggestions for improvement that the foster parents may be willing to share.

## ***Social Worker Qualifications***

### **3.39 Levels of social worker competencies**

The family foster care agency should use a system of levels, based on competencies, for its social workers.

The agency should create at least two levels of competen-

cies: Level I (entry level) and Level II (experienced level). Level I (entry level) competencies should include the ability to:

- Write clearly, accurately, and descriptively, using appropriate vocabulary, grammar, and language;
- Engage and support children, parents, and other family members in developing service plans;
- Develop service plans with the participation of children, parents, and other family members;
- Assess strengths/needs of the children and their families referred for services;
- Understand and use the principles of human development;
- Use supervision to enhance learning and skills;
- Collaborate with foster parents as members of the team to protect and nurture children and strengthen families;
- Organize work in a responsible way in an environment with multiple challenges and priorities;
- Make decisions regarding permanency plans for children based on assessed strengths and needs;
- Engage and communicate effectively with persons from diverse cultures and communities, as well as from different groups, including children, their parents, foster parents, agency colleagues, support staff members, supervisors, administrators, and the legal and judicial systems;
- Identify and coordinate the activities of multiple service providers;
- Distinguish between voluntary and involuntary clients and develop positive, professional helping relationships with both;
- Demonstrate disciplined use of self for the benefit of clients, and articulate awareness of one's own motivation and its impact on one's work with children and their families;
- Document activities and progress;

- Act as an agent of the agency with the court; and
- Plan for termination of agency services.

Level II (experienced) worker competencies should include Level I competencies, as well as the ability to:

- Design and implement service treatment plans in complex family situations;
- Develop written treatment plans that provide measurable outcomes and that are suitable as a basis for legal action;
- Understand the impact on families of legislation, public policy, societal institutions, entitlement programs, and legal structures.

In addition to competencies in family foster care casework practice, Level II family foster care social workers also should have the requisite knowledge and skills to develop, oversee, and implement family foster care programs, including the ability to:

- Identify family foster care program needs;
- Recruit new foster parents;
- Prepare, assess, and select foster parents according to agency policies, licensing requirements, and best practice;
- Identify and respond to the training, education, and ongoing support needs of foster parents;
- Monitor service delivery;
- Serve as program liaison with other agencies;
- Strengthen existing services and develop new programs; and
- Advocate for children and their families locally and statewide/provincewide.

### **3.40 Educational preparation for family foster care social workers**

The family foster care agency should require its Level I (entry) family foster care social workers to have a B.S.W. degree

preferably, or a bachelor's degree in a related discipline that can be supplemented with the knowledge required in child welfare. The agency should require its Level II (experienced) family foster care social workers to have an M.S.W. degree from an accredited school of social work. The M.S.W. degree should include preparation in a concentration such as clinical, interpersonal, family treatment, or child welfare practice. At Levels I and II, the family foster care social worker should be eligible to obtain state and/or national professional licensing or certification.

### **3.41 Child abuse and neglect and criminal record check**

The family foster care agency should conduct a child abuse and neglect record check and a criminal record check for all prospective social workers. The agency should not select a social worker with a substantiated report of child abuse or neglect or spouse abuse. The agency should not employ social workers who have a history of criminal convictions as evidenced by the FBI, state and local checks, and fingerprinting, for any crimes against children, or for any violent crimes, such as rape, assault, or murder. Nonviolent felony and misdemeanor convictions should be handled on a case-by-case basis, taking into account the nature of the offense, the length of time that has elapsed since the event, and the individual's life experiences during that time.

### **3.42 Interpersonal qualities**

Family foster care social workers should have the maturity, interpersonal qualities, and life experiences that enable them to fulfill their responsibilities successfully.

## ***Social Worker Selection and Preparation***

### **3.43 Social worker selection**

The family foster care agency's hiring process should enable it

to select social workers who are committed to and able to provide quality family foster care services.

The process for selecting new social workers should involve the social worker's potential immediate supervisor, other appropriate management or administrative staff members, and potential peer social workers. Staff members responsible for the selection of family foster care social workers should not feel pressured or compelled, because of a general shortage of interested and qualified applicants, to select individuals who may be inappropriate.

#### **3.44 Responsibility for providing preservice training to new entry-level family foster care social workers**

The family foster care agency should assign selected social work staff members the responsibility for organizing and implementing agency preservice training for new family foster care social workers.

A preparation program for family foster care social workers should be provided by a team of experienced social workers, supervisors, administrators, foster parents, and individuals with expertise in training, including persons outside the agency if necessary.

#### **3.45 Social worker preservice training**

The family foster care agency should provide thorough orientation and preservice training for its new social workers before they begin to carry out their responsibilities with children and their families.

The orientation and preservice training program should encompass:

- The purpose, goals, philosophy, and organizational structure of the family foster care program, and its relationship to other child welfare services;
- The laws, regulations, policies, and values that direct the agency's child welfare program in general and the family foster care program in particular;

- Employees' rights and responsibilities, benefits, and personnel policies, and a description of agency services;
- Health and safety procedures, including first aid and CPR training, information on HIV/AIDS and necessary precautions, policy on psychotropic medication, and emergency procedures;
- Policies on discipline, confidentiality, substance abuse, and HIV/AIDS;
- The knowledge and practice skills necessary to be an effective family foster care social worker;
- The social worker's role as an effective and essential member of a professional team;
- Managing the impact of family foster care work on themselves, their own family, and all aspects of their family life; and
- The nature of cross-cultural work and the importance of participating in cultural competency training.

### *Retention of Social Workers: The Social Worker-Agency Relationship*

#### **3.46 Retention of social workers**

The family foster care agency should work actively to retain social workers by providing them with fair compensation, working conditions that support quality practice, and opportunities to develop the knowledge and skills associated with success.

#### **3.47 Social worker salaries and benefits**

The family foster care agency should provide fair compensation in the form of salary and benefits to social workers in accordance with their level of competency and the responsibilities they are expected to fulfill.

Compensation for social workers should be based on educa-

tion, competencies, ability to support and participate in a team approach to service delivery, length of service, nature and degree of responsibilities, and degree of personal risk and stress.

### **3.48 Caseload size for social workers**

The caseload size for family foster care social workers should be between 12 and 15 children per worker, depending upon the level of service required to meet the assessed needs of each child.

The following factors should be considered in determining appropriate caseload size:

- The complexity of the needs of the child and family;
- The level of competency of the social worker, including skills and experience;
- The specific functions assigned, including intake responsibilities and court work, and the concomitant time requirements for each;
- The geographic area served and the time required for travel for service provision;
- The availability of services and resources required by the clients;
- The number of other agencies involved in providing services to the cases within the caseload;
- The time required for case documentation and court related activities; and
- The time needed for agency activities such as meetings, professional development, and administrative functions.

### **3.49 Social worker supervision**

The family foster care agency should provide social workers with regularly scheduled supervision from supervisors who have the competencies to provide support; promote growth on the job; ensure that administrative and legal responsibilities are met;

determine that performance standards are met; and provide individualized training. One full time supervisor should supervise no more than five social workers. The number of supervisees assigned to a given supervisor should be determined by the training and experience of both the supervisor and supervisees. (3.56)

Supervisors are the sole source of ongoing feedback to social workers in relation to their knowledge and skills. It is only through supervision that the social worker's application of training to practice can be continually reinforced. As a result, the critical role of supervision should be recognized; supervisors should be properly trained and supported; and appropriate supervisor-social worker ratios should be maintained.

### **3.50 Liability insurance for social workers and other professional staff members**

The family foster care agency should provide liability insurance that properly protects itself and its social work and other professional staff members.

### **3.51 Involvement by social workers in the development of agency policies**

The family foster care agency should involve its social workers in the development or modification of policies, programs, and practices that directly affect their work and the children in care, their parents, other family members, and foster families.

### **3.52 Inservice training for social workers**

The family foster care agency should provide social workers with a thorough inservice training program that helps them maintain and expand the knowledge and skills necessary to fulfill their responsibilities. The social work staff should have



the opportunity to help identify the content of in-service training that will be most useful to their continued development. Training should be regularly scheduled, with caseload coverage provided to ensure worker availability and participation. Inservice training and supervision should be integrated and should mutually reinforce the other.

Following the preservice training that prepares social workers with the basic knowledge and skills necessary for job performance, additional training should be provided to help workers apply and expand their knowledge and skills while carrying a full caseload.

Inservice training, selected according to individual workers' levels of functioning and job responsibilities, should:

- Ensure that as workers gain experience on the job, their level of competence likewise increases;
- Prepare workers for increasing levels of responsibility, including supervisory responsibilities;
- As appropriate, prepare social workers for working with special populations, such as children who are alcohol and other drug affected, HIV/AIDS affected, or emotionally disturbed; and
- Prepare workers for other specialized professional functions, such as intensive family reunification services or independent living services.

### **3.53 Creating social worker development plans**

For each social worker supervised, the family foster care agency supervisor should create a development plan that documents the strengths and competencies of each social worker and identify those areas in which additional training or other supports are needed.

The family foster care social worker should take responsibility for continually increasing his or her own competence as a professional. The social worker's supervisor should assist by preparing, with the full participation of the social worker, a professional development plan. The plan should

include how training or other professional development activities, such as attending workshops or conferences, obtaining additional formal education, or reading professional literature, will help the social worker become increasingly competent in the worker's current position or prepare the worker for advancement to other levels of practice, as appropriate. In addition, the agency should demonstrate the value it places on ongoing professional development of social work staff members by offering released time and financial or other supports for such activities.

### **3.54 Exit meetings**

The family foster care agency should conduct exit meetings with each departing social worker to help in the analysis of turnover rates and to assist the employee and agency with closure.

High turnover rates, often associated with the stresses of working with troubled families and with working conditions, result in considerable cost to the family foster care agency in terms of recruitment and retraining of staff members and loss of service quality to children and families, including disruptions in the continuity of care. It is important that the agency conduct exit meetings to learn as much as it can about the reasons for employees leaving the agency and use this information to improve work conditions and to offer supports to maintain employment stability.

The agency also should resolve issues concerning the departing social worker's employment to ensure that, to the extent possible, the employee leaves as an advocate for the agency's client population and with good will toward the agency.

### *Other Staff Members, Consultants, and Volunteers*

#### **3.55 The director of the family foster care services**

The family foster care agency's director of family foster care services should be responsible for the administration of the

family foster care service. He or she should have a graduate degree in social work, demonstrated knowledge and skills in administration and supervision, experience in family foster care services, and personal qualities that enable him or her to provide leadership, effectively coordinate the various components of the family foster care service, and advocate effectively at the community, state, provincial, and national levels.

### **3.56 Supervisors of the family foster care service**

The family foster care agency's supervisor of family foster care services should possess a graduate degree in social work; demonstrate competence in providing administrative, educational, and supportive supervision; and have experience in delivering family foster care.

### **3.57 Use of other professional services, specialists, and consultants**

The family foster care agency should have available, either as employees or consultants, the services of other social workers, physicians, nurses, certified alcohol and drug counselors, psychologists, child development specialists, consultants in cross-cultural matters, psychiatrists, attorneys, mental health therapists, and other professionals, as required to meet the needs of the children and families it serves. The agency should use consultants for information, advice, and recommendations related to their specialized fields and professional competence.

Specialists and consultants should be paid on a salary, retainer, or fee-for-service basis in accordance with prevailing fees in the community. The specialist/consultant should have a defined role consistent with the agency's philosophy, practices, and needs; should be responsible for regularly communicating with the agency staff members and foster parents; and should assist in meeting service plan objectives. Written agreements should be developed with specialists and consultants, specifying their roles, the person to whom they are administratively responsible, and how

their responsibilities are to be met. Specialists and consultants should advise on, but should not be given supervisory responsibility for, case management or the decisions that are the responsibility of agency staff members and foster parents.

### **3.58 Responsibilities of the health care staff member or consultant**

The family foster care agency should use the health care staff member or consultant to establish, in consultation with the chief administrator of the agency, policies and procedures to maintain high standards of comprehensive health care for the children in the care of the agency. The agency should use CWLA's *Standards for Health Care Services for Children in Out-of-Home Care* to establish a quality health care program for the children in its care.

### **3.59 Responsibilities of legal counsel**

The family foster care agency's legal counsel should be appropriately trained, licensed to practice in the jurisdiction in which the agency is located, and a member of the state or provincial bar association. The legal counsel should have a thorough understanding of juvenile and family law, state/provincial and federal statutes concerning the protection of children, physical and behavioral indicators of abuse and neglect, effects of separation and loss, and general legal practice.

The legal counsel may be employed as a regular member of the agency staff, or on a salary retainer, or on a fee-for-service basis. The voluntary agency should not use as its counsel a board member on a free or paid basis, nor should the public agency depend for counsel upon the state/provincial or county attorney.

Counsel should be able and readily available to assess and respond to the legal aspects of placement of children in family foster care; to collaborate with staff members, foster parents, and other professionals who work with the child or

family; to provide consultation to staff members regarding work with the court, including case documentation, preparation for court appearances, and case presentation in court; and to support the goals and philosophy of the agency.

Responsibilities of legal counsel for the agency include:

- Ensuring that the bylaws and administrative policies and procedures of the agency meet all legal mandates and protect the agency board, staff members, and foster parents in the exercise of their respective duties;
- Reviewing periodically the agency's bylaws and administrative policies and procedures and making recommendations consistent with local, state/provincial, and federal statutes;
- Ascertaining that the rights of children and their families are observed by all staff members, foster parents, consultants, and volunteers in the operation of agency programs;
- Determining whether agency placement activities and restrictive interventions in behalf of children (security, restraint, seclusion, medication for behavior control, special education) are consistent with local, state/provincial, and federal statutes;
- Ensuring that the agency's policies and procedures for the prevention of, and response to, child abuse and neglect are consistent with local, state/provincial, and federal statutes;
- Providing legal consultation to the social work staff on individual cases prior to and following the decision to place a child in family foster care;
- Representing the interests of children in care, recognizing the agency's legal role in loco parentis, and the agency's responsibility to safeguard, protect, and further the well-being of children and their families; and
- Providing legal consultation to the social work staff regarding case documentation, court requirements and proceedings, and the law as it affects family foster care.

Because of the complexities of its operations, the agency also may find it necessary to engage legal counsel from several areas or specialties. Specialization in family law, labor law, medical and entitlement law, and insurance should be considered, as warranted.

### **3.60 Role of volunteers**

The family foster care agency, whether public or voluntary, should consider the use of volunteers to enrich its services. Volunteer programs should be administered and supervised by a paid staff member of the agency. Written policies and procedures should govern the operation of the volunteer program.

The decision to establish a volunteer program should be determined after the agency has defined the benefits that volunteers can provide. The decision requires a commitment by the agency to support a volunteer program.

Policies and procedures should be developed to guide the operation of the volunteer program. These should include:

- A clear description of the agency's purposes and goals;
- A clear job description for the director of volunteers and for each category of volunteers;
- A clear differentiation of functions and activities appropriate for paid staff members, foster parents, and volunteers in policy-making, advocacy, administrative, and direct service roles;
- A plan for recruiting a variety of volunteers consistent with the activities to be undertaken;
- A process for assessing and selecting volunteers similar to that used for paid staff members and foster parents;
- A defined line of supervision with clear written expectations of the supervisor and the volunteers;
- Orientation, preservice, and inservice training activities in the volunteers' specified roles;

- Procedures for monitoring and evaluating volunteer activities and contributions;
- Procedures for observing professional ethics and the canons of confidentiality;
- Procedures for reimbursement of travel and other expenses; and
- Techniques for the constructive handling of conflicts involving paid staff members, foster parents, and volunteers.

To use the abilities of its volunteers effectively, the agency should have a well-developed plan that specifies volunteers' responsibilities based on their skills, knowledge, and interests; supplementary training; sufficient space and equipment to function efficiently; a designated staff member to whom volunteers may turn to for support and encouragement; a periodic review of volunteers' accomplishments and growth opportunities when ready for more or different responsibilities; records to validate volunteer service and training; and a recognition program.

### **3.61 Role of indigenous helpers**

The family foster care agency should consider the use of indigenous helpers as a means of both enhancing agency services and strengthening communities.

Often, people living within the communities of families and/or foster families have the knowledge, skills, and desire to serve as informal helpers. They may be used to strengthen and expand informal networks of families and provide a variety of supports—emotional, instrumental, physical, and material. Encouraging and supporting such relationships can help the agency to build on the strengths of families and meet immediate needs of families, build a resource for ongoing support of the family after agency services end, and strengthen the neighborhood by increasing its capacity to care for its own. The agency may want to use indigenous helpers as paid staff members. In such cases, the agency

should ensure that payment is commensurate with their services and that career paths are open to them. Agency policies and procedures should indicate how and when to involve indigenous helpers, particularly with regard to questions of confidentiality and liability.

### ***Recruitment and Retention Plans***

#### **3.62 Relationship between recruitment and retention**

The family foster care agency should establish an annual plan for the ongoing recruitment and retention of social workers and foster parents, recognizing that recruitment efforts can be successful only if a strong retention program is in place.

The agency should recognize that recruitment and retention are interrelated and that efforts to recruit qualified social workers, other staff members, and foster parents can be only as successful as the agency's ability to retain them. Both recruitment and retention are enhanced by an agency's clear communication of the duties, challenges, and opportunities associated with agency positions; knowledge, skills, and qualities associated with success in the positions; and agency support for social workers' and foster parents' efforts to be successful. In addition, the agency should recognize the impact of community attitudes on recruitment and retention and should intentionally build community recognition of, and support for, its staff members and foster parents.

#### **3.63 Premises underlying the agency's recruitment and retention plan**

The family foster care agency should base its recruitment and retention plan for social workers and foster parents on a recognition of the importance of both recruitment and retention; the factors that limit and enhance recruitment and retention; and the need to involve the community in the development and implementation of the plan.

The agency recruitment and retention plan should be based on the following premises:



- Retention is the first step in recruitment—the agency must first value and support current social workers and foster parents;
- Effective recruitment and retention of social workers are enhanced by appropriate workloads, quality training and preparation, quality supervision, adequate financial compensation, access to resources for clients, liability protection, recognition for quality service provided, and positive public images of the role of social workers; and
- Foster parent recruitment and retention are enhanced by role clarity, shared decision-making, recognition of foster parents' contributions, and agency support.

The agency recruitment and retention plan should be comprehensive, ongoing, community-based, culturally responsive, and include community leaders who represent the cultural and ethnic identities of the client population in the plan's development and implementation.

### **3.64 Assessing recruitment and retention needs**

The family foster care agency should assess recruitment and retention needs by analyzing its current and projected client population and the current and projected number of social workers and foster parents available to meet the needs.

The recruitment plan should be guided by an assessment of current and projected client populations, the number of social workers and foster parents currently available, current and projected social worker and foster parent vacancies based on analysis of turnover rates, projected budget constraints or opportunities, and projected new plans for the agency.

### **3.65 Working with communities to develop and implement the agency recruitment and retention plan**

The family foster care agency should involve the community in

the development and implementation of its social worker and foster parent recruitment and retention plan.

Strategies to involve the community in developing and implementing the recruitment and retention plan include the use of public service announcements and public speaking engagements, newspaper and telephone advertising, exhibit booths, posters and billboards, joining with other organizations and coalitions, talk shows, community bulletins and notices in places of worship, coupon mailers, sponsored poster and essay contests for children and youths, and rewards to those who recruit new foster families who become licensed.

### **3.66 Involving foster parents and agency social workers in recruitment**

The family foster care agency should actively engage its social workers and foster parents in developing and implementing its recruitment plan.

### **3.67 Evaluating the agency recruitment and retention program**

The family foster care agency should monitor regularly and evaluate annually the effectiveness of its recruitment and retention program.

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# EXHIBIT 52

Child Welfare League of America

STANDARDS  
OF  
EXCELLENCE

CWLA Standards of Excellence for  
Adoption Services

STANDARDS OF EXCELLENCE FOR  
ADOPTION SERVICES

REVISED EDITION

# **Child Welfare League of America**

# STANDARDS

**CWLA Standards of Excellence for  
Adoption Services**

# OF EXCELLENCE

**REVISED EDITION**

**Child Welfare League of America  
Washington, DC**

The Child Welfare League of America, the nation's oldest and largest membership-based child welfare organization, is committed to engaging all Americans in promoting the well-being of children and protecting every child from harm.

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# Foreword

Setting standards and improving practice in all child welfare services have been major goals of the Child Welfare League of America (CWLA) since its formation in 1920. With the issuance of this revision, CWLA reaffirms its commitment to establishing standards of excellence that can be used as goals to advance and guide contemporary practice. As we continue to learn more about the essentials for the healthy growth of children, CWLA can help to redefine the responsibility of society to provide for children the conditions and opportunities that encourage their development.

Since the inception of its program of standards development, CWLA has formulated a series of standards based on current knowledge, the developmental needs of children, and tested ways of meeting these needs most effectively. The preparation of standards involves an examination of current practices and the assumptions on which they are based, a survey of the professional literature and standards developed by others, and a study of the most recent experiences of social work and related fields—child development, child care, education, mental health, psychology, medicine, psychiatry, and sociology—as well as other appropriate and pertinent fields such as management, business, technology, managed care communication, and marketing, as they bear on child welfare practice and management.

The final formulation of standards follows an extended discussion of principles and issues by experts in each service area, the drafting of a preliminary statement, and a critical review by CWLA member agencies, representatives of related professions, and other national organizations.

CWLA's preparation of standards involves the wide participation of local, state, and national agency representatives. Many CWLA member agencies, including state human service departments as well as voluntary agencies, have contributed the professional time and travel costs of their staff members who developed these standards, reviewed draft statements, and made suggestions for revision. Representatives of national organizations, governmental agencies, sectarian agencies, universities, and professional associations in related fields have taken part in the various committees.

## Purpose of CWLA Standards

CWLA standards are intended to be standards of excellence—goals for the continuing improvement of services for children and their families. They are not the criteria for CWLA membership, although they do represent those practices considered to be most desirable in providing services to children and their families. As goal standards, they reflect what we as a field collectively recognize as the best ways to work with children and their families. They provide us with a vision to which we can aspire. They also are used in the development of the standards of the Council on Accreditation of Services for Families and Children, Inc. (COA).

CWLA standards are directed to all who are concerned with the enhancement of services to children and their families, including parents; public and voluntary child welfare agency governing board members; direct service, supervisory, and administrative staff members; the general public; citizen groups; public officials; courts and judges; legislators; professional groups; organizations serving children and their families; organizations whose functions include the planning and financing of community services; state or local agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children and their families; tribal organizations; advocacy groups; and federations whose membership requirements involve judgments on the nature of services rendered by their member agencies.

Standards of excellence can stimulate the improvement of services only as they question the value of present practices, convey a con-

viction that change is desirable, offer a philosophic base from which to examine current practice, and provide a vision toward which we can aim. They provide the means to test the premises from which practice develops, and allow the measurement of current services and performance against what is known to be the best possible practice.

Standards are of use in planning, organizing, and administering services; in establishing state and local licensing requirements; and in determining requirements for accreditation. They offer content for teaching and training in child welfare and other related fields, in professional schools, in inservice training and staff development programs, and in the orientation of the organization's governing body members, staff members, and volunteers. They can help to explain and justify expenditures and budget requests to fundraising bodies and appropriation committees of legislatures. Finally, standards can promote an understanding of how a service may more effectively meet the needs of children and their families, what it should be expected to do, and how it can be used. In that way, standards promote increased public interest, understanding, and support for pertinent legislation, improved financing, and the provision of quality services to children and their families.

## Review of CWLA Standards

To maintain their visionary quality, CWLA standards are subject to continual review and revision, since knowledge about children, families, communities, human behavior, and the treatment of human needs grows constantly. Developments in management and the social sciences; the continuing evaluation of the effectiveness of current social service practices, policies, and programs; and shifting patterns of social values and social organizations lead to the continued modification of the vision for quality in child welfare practice and management.

The Child Welfare League of America developed its first adoption standards in 1938. It began using the current format for its standards in 1955, and published revisions of its adoption standards in 1958, 1978, and 1988. The 1988 standards focused primarily

on infant adoptions completed by voluntary, nonprofit adoption agencies. This revision integrates information relevant to all forms of adoption: domestic infant, intercountry, and special needs, and strives to ensure the standards' applicability to both voluntary, nonprofit agencies providing adoption services, and to public social service agencies at the state, local, and tribal levels.

A CWLA Adoption Standards Revision Committee met for the first time of August of 1997 to begin the review process. The Committee comprised 60 individuals representing CWLA member agencies from both public and voluntary agencies from every geographic region of the country. The Committee's membership was ethnically and culturally diverse, encompassing the perspectives not only of agencies involved in adoption, but of birth parents, adoptive parents, and adopted adults as well. Other key committee members represented national organizations providing adoption and related services, the American Bar Association, the American Public Welfare Association (now the American Public Human Services Association), the National Association of Social Workers, the U.S. Department of Health and Human Services, the American Academy of Pediatrics, the National Council of Juvenile and Family Court Judges, the North American Council on Adoptable Children, and the Joint Council on International Children's Services. Following two additional meetings of the Adoption Standards Revision Committee, at which time drafts of various chapters were reviewed, the Committee received a draft of the complete revision in October 1998 for final review. A draft of the revised standards was then circulated to CWLA's five regions for review by the membership. The content of this volume—the result of the revision process—was approved by CWLA's board of directors on February 7, 1999. It henceforth stands as the policy of the Child Welfare League of America for the provision of services to children in need of adoption and their families.

**RICHARD H. FLEMING**

President

Child Welfare League of America, Inc.

# Acknowledgments

To all those organizations that contributed their time and money to allow their staff to participate in the revision of these standards, CWLA expresses its most sincere appreciation. CWLA also recognizes and acknowledges the significant contributions of all members of the Adoption Standards Revision Committee, with particular thanks due to Sandy M. Cook, who skillfully guided the revision of these standards as committee chair, and Madelyn Freundlich, who volunteered innumerable hours to editing early drafts and suggesting content throughout the revision process.

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Suzanne d'Aversa, Parsons Child and Family Center, Albany, NY

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# How to Use CWLA Standards

CWLA standards are designed for quick and easy access to pertinent information.

A two-part format for the standards was approved by CWLA's Board of Directors in 1984. One volume, entitled *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations*,\* presents the generic components of child welfare practice that apply across the field. The components of each specific service are presented in separate volumes and encompass only those service elements applicable to a particular arena of child welfare practice. Each is updated when appropriate.

The contents page of each standard affords a rapid overview of the general and specific subjects covered. For information on a particular practice, the index lists in alphabetical order each subject of interest and its related categories in the text. Each standard is designated by a number. The digit before the decimal point indicates the chapter in which the standard can be found; the digits after the decimal point designate its numerical order within the chapter. The first (nonindented) paragraph of each numbered sec-

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\* *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations* [1996] serves as a replacement for *CWLA Standards for Organization and Administration for All Child Welfare Services* [1984].

tion represents the standard. The rest of each section may be considered as elaboration, explanation, or illustration. The introductory chapter affords an historical background and philosophical overview, and provides perspective for the remainder of the volume.

Various aspects of an issue may be discussed in more than one volume of CWLA's standards and the reader is urged to consult those volumes as appropriate. In addition to this volume on adoption, CWLA's standards series includes volumes addressing services for child day care, child protective services, family foster care, family preservation, family support, health care for children in out-of-home care, in-home aides, independent living, kinship care, pregnant and parenting adolescents, and residential group care. Information on obtaining these volumes is available from CWLA at the address listed on the copyright page of this volume.

# Differentiation of CWLA Standards of Excellence, COA Standards for Accreditation, and State Licensing

## CWLA Standards of Excellence

The Child Welfare League of America standards of excellence are intended to be used as goals for practice in the field of child welfare services. They are intended to provide a vision of what is best for children and their families and as such, encourage the continual strengthening of services. CWLA standards carry no implication of control or regulation. Rather, by bringing together the collective experience of the field to bear upon the work of each organization, they provide a valuable tool for both public and non-profit agencies.

The standards present practices considered to be most desirable in providing services, regardless of an organization's auspices or

setting. CWLA's standards are widely used to influence practice throughout North America.

CWLA standards of excellence make it possible to compare what exists with what is considered most desirable for children and their families, and to judge the extent to which current performance approximates or deviates from the most desirable practice. The standards have an educational purpose as well, disseminating what is accepted to be the best current thinking and practice in each child welfare service area.

Since CWLA initiated its standards-setting function, it has continued to revise established standards and to develop new ones as new services emerge. Setting standards involves consultation with national experts and direct service practitioners, a comprehensive review of the literature, and the achievement of professional consensus based on knowledge, experience, and research.

## COA Standards for Accreditation

Published by the Council on Accreditation of Services for Families and Children, Inc. (COA), the *Standards for Accreditation* constitute a set of requirements for current agency administration, management, and service delivery. They are rigorous but realistic descriptions of practice standards that a competent provider organization should be able to meet. They establish a system based on measurable criteria. Although the COA standards are based, in part, on CWLA standards, COA is an independent accrediting body for social service organizations.

## State Licensing

Through the licensing of child-placement agencies, residential group care facilities, family foster homes, and child day care facilities, states exercise their police power to protect children from risks against which they would have little or no capacity for self-care and protection. *Police power*, as defined by Black's Law Dictionary [§1401], is "the exercise of the sovereign right of the gov-

ernment to promote order, safety, health, morals, and the general welfare within constitutional limits and is an attribute of government using the power of the state to enforce laws for the well-being of its citizens.” It is the basis of licensing laws. Licensing requirements provide basic protections by the state for the well-being of children and their families.

# Introduction

Adoption is the social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family.

Adoption has long been a vital service for children who need families, bringing children whose birth parents cannot or will not be able to provide for them together with nurturing adults who seek to build or add to their families. Although relatively limited statistically (only 2% to 3% of the U.S. population is adopted), adoption nonetheless touches the lives of many people. One national survey revealed that 60% of all Americans have personal experience with adoption in some way [Evan B. Donaldson Institute 1997]—an indicator of how pivotal a child welfare service adoption is in the U.S.

## Historical Highlights

Historically, adoption has been available in some form for the last 2,000 years. Originally, adoption developed as a mechanism to meet the needs of adults—for example, to provide an heir for a family unable to produce one biologically or to form a political alliance between families.

English Common Law, from which much of U.S. law evolved, did not address adoption. As a result, adoption as a legal institution did not begin to develop in this country until the mid- to late 1800s. Early legal adoptions, usually requiring special state legis-

## 2 CWLA Standards of Excellence for Adoption Services

lative acts, were arranged almost exclusively for Caucasian families, while parentless children of other backgrounds continued to be indentured, apprenticed, or informally adopted. The first professional standards to guide adoption agencies were published by the Child Welfare League of America in 1938.

Until the late 1950s and early 1960s, adoption services in the United States consisted mainly of the placement of healthy Caucasian infants with middle-class Caucasian couples who were unable to have children biologically. Over the last few decades, professional adoption has evolved into a service primarily focused on meeting the needs of children rather than those of adults.

## Changes in Adoption Practice and Policy

### **Changes in the Population of Children in Need of Adoption**

Since the 1970s, the number of Caucasian infants available for adoption has sharply declined in the U.S. Although U.S. agencies continue to provide adoption services for infants, this group now constitutes but a small part of the population of children in need of adoption planning and services. By contrast, the number of children in out-of-home care who need adoption has grown tremendously. As the result of a range of social conditions and policy changes, an increasing proportion of children in care have the goal of adoption. At the same time, these children typically have a range of challenging needs, including prenatal exposure to alcohol and other drugs, medical fragility, a history of physical or sexual abuse, or membership in a sibling group. Thousands of older children, for whom agencies traditionally have had difficulty finding placements, also await adoptive families. Additionally, children of color continue to be disproportionately represented in out-of-home care as well as among the children waiting for adoptive families.

The past decade also has seen a dramatic twofold increase in the number of children adopted from other countries, with untold numbers of additional children identified in other countries who could benefit from adoption. Nearly a decade ago, international adoption began expanding to countries that were not previously seen as sources of adoptable children. Many of the children being

adopted from those countries have had experiences in orphanages and other institutions that may significantly affect their physical and emotional development.

### **Changes in Adoptive Families**

Over the past decades, families choosing to build or expand their families through adoption have become increasingly diverse. A growing number of foster families, families of color, older individuals and families with children, two-parent working families, single parents (both male and female), gay and lesbian couples, families with modest incomes, individuals with physical disabilities, and families from all education levels, all religious persuasions, and all parts of the country now adopt children. These individuals and families, however, all have one thing in common: they are willing and able to make a lifelong commitment to protect and nurture a child not born to them and to provide a safe, loving family for that child.

### **Changes in Society**

Societal changes as a whole are also serving to reshape adoption, including the globalization of economies and communication, changes in the larger family policy environment, and changes within the child welfare system itself. Broadly, the environment of adoption has been impacted by the legalization of abortion, improved birth control alternatives, and changing social mores related to unmarried parenting. In contrast to the stigma and shame once associated with unmarried pregnancy, an increasing number of single women are choosing to have and rear children. Far fewer women are making the decision to place their children for adoption, opting instead to parent their children themselves.

Advances in reproductive technology have likewise broadened parenting options. As many “baby boomers” delay childbearing and infertility rates rise, the demand for reproductive technology is growing, with concomitant developments ranging from artificial insemination to sperm and egg donation. Although pregnancy rates from these procedures have improved over time, there



nonetheless remain a large number of infertile individuals who seek to parent through adoption. These individuals typically look to adopt newborns in this country or very young, healthy children from other countries. Combined, these factors have created an environment in which many more families are seeking healthy infants than there are healthy infants available for adoption.

Communications technology and the growing presence of the media are also reshaping the larger social environment. The Internet provides immediate access to information and opportunities to debate and discuss a range of issues, including those related to adoption. The role of the media in everyday life has dramatically expanded by virtue of cable systems, 24-hour-a-day news coverage, and the proliferation of magazines and other publications. Increasingly, the media are shaping public opinion and attitudes as they are looked to as a key source of information on topics such as adoption.

### **Changes in Family Policy**

Changes in family policy have likewise impacted adoption. The long-term effects of the Personal Responsibility and Work Opportunity Reconciliation Act (welfare reform) are yet to be fully realized. Nevertheless, its increased emphasis on personal responsibility and decreased emphasis on government support for poor families with children can be expected to impact the child welfare system, including out-of-home care and adoption services. Policy changes designed to control government expenditures on social programming and health care are already affecting the design and delivery of services to children and their families. The use of managed care principles to contain social services spending and efforts to privatize child welfare services, including adoption, are creating a new environment for the adoption of children in care. Ironically, as efforts are made to contain costs in the area of special needs adoption, the costs associated with the adoption of newborns and very young children in this country and with international adoption are escalating significantly.

Finally, changes in the child welfare system itself are reshaping the practice of adoption. With the passage of the federal Adoption and Safe Families Act in 1997, renewed emphasis has been brought

to adoption, with federal requirements related to expedited termination of parental rights, reasonable efforts to secure adoptive families for children for whom adoption is the plan, and adoption incentive payments to states that significantly increase the number of legalized adoptions for children in their out-of-home care systems. In response, strategies to promote more timely permanency planning for children in out-of-home care have developed, including concurrent planning, family group conferencing, mediation, support for birth parents' decisions to voluntarily place their children for adoption, greater openness in adoption, and dual licensing of individuals as foster parents and adoptive parents.

## *Adoption as a Child Welfare Service*

Adoption practice has changed significantly since CWLA's previous adoption standards were published in 1988; today, it is marked by increased openness in infant adoption, heightened awareness of the need to protect children adopted across national boundaries, and an emphasis on promptly finding adoptive families for children in care who cannot return to their birth families.

As a child welfare service, adoption is the permanency option of choice for children who are unable to grow up within their family of origin. The goal of all adoption programs is the timely adoption by an appropriate family for each child in need of a family.

In adoption practice, the child is the primary client, and the best interest of the child is paramount in decisions concerning his or her adoption. Families are viewed as potential resources for children needing adoption, rather than as an agency's primary clients. The agency's responsibility has also shifted from investigating families to educating and preparing families to meet the needs of children placed with them.

Building a family by adoption is now understood to be fundamentally different than building a family biologically, with lifelong implications for the adopted individual, the adoptive parents, and the birth parents. Increasingly, agencies have accepted the responsibility to provide continuing education, support, and counseling for all the members of the adoption triad as needed throughout their lives.

## **Core Values and Assumptions Underlying Adoption Services**

Given the complexity of the broader societal context in which adoption practice now occurs, it is especially important to reaffirm the fundamental values that provide a framework for professional adoption services. The core values listed below form the foundation for the ethical development and delivery of adoption services.

- All children have a right to receive care, protection, and love.
- The family is the primary means by which children are provided with the essentials for their well-being.
- The birth family constitutes the preferred means of providing family life for children.
- When adoption is the plan for a child, the extended family should be supported as the first option for adoptive placement, if appropriate.
- Adoption as a child welfare service should be focused on meeting the needs of children to become full and permanent members of families.
- All children are adoptable.
- Siblings should be placed together in adoption unless serious reasons necessitate their separation.
- Adoption is a lifelong experience that has a unique impact on all the parties involved.
- Adoption should validate and assist children in developing their individual, cultural, ethnic, and racial identity, and should enhance their self-esteem.
- All adoption services should be based on principles of respect, honesty, self-determination, informed decision-making, and open communication.
- All applicants for services should be treated in a fair and nondiscriminatory manner.
- Changes in adoption practice, policy, and law demand professional expertise to assist birth families, adoptive families, and adopted individuals.

- The knowledge, skill, and experience of professional social workers should be used in developing and providing all aspects of adoption services.
- The practice of adoption, currently and in the future, will require collaboration if all parties in an adoption are to be served effectively.

The environment in which adoption practice takes place is far from settled, and unresolved issues remain for the future. What is the proper role of race and culture in adoption—and how do such considerations fit within federal policy that prohibits any routine consideration of race, culture, or ethnicity in making adoptive placements? How does the increased use of kinship care relate to the increased needs of children for permanency through adoption? What is the ongoing obligation of government and agencies to all adoptive families following adoption, especially those who adopt children with special needs? With the increased pressures to legalize more adoptions, will needed postlegalization services be in place to support families and help them with the changes that adoption brings?

## About This Volume

This 2000 edition of CWLA's *Standards for Excellence in Adoption Service* reflects a significant departure from previous adoption standards in at least two respects. First, much greater emphasis has been placed on making these standards equally applicable to both public and private, nonprofit agencies and to domestic infant, intercountry, and special-needs adoption. Second, attention has been given to not only updating the standards to reflect where the field of adoption has come in the last decade, but also to developing standards that can guide the field over the coming decade.

Chapter One articulates the values underlying adoption as a child welfare service, as well as the components of an effective adoption delivery system. Chapters Two through Six examine all aspects of excellence in direct practice with children needing adoption, birth parents, adoptive applicants and adoptive parents, and

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adopted adults. Chapter Seven examines the administrative and organizational aspects of an adoption program, and Chapter Eight addresses the important role of the community in adoption. The volume concludes with an appendix of adoption terminology, a bibliography, and an index.

# 1

## Adoption as a Child Welfare Service

GOAL: To identify and integrate the core values that underlie adoption as a child welfare service in all aspects of adoption practice.

Adoption as a child welfare service for children is best provided through an authorized public child welfare agency or voluntary, nonprofit adoption agency for those children who will not be raised by their birth parents and who can benefit from permanent family ties established through legal adoption. Adoption services are provided by social workers and other professionals, and encompass counseling for birth parents; assessment and preparation of prospective adoptive parents; assessment, preparation, and placement of children in adoptive families; and support for adoptive families, birth families, and adopted individuals following adoption.

Agencies that provide adoption services have a responsibility to ensure that preparation, counseling, and ongoing support for all parties involved in an adoption are available, either directly or through referral to other community resources. For adoptions involving American Indian\* children, the agency providing adoption services should adhere to the requirements of the Indian Child Welfare Act of 1978. [3.9]

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\* For purposes of this volume, the term *American Indian* is used to encompass all those included within the scope of the Indian Child Welfare Act of 1978.

## **1.1 Definition of Adoption**

Adoption is the social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family.

Adoption is more than simply a legal transaction. It is a complex social and emotional experience as well, with lifetime implications for all parties to it. Those involved in adoption must acknowledge the very real genetic and psychological connections of the adopted child and birth family, which remain even after the legalization of the adoption.

## Purpose and Goal of Adoption Services

### **1.2 Purpose of Adoption Services**

The purpose of adoption services should be the provision of legal permanency within a nurturing adoptive family for children who will not be raised by their birth parents.

Adoptive families offer the greatest opportunity for psychological and legal security for children who cannot be raised by their birth families.

Effective adoption programs are those that are committed to

- Providing necessary resources to children who need adoptive placement;
- Meeting the needs of birth parents in planning for the adoption of their child;
- Identifying and preparing loving, secure adoptive families; and
- Ensuring that each child is adopted by a family who understands and is able to meet the child's needs.

In placing children for adoption, the agency's main objective should be to ensure the safety and well-being of those children. The children's need for protection, nurturing, and stability, which are essential to healthy personal growth and development, should be the primary determinants of the services provided by the agency.

### **1.3 Goal of Adoption Services**

The agency providing adoption services should have as its program goal to promptly provide to each child served by the program a stable, nurturing adoptive family whose members have been skillfully prepared for the complexities of adoption.

Because a child's sense of time is fundamentally different from that of an adult, services need to be provided promptly to meet the needs of the developing child. [1.5, 3.4]

An adoptive family should be available for every child as soon he or she is legally free for adoption. [3.16, 3.17]

### **1.4 Children for Whom Adoption is Appropriate**

The agency providing adoption services should consider adoption as the first alternative for all children who are permanently deprived of care by their parents through abandonment, or whose parents have chosen to voluntarily relinquish their parental rights, or whose parents have had their parental rights terminated by a court of law. [1.12]

Adoption provides the strongest legal guarantee of permanency for children. For those children who cannot be raised by their birth parents, adoption is the permanency option most likely to ensure protection, stability, nurturing, and lifelong relationships throughout their childhood as well as their adulthood. Individuals do not outgrow their need for the relationships and the support offered through family ties.

### **1.5 Children for Whom Adoptive Resources Have Not Been Identified**

The agency providing adoption services should not use the immediate availability or unavailability of an adoptive family for a child as the basis for determining whether adoption is a suitable plan for that child.

Agencies should work continuously to recruit and develop a wide variety of potential adoptive families in numbers sufficient to meet the diverse needs of all children who need adoption. [1.18]



## **1.6 Clients to be Served Through Adoption Services**

The agency providing adoption services should provide access to services for birth parents, children, adoptive applicants, adoptive parents, and adopted adults.

All parties to the adoption process should have access to a range of appropriate services both prior to the adoptive placement of a child and in the years following adoptive placement.

The agency may provide access to services either directly or through appropriate referral to needed resources.

## **Core Values and Assumptions Underlying Adoption Services**

Given the complexity of the broader societal context articulated in the Introduction to these standards, it is especially important to reaffirm the fundamental values that provide a framework for professional adoption services. The core values set forth below form the foundation for the ethical development and delivery of adoption services. They address the rights of children; the value of the family in raising children; the value of the birth family; the importance of extended family; the importance of adoption as a service for children; the belief that all children are adoptable; the importance of placing siblings together; the reality of adoption as a lifelong experience; the promotion of individual, cultural, ethnic, tribal, and racial identity; the importance of self-determination and informed decisionmaking; the importance of open, honest communication and respect; the importance of nondiscrimination in adoption services; the need for professional adoption practice; the professional social work skills required; and the importance of collaboration.

## **1.7 Rights of Children**

The agency providing adoption services should recognize that all children have the right to receive care, protection, and love.

Children are entitled to that which is essential for their well-being. They should be provided with the conditions, experiences, and opportunities favorable both to their healthy growth and to the development, use, and enjoyment of their individual capacities.

Although the family is the primary means through which children achieve optimal healthy growth and development, community agencies, tribal authorities, and government bodies share the responsibility to ensure the care and protection of all children.

### **1.8 Value of the Family in Raising Children**

The agency providing adoption services should recognize that permanent, nurturing families provide children with greater opportunities for healthy growth and development than do a series of temporary living arrangements.

The family is the primary means by which children are provided with the essentials for their well-being.

Families provide children with safety and protection and meet children's physical, social, emotional, cultural, and spiritual needs as they grow and develop, as well as their needs as individuals throughout their lives.

Families transmit society's values, establish and maintain cultural identity, and transmit knowledge from one generation to another.

In turn, children add to the strengths of families through their social, emotional, and spiritual contributions.

### **1.9 Value of the Birth Family**

The agency providing adoption services should recognize that the birth family constitutes the preferred means of providing family life for children, and should support birth parents and extended family members, whenever possible, in providing for their children's safety and protection.

Children should not be deprived of care by their birth families except when the family is unable or unwilling to provide for the child's safety and protection.

When the family is unable or unwilling to provide for the child's safety and protection, voluntary relinquishment of parental rights should be the first alternative to be fully explored with the birth parents. If birth parents decide to voluntarily release a child for adoption, this decision should be respected and supported.

To make a fully informed decision, birth parents need to be aware of alternatives and the consequences of their decision. [2.5, 2.9]

If the birth parents are unable or unwilling to voluntarily relinquish a child they are unable to parent, involuntary termination of parental rights may be indicated. [2.10]

### **1.10 Importance of Extended Family**

When children's birth parents are unable or unwilling to raise them, the agency providing adoption services should, if possible, identify members of the extended family who have the ability, willingness, and capacity to assume the parenting role and responsibility.

The first option considered for children whose parents cannot care for them should be placement with extended family members when a careful assessment clearly indicates the ability, willingness, and capacity of those individuals to care for the children.

If adoption is the plan for a child, extended family should be supported as adoptive resources for that child when appropriate. [4.21]

### **1.11 Adoption as a Service for Children**

The agency providing adoption services should focus on adoption as a child welfare service designed to meet the needs of children to become full and permanent members of a family, but should also fully recognize the interdependent needs and interests of the birth parents and adoptive parents. [1.3]

Children who require new permanent families should be promptly placed with adoptive families who have the commitment and capacity to protect them and to nurture their development.

### **1.12 All Children are Adoptable**

The agency providing adoption services should work from the assumption that all children whose parents cannot or will not raise them are adoptable. [1.4]

The issue should not be framed in terms of whether a child is adoptable, but in terms of the resources needed to find, prepare, and support an adoptive family for a child.

A determination that adoption is not the appropriate plan for a child should be made only after a thorough individualized assessment of the child is conducted by skilled staff.

### **1.13 Sibling Placement**

The agency providing adoption services should place siblings together in adoption unless serious reasons have been specifically identified that necessitate their separation. [3.7, 3.8]

Attachments among siblings are an often neglected but potentially powerful source of constancy for a child, particularly when placement away from other birth family members is required. Placing siblings together lessens separation trauma, reinforces the importance of family relationships, and facilitates continued relationships among siblings.

Siblings placed separately have an ongoing need for continued relationships. [3.7, 3.8, 6.17] If siblings are placed separately, ongoing visits should be established to promote the continuation of the sibling relationship, unless such visits are specifically contraindicated.

Since many out-of-home care placements lead to adoption, it is essential that siblings be placed together at the time of the initial placement into care. [FFC 1995: 2.30, 2.43] Placing siblings in different foster families may seriously compromise the potential for later adoptive placement together.

### **1.14 Adoption as a Lifelong Experience**

Because adoption is a lifelong experience that has a unique impact on all the parties involved, the agency providing adoption services should provide support and resources to birth families following adoption, to families formed by adoption, and to adopted adults, either directly or through referral to appropriate community resources. [3.24]

Public and private agencies that provide adoption services should take a leadership role in assisting families formed by adoption with rearing their children, in informing and counseling adopted adults, in assisting birth parents to address grief and loss, and in responding to the predictable challenges of dealing with significant adoption issues.

### **1.15 Promoting Individual, Cultural, Ethnic, Tribal, and Racial Identity in Adoption**

The agency providing adoption services should strive to validate each child's individual identity and should assist children in developing their cultural, ethnic, tribal, religious, and racial identity, and enhancing their self-esteem.

Cultural beliefs, customs, and practices are an integral part of the overall healthy development and well-being of children and their families. Adoption services should be based on a recognition that children's identity and self-esteem are integrally related to their cultural, ethnic, tribal, religious, and racial experiences. This belief should be reflected in the delivery of adoption and postadoption services, which should be sensitive to and show respect for the diversity of those served. [M&G 1996: 1.6]

### **1.16 Self-Determination and Informed Decisionmaking**

The agency providing adoption services should recognize the right of all parties to an adoption to self-determination and informed decisionmaking.

All adoption services should be based on principles of respect and honesty.

Birth and adoptive families should receive full and complete information from the agency pertinent to all decisions related to the adoption process. [2.1]

Children, in accordance with their age and developmental level, should be fully informed about adoption.

Adopted adults are entitled to respect regarding their needs and interests and open communication regarding their requests for information and assistance.

Adoption practice should always be based on a full recognition of the clients' rights to make decisions for themselves.

### **1.17 Openness in Adoption**

The agency providing adoption services should recognize the value of openness to all members of the adoption triad, but should allow determinations concerning the degree of openness in an adoption to be made by the parties to the adoption on an individualized basis. [2.7, 6.22]

Openness in adoption has the potential to benefit all members of the adoption triad. The degree of openness in the relationships between birth and adoptive families should be arrived at by mutual agreement based on a thoughtful, informed decisionmaking process by the birth parents, the prospective adoptive parents, and the child, when appropriate.

Decisions about the degree of openness should be based on respect for the rights of all individuals involved in an adoption.

### **1.18 Nondiscrimination in Adoption Services**

The agency providing adoption services should treat all applicants for services in a fair and nondiscriminatory manner. The opportunity to have a permanent adoptive family should not be denied a child by reason of that child's age, religion, cultural or ethnic group, medical condition, genetic heritage, residence, or disability.

Birth parents, children, adoptive applicants, adoptive families, and adopted individuals should be provided with adoption services in a fair and equitable manner. [2.4, 4.7]

## Professional Adoption Practice as a Child Welfare Service

### **1.19 Professional Agency-Based Adoption Practice**

The agency providing adoption services should adhere to national, state, and local standards of quality practice in its delivery of professional adoption services.

Adoption is a life-changing experience involving a range of complex issues for all individuals touched by it.

Changes in adoption practice, policy, and law necessitate that professional expertise be used to assist birth families, adoptive families, and adopted individuals. The need for ongoing services for all members of the triad can best be met within professional adoption programs and agencies.

### **1.20 Professional Social Work Skills Required**

Because adoption is a specialized professional service, the agency providing adoption services should rely upon and use the knowledge, skill, and experience of professional social workers in developing and providing all aspects of such services. [7.11–7.15]

Social work methods and skills should be employed to

- Help parents arrive at a decision about terminating their parental rights and responsibilities;
- Determine the best interests of children;
- Evaluate and develop the capacity of adoptive applicants to meet the needs of adopted children;
- Select an appropriate family for a particular child; and
- Help all parties concerned to understand and address the issues confronting them when the adoption is legalized and thereafter.

In the past decade, the notion of collaboration has taken on

new meaning through the increased involvement in decision-making at every stage of the adoption process of birth parents, adoptive parents, and adopted individuals. As members of the triad have become increasingly involved in decisionmaking, the role of the agency providing adoption services has changed. These new roles highlight the critical importance of educating all parties to an adoption so that they can make the best decisions for themselves and the children involved. Social workers can facilitate collaborative decisionmaking and address a complex variety of issues necessitating continuing education, self-study, and training, as well as increased collaboration with other professions.

### **1.21 Professional Collaboration in Adoption**

In addition to utilizing the skills and knowledge of their staffs, agencies providing adoption services should call upon and collaborate with professionals from allied fields such as child development, medicine, psychology, psychiatry, sociology, and the law. [7.17] The agency providing adoption services should also collaborate with tribal authorities as appropriate or as required by law.

The practice of adoption, currently and in the future, will require collaboration to effectively serve all parties. Collaboration, for example, is critical in:

- Legally freeing children for prompt placement into adoptive families;
- Providing family, couple, and individual counseling to birth and adoptive family members;
- Identifying and preparing for adoption children who are in medical, psychiatric, correctional, and custodial settings;
- Assessing children who are emotionally disturbed, medically fragile, HIV infected, or terminally ill, and placing and sustaining them in adoptive families; and
- Advocating for the enactment of laws, rules, and regulations supportive of quality adoption values and practices.



## Characteristics of an Effective Adoption Services Program

Effective adoption services programs must have the capacity to place children in adoptive families without delay. They must have in place counseling services for birth families to support them in making informed decisions regarding adoption; an adequate number of prepared adoptive families; children who are well-prepared for adoption according to their age and developmental level; a process for bringing families and children together without delay; and a range of preplacement, postplacement, and postlegalization services. Children, as appropriate to their age and developmental level, should have had an opportunity to understand their early life experiences and understand the meaning of adoption and its potential value for them prior to adoptive placement.

To develop and maintain an effective system, the agency providing adoption services should offer an array of services, as described below, should employ a sufficient number of qualified staff, and should have financial resources sufficient to provide quality adoption services commensurate with the service needs.

### **1.22 Core Components of an Effective Adoption Program**

To be effective and have the capacity to place children with a wide range of needs into adoptive families without delay, the agency providing adoption services should have available a core of essential services, including counseling; adoptive parent recruitment, assessment, preparation, and training; and financial and supportive services. The agency should also have adequate staff training and sufficient financial resources, and should establish effective collaborative relationships.

Agencies that have such core components in place enhance their ability to develop sufficient numbers of approved potential adoptive families from diverse backgrounds who have been educated about the special challenges and rewards of adoption, the kinds of traumas children entering adoption have

experienced, and the satisfactions inherent in parenting these children. The core components (listed below) enhance an agency's ability to ensure that children placed for adoption have a realistic understanding of the meaning of adoption and its potential value to them prior to placement.

- Clinical counseling services for birth parents help them make a fully informed decision regarding adoption as an appropriate plan for their child.
- Ongoing recruitment programs help to attract a sufficient number of potential adoptive families that corresponds to the diversity of the child population being served.
- Joint assessment services enable families and agencies to assess family readiness to successfully adopt the types of children needing adoption.
- Parent preparation and training services educate prospective adoptive families about the adoption process; the impact of adoption on the family; the developmental issues that adopted children typically face; and, for children in care, the typical problems and the long-term consequences of such experiences, including the considerable potential of such children if they receive the stability and nurturing they need.
- Skillful counseling, assessment, and preparation services for older children help them understand why they entered care, the reasons they cannot be reared within their families, their experiences since entering care, the potential of adoption for meeting their needs, and the connections they may be able to keep with their past.
- A range of financial and supportive services for adoptive families following adoptive placement helps them to handle the complexities of establishing a new family unit, resolve or mitigate the impact of early life trauma, and address the predictable issues all families face as children mature and enter new developmental stages.
- The provision of supportive postadoption services fol-

lowing placement and/or the legalization of an adoption assists birth parents, adoptive families, and adopted children as they continue to deal with the impact of adoption on their respective lives.

- Effective working relationships with other agencies provide access to services that the agency itself does not provide.

### **1.23 Staff Resources and Financial Support Needed for Effective Adoption Services**

Agencies lacking the financial resources to hire sufficient numbers of qualified staff and provide ongoing training and support for staff to respond to the needs of children needing adoption should make these needs known to the community, tribal authority, and the state in which they operate and actively advocate for the necessary resources. [7.27]

For agencies to provide quality services and to reach the desired outcomes for all members of the triad, they must have (1) a skilled, committed, stable work force, and (2) adequate financial resources. Strong staff resources and adequate financial support are essential to ensuring that adoption services are available, accessible, affordable, and appropriate to the needs of the individuals served.

### **1.24 Linkages among Adoption Services and Related Child Welfare Programs**

The agency providing adoption services should work closely with related programs serving children and families and participate, to the maximum extent possible, in partnerships between the public and private sectors. [8.9, 8.10]

To be effective, the adoption program should develop and maintain linkages with other programs that provide child welfare services such as family preservation and family support, kinship care, concurrent planning, intensive reunification services immediately following a child's entry into care, and legal assistance to free children for adoption.

Whenever possible, the program should seek to partner with other agencies and organizations that share the common goal of achieving permanency for children.

Outcomes for children and families should be clearly defined and used to guide and evaluate the services provided.

### **1.25 Linkages to Other Systems**

The agency providing adoption services should work closely with local, state, federal, and tribal governmental and nongovernmental programs, such as health and mental health care services, juvenile justice services, the courts, and the education system. Within the community, the agency providing adoption services should establish relationships with advocacy, civic, and religious groups; corporations and foundations; and the media. [8.6–8.8, 8.12, 8.13]



# The Practice of Adoption: Introduction

**GOAL:** To ensure the provision of quality services to birth parents, adopted children and adults, adoptive applicants, and adoptive parents and families, recognizing that adoption is a lifelong experience and that quality services are needed before, during, and after adoption.

The practice of adoption encompasses a broad range of services to all members of the adoption triad: birth parents, adopted children and adults, adoptive applicants, and adoptive parents. Quality practice is essential to ensuring positive outcomes in all forms of adoption: in the adoption of infants in this country, in the adoption of children in out-of-home care, and in international adoption. Quality adoption practice begins with the provision of preadoption services, including counseling with birth parents, services for and assessment of the needs of children, orientation and mutual assessment of adoptive applicants, and preparation of adoptive parents. It incorporates quality adoption placement services and postplacement and postadoption supports for all members of the triad, including adopted adults. Quality adoption practice for children of American Indian heritage requires close collaboration between agencies providing adoption services and tribal organizations.



## 2

# The Practice of Adoption: Services for Birth Parents

In the United States, birth parents have a constitutional right to the custody and control of the children born to them [*Meyer v. Nebraska* 1923; *Prince v. Commonwealth of Massachusetts* 1944]. With that right comes the responsibility for the safety, support, care, and upbringing of their children. Parents may not be deprived of their rights nor divest themselves of their responsibility for the care of their children except through the process of law and in a manner that provides for the full protection of the child.

To ensure that adoption is a suitable plan for the child, and that the interests of children, birth parents, and adoptive parents are protected, comprehensive services must be available for all birth parents. When adoption is determined to be the permanency plan for a child, some birth parents may voluntarily make the decision to place their children; others may have their parental rights involuntarily terminated by the courts. Regardless of how their rights are terminated, all birth parents should be provided with services as an essential part of permanency planning for children and families.

In domestic infant adoptions, services to birth parents may be offered by the same agency that provides the adoption service, or may be made available through cooperative arrangements with other agencies. In international adoptions, services



to birth parents may be available in the child's country of origin only on a limited basis; agencies, however, should determine whether and what services are being provided and advocate for the provision of such services whenever possible. In the adoption of children from out-of-home care, services to birth parents may be provided by the public agency or by a private agency. The agency that provides adoption services may also serve birth parents.

## **2.1 Services for Birth Parents Considering Adoption**

Birth parents should have the opportunity to fully explore the complete range of options available to them in developing a permanency plan for their child.

Birth parents should be encouraged to thoroughly consider all alternatives for the permanent care of their child. They should be helped to determine the supports they would need should they decide to rear their child and provided with access to the resources they need to fulfill their parental responsibilities.

If needed services are not available within the agency providing adoption services, the birth parents should be helped to obtain the appropriate services through referral to other community resources.

When adoption is being considered as an option, counseling for birth mothers, birth fathers, and other family members can clarify the options within adoption and the consequences of each option. Counseling also provides an opportunity for members of the birth family to explore the various levels of openness that are possible in adoption and the extent to which they may desire openness if they make the decision to place their child for adoption. In all instances, birth parents and other family members should receive counseling to help them understand the grief and loss inherent in adoption.

Birth parents who select adoption as the plan for their child should be made aware of the permanence of their decision.

Staff who work with birth parents should understand the complexity of the decisions that birth parents must make and the

ambivalence and denial that birth parents often experience. Staff should recognize that there might be instances when the birth mother and birth father have different feelings or desires about the best option for themselves and their child. When the birth parents are in disagreement or the birth parents and extended family members disagree about the appropriate plan, skillful counseling should be provided to help all parties reach agreement whenever possible.

Every effort should be made to ensure the availability and provision of culturally relevant counseling. [1.9, 7.3]

## **2.2 Services for Birth Fathers**

The agency providing adoption services should provide services to birth fathers equivalent to those it provides for birth mothers.

Birth fathers have the right to parent their children, with or without the birth mother. If the birth mother has not named the birth father, the agency should work closely with her to do so, explaining the importance of involving the father for legal reasons as well as the benefits to the child of establishing paternity. If the birth mother cannot or will not name the birth father, the agency providing adoption services should follow state or tribal laws that direct the procedures to be followed to establish paternity and/or terminate the parental rights of an unnamed father. [1.9]

Services to birth fathers should include counseling, support for informed decisionmaking, and the collection of health and other background information that will be vital to the child if adoption is selected as the plan.

## **2.3 Services for Birth Parents as Individuals**

In addition to receiving assistance in planning for their child, birth parents should be provided with services that support them as individuals.

Supportive services such as prenatal care, transportation to medical services, education, legal services, and help with housing and living expenses during the later stage of pregnancy

and following delivery may be needed. If the agency providing adoption services does not offer these services, birth parents should be referred to other available community resources.

The provision of services to birth parents should not be contingent upon a decision by them to select adoption as the plan for their child.

#### **2.4 Nondiscrimination in Serving Birth Parents**

Consistent with its mission and the scope of its geographic coverage, the agency providing adoption services should strive to serve all birth parents who desire services. [1.18, 7.2]

#### **2.5 Support for Birth Parents to Ensure Informed Decisionmaking in Voluntary Relinquishments**

The agency providing adoption services should accept the voluntary relinquishment of a child only after the birth parents have received full and accurate information about the consequences of a voluntary relinquishment; have had an opportunity to reach a decision that they recognize is best for both themselves and the child; and have come to understand that their decision is a final one, consistent with state statutory time frames for revocation. [1.16, 2.9, 2.10]

Birth parents should be supported in making an informed decision regarding the voluntary relinquishment of their child for adoption.

The decision by birth parents to voluntarily relinquish a child for adoption should be regarded as their right as parents. Such a decision should be made without pressure, with full consideration of alternative plans, and with recognition by the agency providing adoption services of the emotional conflicts involved in this process.

Birth parents should be provided with a clear written statement regarding changes in their legal rights, obligations, and responsibilities if they voluntarily relinquish their child. They should also receive support in considering what their decision will mean to them.

Birth parents who decide that adoption is the best plan should receive assistance in transferring their parental rights to the agency, in completing the legal termination of their parental rights, in considering the level of openness appropriate to their circumstances, in separating from their child, and in coping with their emotional conflicts and grief.

## **2.6 Disclosure of Background Information Regarding the Adoptive Family to the Birth Parents**

In those cases in which the birth parents are not involved in selecting the adoptive family for their child, the agency providing adoption services should provide the birth parents with background information about the family who will adopt their child prior to the child's placement.

The information provided to the birth parents should help them understand the family who will rear their child and should respond to any specific concerns or questions that the birth parents may have.

Such information as the potential adoptive family's family constellation, age, education, personality, hobbies and interests, profession, nationality, ethnicity, race, tribal affiliation, religion, health, and reason for adopting should be shared with the birth parents.

## **2.7 Disclosure of Birth Parent Identifying Information to Adopted Individuals**

The agency providing adoption services should advise birth parents who are making a plan for the adoption of their child that information related to their identities may be disclosed to the child at some point in the future. [1.17, 6.22]

Many birth parents may express an interest in having their identities disclosed to the child whom they place for adoption at the time the child reaches adulthood. The agency providing adoption services should obtain, in writing, the birth parents' interest in having such information provided and should retain the birth parents' written statement in the adoption record.

Some birth parents, at the time they make the decision to place their child for adoption, may express a desire to have their identities withheld from their child. The agency providing adoption services should advise the birth parents that under current law in all states, courts may order the opening of sealed adoption records and allow adopted adults access to identifying information.

Laws sealing adoption records are being re-examined in many states, and the possibility exists that adopted adults may have increased access to identifying information in the future. As a result, agencies should assist birth parents in understanding that it is not possible to assure them that their identities will be protected from the children they place for adoption.

The birth parents' desire to have their identities shared or withheld from the child they placed for adoption may change over time. The agency providing adoption services should inform the birth parents that they may at any time communicate to the agency any changes in their desires in this regard.

## **2.8 Supportive Services to Birth Parents Following the Placement Decision**

The agency providing adoption services should ensure that services are available to birth parents after their rights and responsibilities with regard to their child are relinquished or terminated. [1.14, 6.15]

Continued counseling can help birth parents and birth family members by assisting them in handling:

- Feelings associated with the placement decision, including feelings of grief and loss about the adoption;
- Reactions of family members and friends to the placement decision;
- Immediate plans for their lives;
- Issues that may arise when birth parents and adoptive parents agree to some level of postadoption contact;

- Issues that may arise when birth parents do not have ongoing contact with the adoptive family and wish to determine whether they want to disclose their identity, or hear about or from the child directly or indirectly, in the future; and
- Ongoing issues that arise as relationships continue to change, reflecting the lifelong implications of placing a child for adoption.

## Permanency Planning Services for Children in Out-of-Home Care and Their Birth Parents

The agency with responsibility for permanency planning for children in out-of-home care should provide services to birth parents—consistent with the children’s safety and well-being—that support the return of the children to their birth parents. [FFC 1995: 2.79–2.103] When reunification is not appropriate for the child or is not feasible within a reasonable time frame, the agency with responsibility for permanency planning for children in out-of-home care should provide counseling and work with birth parents to plan for their children through permanency with kin and/or adoption. The agency should promote timely decisionmaking that takes a child’s permanency needs into account and that acknowledges the role that birth parents should play in planning for their children. Concurrent planning, which provides birth parents with an understanding of the options that are available for their children (i.e., reunification, permanency with kin, and/or adoption), should be used to promote timely and appropriate decisionmaking. Approaches that support mutual decisionmaking, such as family group conferencing and mediation, should be considered.

Although the agency that provides adoption planning and services is not always involved in early permanency planning activities, in all cases it should advocate for the development and provision of such services to birth parents.

## **2.9 Voluntary Relinquishment of Children in Out-of-Home Care**

When family reunification is not feasible within a reasonable time frame, or is not appropriate for a child in out-of-home care, the agency responsible for permanency planning should offer or provide access to culturally competent counseling and supports to assist the birth parents in considering the option of voluntary relinquishment.

The birth parents should be assisted in obtaining culturally competent support in their decisionmaking process.

The birth parents' decision to place a child for adoption should be made voluntarily and should be based on complete and accurate information regarding the implications of that decision.

Services to birth parents should include opportunities to explore voluntary relinquishment when reunification is not feasible or is not appropriate for a child. Mediation and other counseling services may assist birth parents in considering this option.

When appropriate, some level of contact between birth parents, other relatives, and the child after adoption should be considered. Openness after adoption, however, should not be used as an incentive to obtain the birth parents' agreement to voluntarily relinquish the child.

## **2.10 Involuntary Termination of Parental Rights**

When family reunification is not feasible within a reasonable time frame, or is not appropriate for a child in out-of-home care, and the birth parents are unable or unwilling to voluntarily place the child for adoption, the agency that is responsible for permanency planning for the child should petition the court of competent jurisdiction for termination of parental rights consistent with state or tribal law. To the extent possible, the agency should assist the birth parents in understanding the need to pursue this action to ensure permanency and stability for the child.

# 3

## The Practice of Adoption: Services for Children

Comprehensive adoption services for children should include a range of services to ensure that the children are well prepared for adoption, that they are placed with families who will meet their needs, and that they receive services before and after adoption that meet their physical, safety, health, emotional, and developmental needs. All services to children should be provided in an age and developmentally appropriate, culturally sensitive manner. Children for whom the permanency plan is adoption should be placed with adoptive families in a timely manner and at as early an age as possible. [1.3]

### **3.1 Ensuring Adoption Services for All Children Who Need Adoption**

The agency with legal responsibility for a child should provide, either directly or through referral to other community agencies, adoption services for that child if such services are needed. [1.4, 1.5, 1.12, 1.18]

Public and private nonprofit agencies that are legally responsible for providing permanency for children but lack the necessary resources to directly provide such services should refer the children to other community, tribal, state, and national resources to ensure that permanency is achieved for the children without delay.



### **3.2 Preadoption Services for Children**

All children for whom adoption is the plan should receive appropriate preadoptive care and services designed to promote their physical, cultural, emotional, spiritual, and developmental well-being.

### **3.3 Temporary Care for Children**

The agency with legal responsibility for the child should provide quality temporary care for the child prior to placement with an adoptive family when such preadoption services are needed.

When the agency that provides adoption planning and services also provides family foster care services for children, it should comply with CWLA's *Standards of Excellence for Family Foster Care* [1995] regarding the use of licensed, trained foster families to provide for the child's care and ensure his or her safety and well-being prior to adoption.

Foster parents used by the agency to provide temporary care prior to the child's placement should be trained to meet the child's health, safety, emotional, spiritual, and cultural needs, as well as any special developmental needs.

If the agency that provides adoption planning and services does not provide family foster care services to the children it serves, it should collaborate closely with those providing such services to ensure that each child's preadoptive needs are met.

Agencies providing intercountry adoption services should support the development and maintenance of quality care for children by those agencies, orphanages, and foster family programs providing preadoption services to the children in the referring countries.

### **3.4 Early Placement of Children**

If adoption is determined to be the permanency plan for a child, the agency providing such services should place the child with an adoptive family in as timely a manner as possible and at as early an age as possible. [3.5]

Timely placement with adoptive families is advantageous for children. Placing children with adoptive families at as early an age as possible recognizes their developmental needs and sense of time. It makes possible a continuity of care, reduces to a minimum the number of traumatic changes, and minimizes the effects of repeated separations. [1.11]

In general, delays in placement to permit an extended period of child assessment are not warranted, except when the needs of a child are so complex or severe as to contraindicate early placement.

For those agencies that provide out-of-home care services as well as adoption, early placement alternatives should be available. In some cases, legal risk or fost/adopt placements may be appropriate. [4.14]

In legal risk or fost/adopt placements, the foster family caring for the child is willing to adopt the child should reunification not be possible, but understands and agrees that the first goal of the placement is the child's reunification with his or her birth parents.

Legal risk or fost/adopt placements may provide permanency more promptly in those cases in which it is determined, after parents have been given a full opportunity for reunification, that a child will not be able to return to the birth family.

Legal risk or fost/adopt placements should be supported by policies that permit the dual licensing of families as foster parents and adoptive parents. Concurrent planning may also be used in connection with legal risk or fost/adopt placements to allow simultaneous consideration of both reunification and adoption as the permanency plan for the child.

For those agencies that provide services only after adoption has been identified as the plan for a child, an ongoing, diligent program of recruitment and preparation of a wide range of prospective adoptive families consistent with the needs of the children in care is essential to facilitate early placements. [3.16, 3.17, 8.7, 8.11]

### **3.5 Direct Adoptive Placement from the Hospital**

The agency with legal responsibility for a child should support a plan to place an infant directly upon discharge from the hospital with the adoptive family only in those cases in which both the birth parents and the prospective adoptive parents fully understand both the benefits and the risks associated with such a placement and agree to a direct placement.

State and tribal laws govern the time at which a birth parent may legally surrender his or her parental rights and place a child for adoption. Generally, such surrenders may not legally be taken until some period of time following the child's birth.

To provide the birth mother sufficient time to recover physically and emotionally from childbirth and reaffirm the plan for adoption as being in the best interest of the child, the agency with legal responsibility for the child should not accept the birth mother's surrender/consent to adoption while she remains in the hospital. Consequently, any direct placement upon the child's discharge from the hospital is to be seen as a "legal risk" placement, that is, the child is not considered to be legally free for adoption. [4.14]

The prospective adoptive parents with whom the child is placed should fully understand the legal risk that is involved in such situations and should attest in writing to their understanding of that risk. [4.14] Agencies should advise prospective adoptive parents that the birth parents may request return of the child and that adoption may not be pursued until such time as the birth parents complete all required legal documents.

The birth parents should be fully informed of all aspects of legal risk placements, including their legal rights. [1.16]

The birth parents should be informed that temporary foster care is an available option that gives them time to make the decision whether to place their child for adoption.

### **3.6 Assessing and Meeting the Health Care Needs of Children Prior to Adoption**

Agencies should ensure that both the remedial and ongoing health care needs of each child requiring adoption are assessed and met by appropriate health care professionals and that the child's physical, mental health, developmental, and dental health care needs are met. [3.10] [FFC 1995: 2.63, 2.64, 2.66–2.68]

Each child should have a descriptive health services plan that specifies his or her current needs and projected needs.

### **3.7 Placing Siblings Together**

Siblings should be placed together both in out-of-home care and adoption unless the serious, specific needs of one or more of the siblings justifies separation. The decision to separate siblings should be based on a carefully documented and reviewed determination that such separation is necessary. [1.13] [FFC 1995: 2.30]

Separation of siblings should occur rarely and should be seen as an exception to agency policy.

Agencies should make continuous efforts to find foster and adoptive families who can provide care, whether temporary or permanent, for entire sibling groups.

Many family foster care placements result in adoptions by the foster parents. Separating siblings in the initial placement in family foster care may create obstacles to keeping siblings together or reuniting them and may lead to their separation later in adoption planning.

If children are placed in separate foster families for years and then become legally free for adoption, a difficult choice often must be made between keeping the children where they are already settled and attached, or reuniting them with their siblings. Such decisions must be made on an individual case basis.

The decision to separate siblings should not be based on perceived difficulties in finding a family in which they might

live together, but on a careful assessment and review of the needs of each child in the sibling group.

In some instances, separation may be indicated (e.g., when one child is severely disturbed or disabled or has extreme medical needs that make it unlikely that one family will be able to meet the needs of the entire sibling group).

### **3.8 Maintenance of Sibling and Other Relationships**

On the rare occasion when siblings must be placed in separate families, siblings should be helped to maintain contact with each other, unless such contact is clearly contraindicated.

Adoptive families should be willing to commit themselves to helping their adopted child maintain contact with his or her siblings. [1.13, 4.15, 6.17]

Some children may wish to maintain ties to their former foster brothers and sisters, former foster parents, and others. Adoptive parents should be supported in helping to understand and honor these connections. [6.18]

### **3.9 Adoption Services for Children Subject to the Provisions of the Indian Child Welfare Act**

When American Indian children are placed with adoptive families, the agency providing adoption services should comply fully with the provisions of the Indian Child Welfare Act of 1978, which specifies the following placement preferences for such children: (1) with a member of the child's extended family; (2) with other members of the child's tribe; (3) with members of other tribes; or (4) with a non-American Indian family.

The agency providing adoption services should document all efforts to follow this order of placement preference.

As it should with all children, permanency planning for American Indian children should begin at the time of intake and referral. Members of the extended family, who traditionally serve as natural support systems in American Indian cultures, should be thoroughly explored as resources for children. Child placement agencies and federal, state, and tribal organizations

should make committed efforts to recruit foster and adoptive families that reflect the tribal identity of the children and families whom they serve.

## Assessment of Children

The comprehensive assessment of a child prior to adoptive placement serves to identify the unique needs and strengths of the child and the type of family that will be best able to provide a safe and nurturing permanent family for the child.

### **3.10 Assessment and History Gathering**

The agency providing adoption services should conduct a comprehensive assessment of those children for whom the permanency plan is adoption. The assessment should encompass any information required to be collected and disclosed by state law, as well as the child's and birth family's health and background information.

At a minimum, the following health and background information should be collected and disclosed to prospective adoptive parents:

- As available, the child's current medical, dental, developmental, and psychological history, including an account of the child's prenatal care, medical condition at birth, and developmental milestones; any drugs or medications taken by the child's birth parents during pregnancy; any prior medical, psychological, or psychiatric examinations and diagnoses of the child; any physical, sexual, or emotional abuse or neglect suffered by the child; any developmental assessments reflecting deviations from typical development; the child's current developmental level; and a record of any immunizations and health care received while in out-of-home or other care.
- Relevant information concerning the medical or mental health history of the child's birth parents, siblings, and relatives, including multiple generations whenever possible; any known disease or hereditary predisposi-

tion to disease; age and cause of death of close relatives of the birth parents; any notably positive health findings such as longevity; any addiction by birth family members to drugs or alcohol; the health of the child's mother during her pregnancy; and the health of each parent at the time of the child's birth.

- Relevant information concerning the social history of the child, including:
  - the child's personality and temperament, including sensitivities, likes and dislikes, and special aptitudes and interests, particularly for the older child;
  - the child's enrollment and performance in school, results of educational testing, and any special educational needs;
  - any significant events that could affect the child's capacity to relate to a new family;
  - an account of the child's past and existing relationships with any individuals with whom the child has regularly lived or visited;
  - any history related to the child's placement in out-of-home care, including reason for placement, attachments and moves prior to placement, length of time in care, type of care (family foster care, group care, residential treatment), number of placements and reasons for re-placements;
  - letters, pictures, videotapes, gifts, etc., from the birth family for the child; and
  - reasons for the child's adoptive placement.
- Relevant information concerning the social history of the child's parents, siblings, and other relatives, including:
  - the family's racial, ethnic, cultural, and religious background, and a general description of the child's parents, siblings, and other close relatives, if known (to include a photograph of the child's parents whenever possible);

- specific information on the child’s racial, ethnic, or cultural background if distinct from that of other members of the family;
- relationship of the parents and their reason(s) for selecting adoption as a plan;
- tribal affiliation of an American Indian family, as well as other information needed to clarify the legal status of such children and the tribal jurisdiction regarding their adoption;
- level of educational attainment of birth parents and siblings of the child, if any, including information about any known learning disabilities;
- special skills, interests, or aptitudes;
- specific accomplishments of the birth parents or other members of the birth family;
- employment and/or vocational information of the birth parents;
- any background information related to criminal convictions for a felony, previous judicial orders terminating parental rights, or substantiated reports of child abuse or neglect; and
- any long-term history of multiple generations that provides a picture of the birth family over time.

### **3.11 Assessing eligibility for state or federal benefits**

As part of its assessment of the child for whom adoption is the permanency plan, the agency providing adoption services should obtain that information necessary to determine the child’s eligibility for state or federal benefits, including adoption subsidies and financial, medical, or similar assistance.

### **3.12 Psychological Testing**

The agency providing adoption services should conduct or permit the psychological testing of a child only when clinically indicated or as a tool for observation and diagnosis of current development. All psychological tests should be culturally relevant.



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Material findings from psychological testing should be disclosed to prospective adoptive parents who are considering the adoption of the child.

### **3.13 Genetic Testing**

The agency providing adoption services should not conduct or permit the genetic testing of children solely for the purpose of an adoption evaluation.

Genetic testing should be conducted only on the advice of a physician and only when a child presents symptoms suggesting the presence of a genetically linked condition or illness. Material findings from genetic testing should be disclosed to prospective adoptive parents who are considering the adoption of the child.

### **3.14 Disclosure of a Child's Positive HIV Status**

When the agency providing adoption services is aware that a child has tested positive for HIV, the agency must disclose that information to prospective adoptive parents who are considering the adoption of the child. The disclosure should be in writing and provided as part of the health and other background information given to prospective adoptive parents, consistent with state law.

### **3.15 Disclosure of Health and Background Information**

All material health and other background information gathered by the agency should be disclosed to the prospective adoptive parents considering the adoption of the child to the extent permitted by state law.

## **Recruitment**

Agencies with children in care or with specific child populations to place, including agencies involved in intercountry adoption, should have in place an active, ongoing recruitment

program to ensure the continuous availability of a sufficient number of potential adoptive families with diverse backgrounds and varied skills for children in need of adoption.

### **3.16 General Agency Obligation to Ensure Adoption for the Children It Serves**

To ensure the availability of a broad range of families, provide for timely placements, and best meet children's needs, the agency providing adoption services should undertake special programs and develop innovative methods to actively recruit adoptive families. [1.5, 1.12, 1.18, 8.3–8.8]

Recruitment activities should be conducted on an ongoing basis.

As part of its recruitment efforts, the agency should:

- Use the media (radio, television, newspapers, magazines) and Internet to reach a variety of cultural and ethnic groups;
- Network with community and tribal agencies whose staff and clients might include prospective adoptive parents; and
- Actively involve agency foster and adoptive parents in recruiting similar families.

Recruitment activities should be designed to make known all of the types of children for whom the agency is seeking adoptive families.

Agencies have a responsibility to aggressively recruit families of the same cultural and racial background as the children who are placed for adoption, and should strive to recruit a sufficient number of families to provide a choice of families to meet the diverse needs of every child needing adoption.

Agency policy and practice should be to welcome applicants from all racial and ethnic backgrounds.

Consistent and vigorous recruitment programs are best accomplished when agency staff members and board members are

representative of the ethnic and racial groups of the clients they serve.

Effective recruitment includes the prompt response by the agency to inquiries from prospective adopters. Agencies should provide to interested families timely and ongoing feedback that is culturally respectful and consistent with federal and state statutes and policies.

### **3.17 Collaboration with Other Agencies to Ensure Availability of Adoptive Families for All Children in Out-of-Home Care**

The agency providing adoption services should, directly or through collaboration with other agencies, recruit, assess, and prepare for adoption a sufficient number of families to meet the needs of all children in out-of-home care who need adoption, including children in group and residential care.

The agency should accept responsibility for providing all children in need of adoption with adoptive families and should not limit its adoption services to those children for whom adoptive families can be readily recruited. [1.12, 1.18]

The agency should be prepared to help develop families with whom it may not be able to place a child but whom it can refer to an adoption resource exchange, or photolisting service, or for whom it will agree to provide preplacement or postplacement services through arrangements with another agency. [8.4]

Through such collaborative initiatives, interjurisdictional obstacles to adoption can be eliminated.

### **3.18 Child-Specific Recruitment of Adoptive Families**

Each individual child, not just representative children, for whom an adoptive family has not been identified should be included in a variety of recruitment activities designed to lead to the prompt adoption of that child.

To increase the visibility of waiting children, agencies should list all waiting children on state, regional, tribal (as appropri-

ate), and national adoption exchanges and photolisting services, including those that use the Internet; participate in such programs as “Wednesday’s Child” features, which highlight specific waiting children; and use both free and fee-based, out-of-state placement resources as needed to secure adoptive families for waiting children.

## Preparation of Children for Adoption

To ensure a successful adoption experience, the agency providing adoption services should carefully prepare the child both for adoption as a permanency option and for the specific prospective adoptive family.

### **3.19 Participation of Children in Adoptive Planning and Placement**

The child for whom the permanency plan is adoption should be an active participant in planning for the adoption and should have an opportunity to express a choice to the fullest extent possible, consistent with his or her age and developmental level.

The move to an adoptive family represents a profound change in the life of a child. A child may well perceive the move as yet another traumatic life experience, especially if the child has been abused or neglected, has been with the same foster family for an extended period, or has experienced multiple placements prior to adoption.

Active participation by the child in planning for the placement and exercising choices in the process where possible increase the child’s sense of control and lessens his or her sense of helplessness.

### **3.20 Preparation of Children for Adoptive Placement**

The agency providing adoption services to a child, particularly an older child, needs to carefully prepare the child for adoption prior to the placement with an adoptive family, consistent with the child’s age and development.

For children to emotionally attach to a new family, they must understand what has happened to them and their birth family, why they entered care, and why they cannot return to their birth family. They need to be able to give themselves permission to have more than one family, be helped to visualize what their new family might be like, and understand, to the extent possible, why such a new family is in their best interest.

Counseling with children should be adapted to their age and level of development. Counseling may include both individual and group work; use of play to act out various life events; completion of life books with the active participation of the child; use of art therapy; and other techniques that actively involve the child.

The plan for preplacement visiting and possibly moving into the adoptive family should be described to the child in a manner consistent with the child's age and developmental level. For out-of-state placements, where the logistics of preplacement visiting may be more complex, videotapes and picture books should be used, along with telephone calls, to reduce the child's anxiety.

Specific information about the particular family under consideration should be shared with the child, including pictures of family members and descriptions of what the family is like. A family book prepared by the family can help acquaint the child with the family prior to placement.

Support and counseling should be available to the child, depending on his or her age and developmental level, to help with the feelings typically experienced by children in need of adoption.

The child may experience grief reactions and divided loyalties as he or she moves through the adoption process. Counseling can provide the child with an opportunity to ask questions or express concerns about the adoption.

If the social worker responsible for helping the child move into the adoptive family is new to the child, the child needs to be given sufficient time to become comfortable

enough with the new worker to express his or her feelings and opinions.

Children living in orphanages or other out-of-home care settings in other countries, especially older children, should be carefully prepared for the adoption experience. These children frequently must leave behind every familiar aspect of their lives and should be allowed to take items with them that will help them preserve memories of their experiences before adoption.

### **3.21 Role of Foster Parents or Other Caregivers in Preparing a Child for Adoption**

When adoptive placement means separation of the child from the family with whom he or she has lived, the agency providing adoption services should help both the child and his or her caregivers to deal with their feelings about the planned change.

Foster parents and other caregivers, whether kin or staff of group homes or residential treatment settings, should actively participate in preparing the child for each step of the placement.

Foster parents and other caregivers can be especially valuable in providing specific information about the child's likes and dislikes; the child's daily schedule; and the expectations of children in the current placement. In various ways, current caregivers can help the child make the change from one family to another.

Foster parents and other caregivers who are attached to the child may need an opportunity to express their feelings of loss related to the child's adoption.

### **3.22 Group Preparation of Children for Placement**

The agency providing adoption services should use age-appropriate groups, as available, to enhance the preparation of children for adoption.

In addition to their individual preparation through social work

services and the use of such techniques as lifebooks, children for whom the permanency plan is adoption may benefit from the opportunity to share their feelings and experiences with other children moving into adoption, as well as to learn from children who have already experienced adoption.

### **3.23 Development and Disclosure of Other Information Related to the Child's Sense of His or Her Past**

In recognition of and respect for the adopted child's need for a sense of his or her history as integral to building identity, the agency providing adoption services should gather and develop other information to provide to the adoptive family to assist the child in knowing his or her own history.

Older children should have available to them information that provides them with a sense of history and identity; such information may also be important later to a child placed for adoption as an infant. Resources that an agency may develop itself or work with others to develop include:

- Life books for children;
- Photographs of the child at regular intervals, beginning at infancy or entry into care;
- Photographs of persons who are significant in the child's life prior to adoption; and
- Books prepared by the child's birth parents with letters, pictures, or other mementos for the child.

Adoptive parents who adopt internationally should be encouraged to travel to the child's country of origin to take photographs of the child's residence/orphanage, other children whom the child knows, and the child's caregivers.

### **3.24 Ongoing Services for Children**

The agency providing adoption services should recognize that adoption is not an event but a lifelong process for the child and should ensure that appropriate postplacement and postlegalization services are available. [1.14]

# 4

## The Practice of Adoption: Services for Adoptive Applicants and Parents

To ensure that all children who need adoptive families are well served through adoption, quality services must be provided to prospective adoptive parents, both at the time they initially express interest in adoption and throughout the assessment and preparation process.

General orientation sessions and a range of other activities can encourage interest in adoption and ensure that adoptive families are available for all children who need them. For those individuals who wish to pursue adoption, the agency should have a clearly defined assessment process that facilitates a mutual determination by the agency and the applicant of the applicant's readiness to adopt. All adoptive resources for children—including foster parents, relatives, and unrelated families—should be given full consideration.

Agencies should continue to provide adoptive families with ongoing information and support following the decision to recommend them as adoptive resources through placement and beyond [1.14], as described further in Chapters Six and Seven.



## Responding to Adoptive Applicants' Interest in Adopting

### **4.1 Criteria for Accepting Individuals as Adoptive Applicants**

The agency providing adoption services should retain flexibility in establishing and interpreting criteria for accepting individuals as adoptive applicants to allow a wide range of individuals to consider adoption as a plan for their family.

The agency's eligibility requirements for adoptive applicants should be designed to allow for creativity in developing families as resources rather than to inappropriately eliminate families from consideration.

Agencies may have differing criteria for accepting individuals as adoptive applicants, depending on such factors as their auspices, missions, and geographic coverage. Some may retain specific requirements such as income, length of marriage (if applicable), religious affiliation, and age of prospective adoptive parents.

Social or economic position, or the ability to exert influence or to pay a high fee, should not be factors in the decision to accept individuals as adoptive applicants.

The agency providing adoption services should clearly define its criteria and explain the reasons for them so that those criteria do not appear to be arbitrary. [7.28]

In intercountry adoption, referring countries may impose additional requirements for prospective adopters; such criteria should be clearly explained to the applicants by the agency providing adoption services.

### **4.2 General Orientation**

Agencies should treat individuals interested in adoption respectfully, should respond to their expressions of interest promptly, and should give them an opportunity to participate in an orientation to learn more about adoption generally without first going through a written application process.

The orientation should give those attending an opportunity to

determine whether the types of adoption the agency provides are the types of adoption in which they are interested; whether they meet the agency's requirements; and whether they are ready to begin the adoption process. As part of the orientation, the agency should provide potential adoptive applicants with a realistic idea of the children needing adoption, a summary of the agency's services and procedures, and the next steps in the process if the individuals choose to pursue their interest in adoption.

Orientation opportunities should be geographically accessible, be offered frequently throughout the year, and be held at various hours (both on weekends and on weekdays) to enable all interested individuals to attend.

The orientation should provide an opportunity for the exchange of factual information regarding:

- The potential applicants' interest in adoption, including the type of child they believe they can best parent (e.g., age, gender, special needs);
- General information about the range of adoption alternatives (infant, intercountry, adoption from out-of-home care);
- Agency requirements and the reasons for them;
- Fees, if any, and various forms of financial assistance available for adoption;
- Numbers and types of children the agency has placed, and types of children in need of adoption;
- Trends in adoption practice, including openness options and attitudes;
- Preplacement and placement services, including the rationale for such services, and methods of preparing adoptive families;
- Postplacement and postlegalization services provided by the agency and others in the broader community;
- Required child abuse and criminal records checks and use of references; and
- Legal procedures in adoption.

## Assessment and Preparation of Adoptive Applicants

### **4.3 Mutual Assessment Process**

The agency providing adoption services should involve the adoptive applicants in the process of determining (1) whether they are capable of becoming parents who can meet the needs of an adopted child, and (2) what type of child could both benefit from joining their family and bring them the satisfactions of parenthood.

Because the adoption of a child changes a family forever, applicants need to be actively involved in the adoption process and assess for themselves the appropriateness of adoption for their family.

The assessment process should involve applicants as equal partners in the adoption process and facilitate their growth and development as potential adoptive parents. During the assessment process, applicants can become aware of their own flexibility and capacity to grow and develop as adoptive parents.

An assessment process that encourages the open expression of views and concerns, provides support while respecting independence, and models problem solving begins to prepare applicants for the effective use of agency and community resources following adoption.

Optimally, the assessment process should include group and individual sessions and the involvement of birth parents, adopted adults, and experienced adoptive parents.

### **4.4 Goals of the Assessment and Preparation Process with Adoptive Applicants**

Adoptive applicants should be provided with sufficient information and education to allow them to make an informed self-assessment as to whether adoption is the right plan for their family.

Preparation of adoptive applicants should focus on both their request to adopt and on the support they need to develop as adoptive parents.

Information and education should be provided to assist applicants to:

- Decide whether the adoption of children in need of a family is the best plan for them or whether some other way of meeting their need to parent may be more appropriate;
- Participate in the mutual assessment of their capacity for meeting the needs of the children needing adoption;
- Understand their own life experiences and how these might impact parenting;
- Develop and expand their capacity for being adoptive parents;
- Understand that adoption is a lifelong experience;
- Understand the effect of adoption on child, adolescent, and adult development;
- Anticipate and be prepared to address issues that may arise during and after a child's entry into the family, including the effect of adoption on other children in the family;
- Consider the benefits and challenges of open adoption and the various levels of openness in their adoption plan; and
- Be prepared for the placement of the particular child who will be added to their family.

#### **4.5 Use of References**

Although applicants are the primary source of information about their own life experiences and interest in adoption, references should be obtained from both relatives and nonrelatives (including adult children, if available) who have had the opportunity to observe the applicants in situations that offer an indication of their capacity for parenthood.

When feasible, persons providing references should be interviewed in person. At a minimum, a telephone follow-up should take place following the receipt of written references.

The agency providing adoption services should seek out and obtain information to help it determine if a child placed for adoption with the applicants will be cared for and protected. Supplementing information obtained directly from the adoptive applicants with information obtained from references may assist the agency in ensuring the protection of children placed for adoption.

The agency providing adoption services should clarify for applicants and references how the information provided by references will be used and with whom it will be shared.

#### **4.6 Child Abuse and Criminal Records Background Checks**

The agency providing adoption services should conduct child abuse and criminal records background checks on each adult household member in the potential adoptive family, consistent with state and federal law.

Supplementary information can be obtained through state child abuse registries and law enforcement authorities. Information obtained through these background checks should be interpreted in relation to the applicants' capacity to parent a child through adoption.

#### **4.7 Nondiscrimination in Provision of Services to Adoptive Applicants**

All applicants should have an equal opportunity to apply for the adoption of children, and should receive fair and equal treatment and consideration of their qualifications as adoptive parents, consistent with state and federal laws. [1.18]

Applicants should be assessed on the basis of their abilities to successfully parent a child needing family membership and not on their race, ethnicity or culture, income, age, marital status, religion, appearance, differing life style, or sexual orientation.

Applicants should be accepted on the basis of an individual

assessment of their capacity to understand and meet the needs of a particular available child at the point of the adoption and in the future.

#### **4.8 Goal of the Adoption Homestudy and Preparation Process**

The adoption homestudy and preparation process should lead to the final decision as to whether the agency will recommend placement of a child with the applicants and if so, the type of child for whom the applicants would be an adoptive resource. The process should also be used to establish a relationship with the adoptive applicants that will make it possible for them to continue to use the support and services of the agency, both during the selection and placement of the child, during the postplacement period, and after the legalization of the adoption. [1.14]

The agency providing adoption services should use interviews and group meetings with the adoptive applicants (separately, together, and as a family) as part of its assessment and preparation process.

During the assessment and preparation process, the adoptive applicants should be helped to:

- Recognize feelings, attitudes, and implications of infertility, where applicable;
- Explore feelings about birth parents, including possible biases;
- Recognize feelings about explaining adoption to a child and others;
- Discuss the impact of grief and loss, attachment, bonding, and identity issues on all triad members in the life-long process of adoption;
- Discuss the developmental impact of adoption on a child and on the entire family;
- Learn how to adapt discipline and behavior management approaches in relation to a child's background and needs;

- Explore the potential implications of a child's health and social background on his or her future development;
- Gain an understanding of a child's intellectual and emotional development, conditions, and needs, including the impact of previous placements;
- Gain an appreciation for both the importance of genetics and environment in a child's development;
- Explore the levels of openness possible among members of the adoption triad;
- Become aware of relevant ethnic, cultural, and religious factors in adoption and how to honor and respect differences; [1.15]
- Explore the feelings and concerns of other biological and adoptive children toward a new placement, if applicable;
- Discuss how to handle issues that could possibly lead to disruption; and
- Develop knowledge of the need for and identify available services beyond placement and legalization (see Chapter Six).

#### **4.9 Content of the Adoption Homestudy and Preparation Process**

The adoption homestudy and assessment should include an in-depth psychological and social history of the adoptive applicants and should consider the characteristics that are presumed, on the basis of present knowledge, to provide the best indication of capacity for adoptive parenthood.

Characteristics that should be considered include the applicants' emotional maturity; interpersonal relationships quality (including spouse, family, and significant others); family stability; capacity to parent children in need of family membership; attitudes toward childlessness (if applicable); reasons for adopting; respect for a child's connection to the past; readiness to adopt; and ability to access community resources.

#### **4.10 Providing Applicants with Information about Financial Resources**

As part of the homestudy and preparation process, the agency providing adoption services should give the adoptive applicants detailed written information about the full range of financial supports, medical assistance, and services available following adoptive placement and adoption.

Available financial resources should be briefly outlined at the initial orientation meeting and discussed in detail early in the homestudy process with all applicants.

Information on adoption tax credits, employee adoption benefit programs, and the range of financial supports available to those adopting healthy children should be presented to the adoptive applicants.

For those considering adopting U.S.-born children with special needs, additional information should be provided on available state and federal adoption subsidies and medical assistance, determining a child's eligibility for adoption assistance, determining the available subsidy level, negotiating subsidies, and coordinating adoption assistance and medical assistance across state lines.

#### **4.11 Updating the Adoption Home Study**

The agency providing adoption services should update the information it has about a potential adoptive family at least annually.

Updated information about the adoptive family should include, but not be limited to:

- The applicants' continued interest in adoption;
- Changes in the type of child the applicants are seeking;
- Changes in family composition;
- Changes in the health of any family member; and
- Changes in the family's employment, income, or housing.



#### **4.12 Preparing Families for Various Levels of Openness in Adoption**

Education about and consideration of the benefits and challenges of openness in adoption should be an integral part of the homestudy and preparation process for all adoptive applicants. [1.17]

Adopted individuals, birth families, and adoptive families are best served by a process that is open, honest, and supportive of the concept that all information, including identifying information, may be shared between birth and adoptive parents.

The degree of openness in any adoption should be arrived at by mutual agreement based on a thoughtful, informed decisionmaking process by the birth parents, the prospective adoptive parents, and the child, when appropriate. Educating applicants during the homestudy process about the range of openness in adoption provides them with time to explore their attitudes and possibly expand the level of openness with which they will be comfortable in adoption.

#### **4.13 Preparing Participants in Identified or Designated Adoptions**

The agency providing adoption services should support plans already in place between birth and prospective adoptive parents unless it is determined that those plans place the child at risk of harm, and should help prepare the birth and adoptive families to meet the needs of the child.

*Identified or designated adoptions* are those in which birth parents have selected and agreed to place their child with specified adoptive parents and an agency provides full assessment, preparation, and counseling to the birth and adoptive families both before and after placement. The agency also ensures that relinquishment and legal consummation of the adoption are completed in a legally correct manner.

Both the birth and the adoptive parents should receive written guidelines that set forth the agency's services and the conditions under which the agency will participate in identified or designated adoptions.

If the agency is concerned about the appropriateness of the identified or designated adoption arrangement, it should fully inform all parties of its concerns and facilitate discussion and resolution of the issues, if possible.

#### **4.14 Preparing Families for Legal Risk Placements**

In placements in which the child is not legally free for adoption, the agency providing adoption services should educate the prospective adoptive parents about the risks and challenges inherent in such placements, and should provide them with written documentation concerning those risks.

Placements in which the child is not legally free for adoption are known variously as *legal risk placements* or *fost/adopt placements*.

The agency should make clear to the prospective adoptive parents, both orally and in writing, that

- The first goal of legal risk placement is reunification of the child with the birth parents.
- The first permanency plan in legal risk cases is to provide services to the birth parents to determine whether they are willing and able to assume parenting responsibilities for their child.
- If it becomes necessary for a new permanency plan to be developed, the family currently caring for the child will be given first consideration to adopt the child.

The prospective adoptive parents should acknowledge in writing that the restrictions of legal risk placements have been fully discussed with them and that they understand the limitations inherent in legal risk adoptions.

#### **4.15 Preparing Families to Acknowledge a Child's Past Attachments/Relationships**

The agency providing adoption services should educate prospective adoptive families about the need of adopted children to grieve those they must leave behind if the adoption will not be open. [1.17]

Children may establish bonds with birth family members, foster parents, special caregivers, or other children prior to their adoptive placement or while in family foster care or out-of-home care.

Unacknowledged breaks in attachment, especially for older children, can negatively impact their capacity to form new attachments with an adoptive family and to form other meaningful relationships in the future. The agency providing adoption services needs to prepare prospective adoptive families to recognize this grieving process in children and to be responsive to the children's needs.

#### **4.16 Preparing Families to Meet the Needs of Children Adopted from Other Countries**

The agency providing adoption services should educate those prospective adoptive families considering intercountry adoption about the dramatic changes such children encounter and the potential consequences of these changes on their adjustment and development. [3.19]

Children adopted across national boundaries experience profound changes in virtually every aspect of their lives: diet and eating habits; living arrangements (from an institutional, structured setting that often, though not always, lacks primary, consistent caregivers to an intimate, flexible family setting); language; sleeping patterns; clothing; and even the physical environment and climate.

Children may initially regress as they cope with these multiple changes.

## Approving Applicants as Adoptive Resources

#### **4.17 Basis for Decision on Application for Adoption**

The decision to recommend applicants for adoption should be based on a determination that the applicants are able to make a lifelong commitment to, protect and nurture, and provide a safe, loving, and permanent family for a child not born to them. The

decision not to recommend applicants for adoption should be based on a determination that the applicants are unlikely to be able to meet the needs of an adopted child or are unlikely to find satisfaction in adoptive parenthood; or that the applicants' interests in adopting certain types of children do not respond to the needs of the children in need of adoptive families. [4.1, 4.7]

#### **4.18 Responsibility for Decision Regarding Recommendation of Applicants for Adoption**

Responsibility for the final decision about whether to recommend a family for the adoptive placement of a child rests with the agency providing adoption services.

The decision to recommend or not recommend an applicant for adoptive placement should be jointly made, at a minimum, by the adoption worker and supervisor. Preferably, the decision should be reached within a team process to ensure fair consideration of every applicant. [4.7]

#### **4.19 Communication of the Decision to the Applicants for Adoption**

The agency providing adoption services should notify the adoptive applicants in writing when they have been recommended for an adoptive placement and provide them with information about the next steps in the process. The decision not to recommend approval for an adoptive placement should be shared with the applicants as early as possible, preferably in a personal interview.

The mutual decisionmaking process called for throughout the course of the assessment and preparation process should provide applicants with a sense of how the process is going. As applicants come to understand the qualifications of adoptive parenthood, and the needs of children available for adoption, they should be helped to decide for themselves whether adoption is suitable for them.

In the event that the final decision of the agency is to not recommend that a child be placed, the applicants should be in-

formed of this decision in writing, be given the opportunity to be seen in person, and be given the reasons for the decision.

The agency providing adoption services should have an appeal process in place and should inform applicants in writing of the availability of that process and its structure.

#### **4.20 Services to Adoptive Applicants with Whom the Agency Cannot Place a Child**

For those applicants with whom it cannot place a child, the agency providing adoption services should, when appropriate, offer or provide community-based referrals to social work support services through agency programs or community resources.

Although the agency providing adoption services should primarily be concerned with whether applicants can be helped to meet the needs of an adopted child, both the applicants and the community should recognize that agencies providing adoption services are not able to, and cannot be expected to, provide help for many of the problems associated with childlessness. Community services such as fertility clinics, marital counseling centers, and mental health agencies should be available to provide such help.

When indicated, the agency providing adoption services should assist applicants in obtaining such services.

## Developing Adoptive Resources for All Children Who Need Adoptive Families

#### **4.21 Consideration of All Potential Adoptive Resources**

The agency providing adoption services should consider all potential adoptive resources available to the child, including foster parents, relatives, tribal members, and persons not related to the child, provided that the individuals being considered can meet the needs of the child.

The agency should give particular consideration to current caregivers who express an interest in adopting the child and with whom the child has an emotional bond. [4.22, 4.23]

#### **4.22 Foster Parents as Adoptive Parents for Children in Family Foster Care**

If return to the birth parents is not in the child's best interest and the foster parents have expressed interest in adoption, the foster parents should be carefully assessed to determine the feasibility of adoption, and their willingness and ability to meet the child's ongoing developmental, cultural, and permanency needs.

Consideration of the foster parents as adoptive parents for the child is especially relevant when the child has been with the foster parents for a significant period of time. Adoption by foster parents can provide a highly stable permanent family because of the knowledge that foster parents have of the child and the child's family, their years of experience with the child, and the attachments that have been formed. Foster parent adoptions can provide legal permanency for the child without the necessity of another break in the continuity of parenting.

Foster parents should be educated as to the real and significant differences between the shared parenting of foster care and the complete responsibility of adoptive parenting. They should be provided with the same quality of preparation for adoption that new applicants receive so that they understand and accept these differences in roles and responsibilities.

#### **4.23 Kinship Caregivers as Adoptive Parents for Children in Formal Kinship Care\***

When children who are in the custody of the public agency and being cared for by kin cannot be reunited with their parents, the agency providing adoption services should encourage and support the kinship caregivers in considering adoption as a preferred permanency alternative. [ 1.9, 1.10]

Adoption by kinship caregivers can have many advantages for children who cannot be reunited with their parents.

- Adoption provides a legal security that kinship care cannot.

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\* Agencies should refer to CWLA's *Standards of Excellence for Kinship Care* [CWLA 2000] for additional guidance on assessing kin as adoption resources for children.

- The child adopted by kin can maintain connections to his or her family history and cultural identity.
- The child adopted by kin can remain connected to his or her extended family network.

Adoption by kin, however, also involves many complex family dynamics that must be addressed throughout the decision-making process. A family assessment of kin considering adoption should assess risk to and safety of the child in the home, and determine the willingness and ability of the caregivers to provide a safe, stable, nurturing home that meets the needs of the child.

#### **4.24 Adoption of Children in Out-of-Home Care by Individuals Not Related or Known to the Child**

If return to the birth parents is not possible and foster parent and relative adoptions have been ruled out as permanency options, the agency providing adoption services should identify and prepare a new, unrelated adoptive family for the child.

Often, approved families will be available; at other times, a family will need to be recruited for a specific child. [3.16–3.18]

The agency should strive to have prepared adoptive families available and waiting for children who are free for adoption. [1.3–1.5]

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# EXHIBIT 53

# LGBT Parenting in the United States



by Gary J. Gates  
February 2013

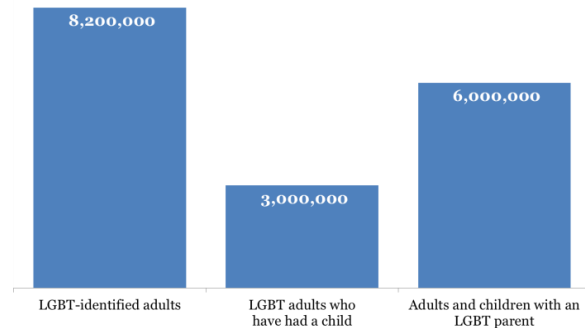
## Executive Summary

This research brief analyzes multiple data sources to provide a demographic portrait of LGBT parenting in the United States. Main findings from the report include:

- An estimated 37% of LGBT-identified adults have had a child at some time in their lives.
- An estimated 3 million LGBT Americans have had a child and as many as 6 million American children and adults have an LGBT parent.
- Among those under age 50 who are living alone or with a spouse or partner, nearly half of LGBT women (48%) are raising a child under age 18 along with a fifth of LGBT men (20%).
- More than 125,000 same-sex couple households (19%) include nearly 220,000 children under age 18.
  - More than 111,000 same-sex couples are raising an estimated 170,000 biological, step, or adopted children.
  - Same-sex couples who consider themselves to be spouses are more than twice as likely to be raising biological, step, or adopted children when compared to same-sex couples who say that they are unmarried partners (31% versus 14%, respectively).
  - Same-sex couples raising children are four times more likely than their different-sex counterparts to be raising an adopted child. An estimated 16,000 same-sex couples are raising more than 22,000 adopted children in the US.
  - Same-sex couples are six times more likely than their different-sex counterparts to be raising foster children. Approximately 2,600 same-sex couples are raising an estimated 3,400 foster children in the US.
  - More than a quarter of same-sex couples raising children (25.6%) include children identified as grandchildren, siblings, or other children who are related or unrelated to one of the spouses or partners. Approximately 32,000 same-sex couple households include more than 48,000 such children.
- Same-sex couple parents and their children are more likely to be racial and ethnic minorities.
  - An estimated 39% of individuals in same-sex couples who have children under age 18 in the home are people of color, compared to 36% of those in different-sex couples who are non-White.
  - Among children under 18 living with same-sex couples, half (50%) are non-White compared to 41% of children living with different-sex couples.
- Childrearing among same-sex couples is most common in Southern, Mountain West, and Midwest regions of the country. States with the highest proportions of same-sex couples raising biological, adopted or step children include Mississippi (26%), Wyoming (25%), Alaska (23%), Idaho (22%), and Montana (22%).
- LGBT individuals and same-sex couples raising children evidence some economic disadvantage.
  - Single LGBT adults raising children are three times more likely than comparable non-LGBT individuals to report household incomes near the poverty threshold.
  - Married or partnered LGBT individuals living in two-adult households with children are twice as likely as comparable non-LGBT individuals to report household incomes near the poverty threshold.
  - The median annual household income of same-sex couples with children under age 18 in the home is lower than comparable different-sex couples (\$63,900 versus \$74,000, respectively).

**Figure 1. LGBT Parenting in the United States**

Gallup Daily Tracking Survey, June-Sept 2012;  
General Social Survey 2008/2010  
National Transgender Discrimination Survey



**Introduction**

This research brief offers analyses from several data sources to provide a demographic portrait of lesbian, gay, bisexual and transgender (LGBT) parenting in the United States. Data sources include the 2008/2010 General Social Survey, the Gallup Daily Tracking Survey, Census 2010, and the Census Bureau’s 2011 American Community Survey (ACS). Details on the data sources are provided in the Methodology section.

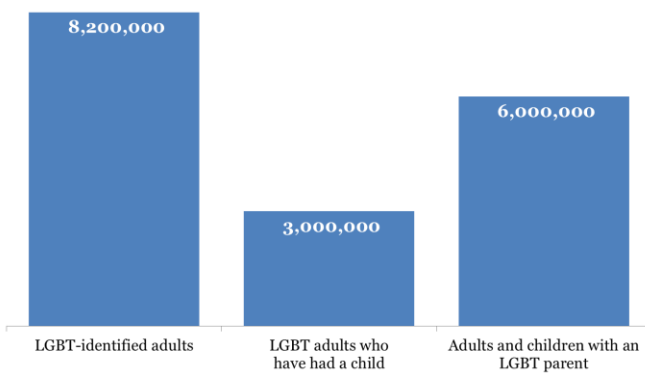
**How many LGBT people have ever had a child?**

Analyses of the 2008/2010 General Social Survey (GSS) estimate that 37% of lesbian, gay, or bisexual (LGB) identified individuals have had a child. A similar proportion of transgender respondents (38%) in the [National Transgender Discrimination Survey](#) (NTDS) indicated that they were parents.<sup>1</sup>

[Census 2010](#) tabulations find that there are nearly 235 million adults age 18 and older in the US and data from the [Gallup Daily Tracking Survey](#) show that an estimated 3.5% of adults in the US self-identify as LGBT. This implies that there are more than 8.2 million LGBT-identified adults in the US. Applying the parenting figures from the GSS and NTDS data implies that an estimated 3 million LGBT individuals have likely had a child (see Figure 1).

**Figure 1. LGBT Parenting in the United States**

Gallup Daily Tracking Survey, June-Sept 2012;  
General Social Survey 2008/2010  
National Transgender Discrimination Survey



<sup>1</sup> GSS respondents are asked, “How many children have you ever had? Please count all that were born alive at any time (including any you had from a previous marriage).” The NTDS figure is based on multiple questions about having and parenting children.

The GSS data also show that, on average, LGB individuals who have had children report having two children. If this is also true for transgender individuals, it means that as many as 6 million American children and adults have an LGBT parent. This implies that approximately 2% of Americans have an LGBT-identified parent.

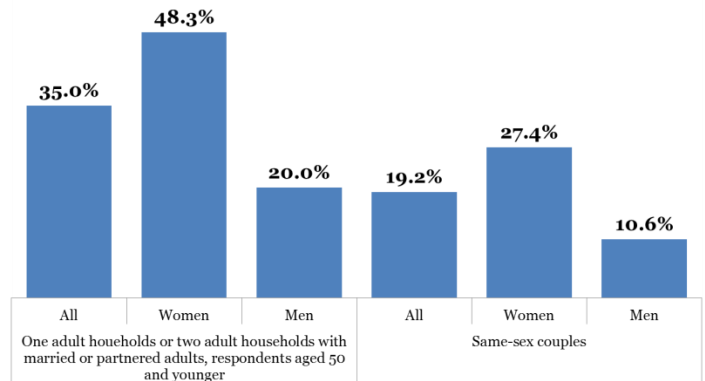
**How many LGBT people are parenting young children?**

Gallup Daily Tracking Survey data only provide information about the presence of children under 18 in the home instead of actual parenting status. To assess the likelihood of parenting among LGBT and non-LGBT individuals, these next analyses consider comparisons among those most likely to be in a parental role with any children in the household: men and women age 50 or younger who are living alone or with a spouse or partner.

The data show that among this group, 35% are raising a child under age 18. This holds true for nearly half of the LGBT women (48%) in the group and a fifth of the LGBT men (20%). This compares to approximately 70% of comparable non-LGBT men and women (see Figure 2).

**Figure 2. % LGBT individuals and same-sex couples with any children under age 18 in the home, by sex**

Gallup Daily Tracking Survey, June-Sept 2012  
2011 American Community Survey



**How many same-sex couples are raising children?**

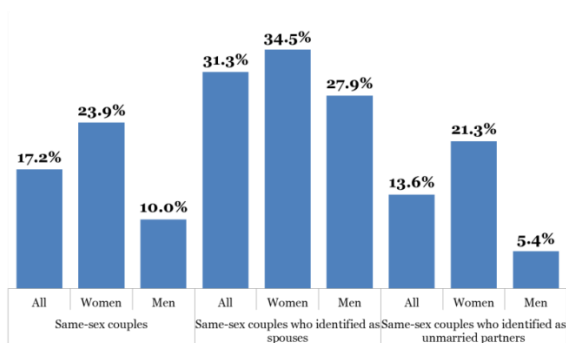
Estimates from [Census 2010](#) suggest that there are nearly 650,000 same-sex couples living in the US. Data from the 2011 ACS show that an estimated 19% of same-sex couple households include children under age 18. This is true for 27% of female couples and nearly 11% of male couples.

On average, same-sex couple households with children under age 18 include 1.75 children. This means that there are approximately 125,000 same-sex couples raising nearly 220,000 children. Approximately 3 in a thousand children (0.3%) in the US are living with a same-sex couple.

*Parenting of biological, adopted, and step children*

Among same-sex couples raising children, [Census 2010](#) estimates show that more than 111,000 same-sex couples (17%) are raising nearly 170,000 biological, step, or adopted children. Among female couples, nearly 24% are raising a biological, adopted, or step child compared to 10% of male couples (see Figure 3).

Figure 3. % Same-sex couples with biological, adopted, or step children under age 18 in the home, by relationship status and sex  
Census 2010



[Census 2010](#) figures show that same-sex couples who consider themselves to be spouses are more than twice as likely to be raising biological, step, or adopted children when compared to same-sex couples who say that they are unmarried partners. Among the same-sex couples who consider themselves to be spouses, 31% (more than 41,000 couples) are raising biological, step, or adopted children under age 18 compared to 14% (nearly 70,000 couples) of same-sex couples who consider themselves to be unmarried partners (see Figure 3).

Nearly 35% of female spousal couples and 28% of male spousal couples are raising biological, step or adopted children. For unmarried partners, the estimates are 21% and 5%, respectively.

Same-sex couples are more likely than their different-sex counterparts to have children who are not identified as biological or step-children of the spouses or partners. This includes adopted children, foster children, other related

children like siblings and grandchildren, and non-related children.

*Adopted children*

Same-sex couples raising children are four times more likely than their different-sex counterparts to be raising an adopted child. Among couples with children under age 18 in the home, 13% of same-sex couples have an adopted child compared to just 3% of different-sex couples. More than 16,000 same-sex couples are raising an estimated 22,000 adopted children in the US (see Figure 4).

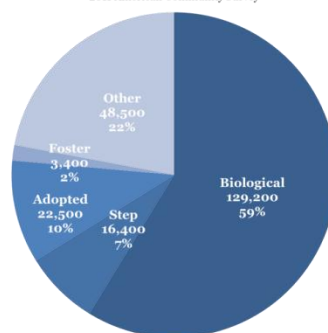
Among all children under age 18 being raised by same-sex couples, approximately one in ten (10%) are adopted, compared to just 2% of children being raised by different-sex couples. In total, 1.4% of all adopted children under age 18 living in households with same-sex or different-sex couples live in a same-sex couple household.

*Parenting of foster and other children*

Same-sex couples are six times more likely than their different-sex counterparts to be raising foster children. Among couples with children under age 18, 2% of same-sex couples are raising a foster child compared to just 0.3% of different-sex couples. Approximately 2,600 same-sex couples are raising an estimated 3,400 foster children in the US. In total, 1.7% of foster children living with same-sex or different-sex couples are being raised by same-sex couples.

More than a quarter of same-sex couples raising children (25.6%) include children identified as grandchildren, siblings, or other children who are related or unrelated to one of the spouses or partners. Approximately 32,000 same-sex couple households include more than 48,000 such children. Among these children living with couples, 0.8% live with a same-sex couple.

Figure 4. Relationship of children under age 18 to householder (person 1) in same-sex couple households  
2011 American Community Survey





**Demographic characteristics of LGBT parents and their children**

*Sex*

Among LGB-identified adults in the GSS who report ever having given birth to or fathered a child, 80% are female, compared to 57% of their heterosexual counterparts.

In the Gallup data, among single LGBT individuals or those who are partnered or married and living in a two-adult household, women comprise 72% of those raising children compared to 55% of comparable non-LGBT individuals.

Among same-sex couples with children under age 18 in the home identified in the 2011 ACS, 61% are female couples.

*Age*

LGB-identified individuals who report ever having a child in the GSS data indicate that they had their first child at a younger age than their heterosexual counterparts. The median age at which LGB individuals had their first children is 21 compared to 23 for heterosexual individuals.

Among individuals in couples, the median age for those with children under age 18 in the home is 40 for both same-sex and different-sex couples. However, same-sex adoptive parents are younger than their different-sex counterparts by about 2 years. The median age of same-sex adoptive parents is 42 versus 44 for comparable different-sex parents.

Children under 18 being raised by same-sex couples are slightly older than those being raised by different-sex couples. The median age of children under age 18 living with same-sex couples is 9 compared to 8 for those living with different-sex couples. However, adopted children living with same-sex couples are younger. They report a median age of 6 compared to a median age of 10 among adopted children living with different-sex couples.

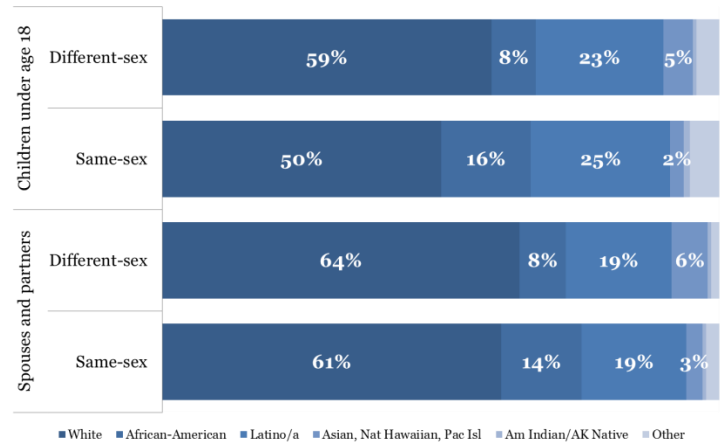
*Race/ethnicity*

Parenting is more prevalent among racial and ethnic minorities who are part of a same-sex couple. An estimated 41% of non-White women in same-sex couples have children under age 18 in the home as do 20% of comparable non-White men. Among their White counterparts, the comparable figures are 23% and 8%, respectively.

Among non-White individuals in same-sex couples, a third (33%) is raising a biological, step, or adopted child, compared to 18% of their White counterparts. For men, the same comparison is 16% versus 5%, respectively.

An estimated 39% of individuals in same-sex couples who have children under age 18 in the home are non-White, compared to 36% of individuals in different-sex couples.

**Figure 5. Race/ethnicity of spouses/partners and children under age 18, by couple type**  
2011 American Community Survey



Among children under 18 living with same-sex couples, half (50%) are non-White compared to 41% of children living with different-sex couples.

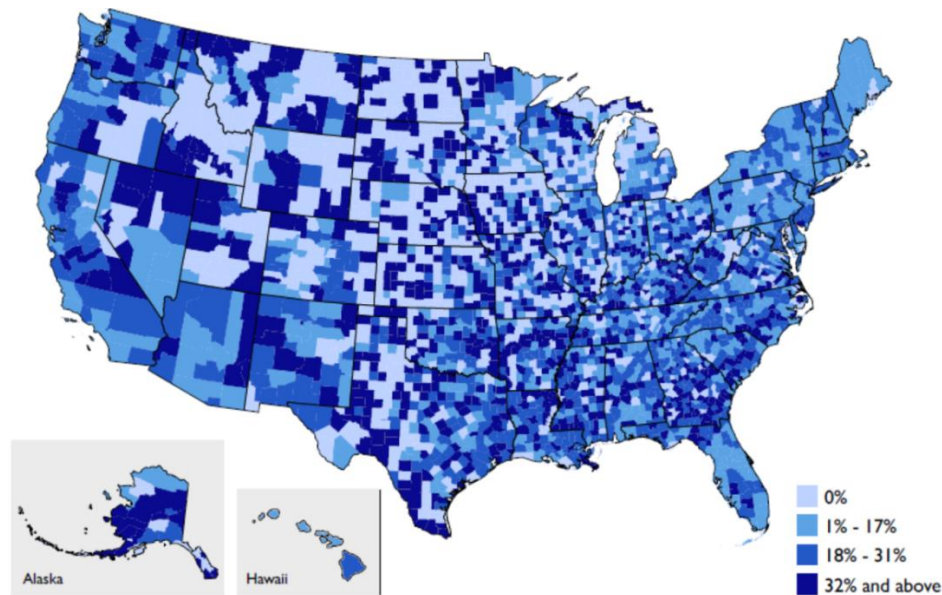
*Geographic distribution*

Childrearing among same-sex couples is highest in the South, Mountain West, and Midwest areas of the country. (see Figure 6).

States with the highest proportions of same-sex couples raising biological, adopted or step children include [Mississippi](#) (26%), [Wyoming](#) (25%), [Alaska](#) (23%), [Idaho](#) (22%), [Montana](#) (22%), [Kansas](#) (22%), [North Dakota](#) (22%), [Arkansas](#) (21%), [South Dakota](#) (21%), and [Oklahoma](#) (21%).



**Figure 6. %Same-sex couples with biological, adopted, or foster children under age 18 in the home**  
Census 2010



#### *Socio-economic status*

There is evidence of some economic disadvantage among LGBT people and same-sex couples raising children. This is perhaps not surprising given that LGBT parents and those in same-sex couples are more likely to have characteristics associated with a greater likelihood of being in poverty. For example, LGBT parents and those in same-sex couples are more likely to be female, tend to be younger, and are more likely to be racial/ethnic minorities when compared to non-LGBT people or those in different-sex couples.

Analyses of the Gallup data show that single LGBT adults raising children are three times more likely than comparable non-LGBT individuals to report household incomes near the poverty threshold (less than \$12,000 per year). Married or partnered LGBT individuals living in two-adult households with children are twice as likely as comparable non-LGBT individuals to report household incomes near the poverty threshold (less than \$24,000 per year).

The median annual household income of same-sex couples with children under age 18 in the home is lower than comparable different-sex couples (\$63,900 versus \$74,000, respectively).

Among couples with biological, step, and adopted children, the difference is slightly larger, with same-sex couples reporting median annual household income of \$63,500 versus \$74,900 for different-sex couples.

Other factors that could affect the economic circumstances of same-sex couples with children are employment and labor force participation. While 81% of individuals in both same-sex and different-sex couples with children under age 18 in the home indicate that they are in the labor force, those in same-sex couples are less likely to be employed (72% versus 76% of those in comparable different-sex couples).

Among couples with children, same-sex and different-sex couples are just as likely to have both spouses or partners employed (56%), but same-sex couples are more likely to have neither partner employed (14% versus 5% for different-sex couples). One spouse or partner is employed while the other is not among 31% of same-sex couples with children compared to 38% of comparable different-sex couples.

## **Methodology**

The analyses use four data sources as described below.

### *General Social Survey, 2008/2010*

The [General Social Survey](#) is a biannual survey conducted by NORC. Data for 2008 and 2010 are combined for these analyses, which use the online [Survey Documentation and Analysis](#) tool developed and maintained by the Computer-assisted Survey Methods Program (CSM) at the University of California, Berkeley. The data include 118 observations of respondents who identified as gay, lesbian, or bisexual.

### *Gallup Daily Tracking Survey, June-September 2012*

Gallup conducts a daily tracking survey that, since June 2012, asks respondents if they “personally identify as lesbian, gay, bisexual, or transgender.” Analyses in this report are based on the June-September data that include more than 121,000 responses, of which 3,525 answered yes to that question.

### *Census 2010*

Data from Census 2010 are based on “preferred” estimates of same-sex couples released by the US Census Bureau in 2011 (see [Gates and Cooke, 2011](#); [O’Connell and Feliz, 2011](#)).

### *2011 American Community Survey*

Analyses use the 2011 Public Use Microdata Sample (PUMS) from the American Community Survey. Couples are defined as such when a householder (Person 1 on the survey form) identifies another individual age 16 or older as his or her “husband/wife” or “unmarried partner.”

Same-sex couple data are adjusted to account for measurement error, whereby some different-sex couples, particularly married couples, miscode the sex of one partner and appear to be a same-sex couple (see [Gates and Cooke, 2011](#); [O’Connell and Feliz, 2011](#)). The adjustment procedure, described in [Carpenter and Gates \(2008\)](#), attempts to delete same-sex couples that are most likely to be different-sex couples who miscoded their sex. In doing so, the resulting sample likely under-represents actual same-sex couples who consider themselves to be spouses, as some of these couples are removed in order to eliminate most of the miscoded different-sex couples.

## **About the author**

Gary J. Gates, PhD is the Williams Distinguished Scholar and a national expert in the demographic, geographic, and economic characteristics of the LGBT population.

## **About the Institute**

**The Williams Institute** on Sexual Orientation and Gender Identity Law and Public Policy at UCLA School of Law advances law and public policy through rigorous, independent research and scholarship, and disseminates its work through a variety of education programs and media to judges, legislators, lawyers, other policymakers and the public. These studies can be accessed at the Williams Institute website.

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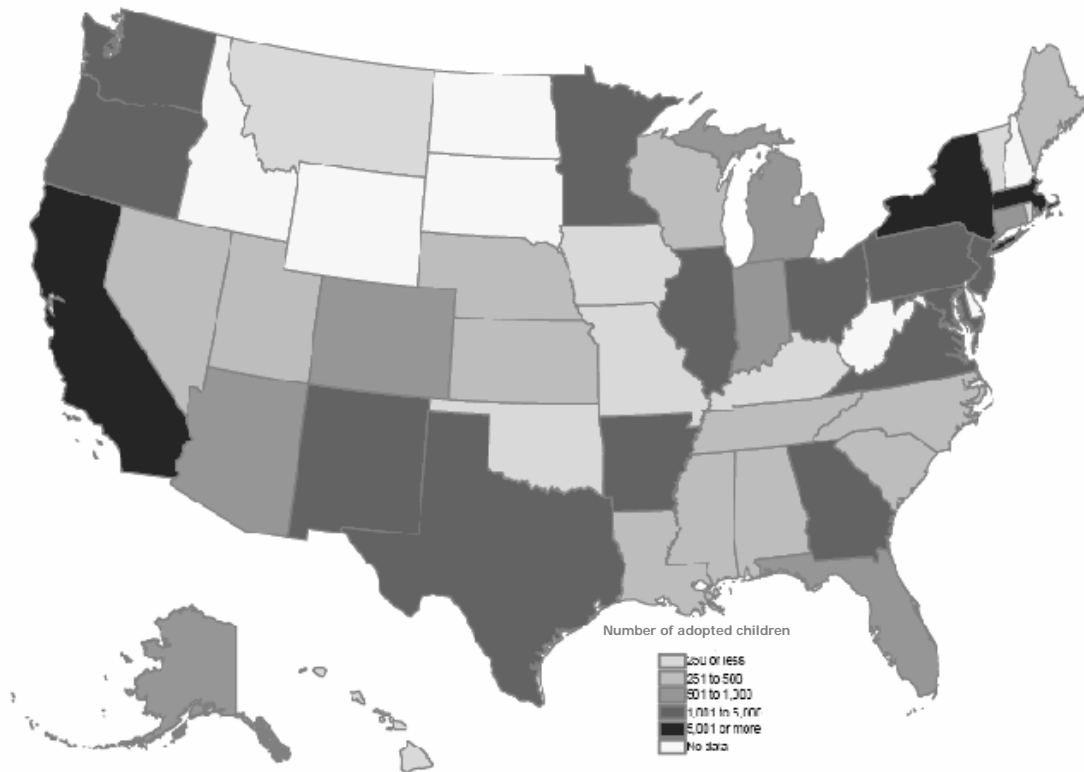
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# EXHIBIT 54

# Adoption and Foster Care by Gay and Lesbian Parents in the United States

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## Executive Summary

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Discussion and debate about adoption and foster care by gay, lesbian, and bisexual (GLB) parents occurs frequently among child welfare policymakers, social service agencies, and social workers. They all need better information about GLB adoptive and foster parents and their children as they make individual and policy-level decisions about placement of children with GLB parents. This report provides new information on GLB adoption and foster care from the U.S. Census 2000, the National Survey of Family Growth (2002), and the Adoption and Foster Care Analysis and Reporting System (2004).

Currently half a million children live in foster care in the United States and more than 100,000 foster children await adoption. States must recruit parents who are interested and able to foster and adopt children. Three states currently restrict GLB individuals or couples from adopting. Several states have or are considering policies that would restrict GLB people from fostering.

Recent government surveys demonstrate that many lesbians and gay men are already raising children, and many more GLB people would like to have children at some point. We estimate that two million GLB people have considered adoption. Since prior research shows that less than one-fifth of adoption agencies attempt to recruit adoptive parents from the GLB community, our findings suggest that GLB people are an underutilized pool of potential adoptive parents.

The report provides estimates of the number of adopted and fostered children of lesbians and gay men and describes the demographic characteristics of parents and children. We compare gay and lesbian parents and their adopted and fostered children to parents and children in other family arrangements, including married and unmarried different-sex couples and single parents (who might be heterosexual or GLB). While GLB parents are similar in many ways to other kinds of parents, we identify several differences in the key findings below.

The report concludes with an assessment of how proposed bans on allowing GLB individuals and couples to foster might affect foster care systems and fostered children. We estimate the possible financial cost to states if they were to limit or deny GLB people the ability to foster, which could displace 9,000 to 14,000 children if pursued nationally. And while we cannot measure costs to children directly, we explore prior research suggesting that displacing children from their current foster homes may have harmful effects on the children's development and well-being. The report closes with implications of this research for policymakers.

### *Key Findings*

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- More than one in three lesbians have given birth and one in six gay men have fathered or adopted a child.
- More than half of gay men and 41 percent of lesbians want to have a child.
- An estimated two million GLB people are interested in adopting.
- An estimated 65,500 adopted children are living with a lesbian or gay parent.
- More than 16,000 adopted children are living with lesbian and gay parents in California, the highest number among the states.
- Gay and lesbian parents are raising four percent of all adopted children in the United States.
- Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents.
- Adopted children with same-sex parents are younger and more likely to be foreign born.
- An estimated 14,100 foster children are living with lesbian or gay parents.
- Gay and lesbian parents are raising three percent of foster children in the United States.
- A national ban on GLB foster care could cost from \$87 to \$130 million.
- Costs to individual states could range from \$100,000 to \$27 million.



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## Foster Care and Adoption in the United States

### ***Foster Care***

On any given day in the United States, about a half million children are living in foster care (U.S. DHHS, 2007). In 2004, approximately three million children were investigated by child welfare agencies in the United States for possible child abuse and neglect (U.S. DHHS, 2006a). About 872,000 of these children were confirmed as victims of child abuse and the agency sought to put in place the appropriate services to support the child and family (U.S. DHHS, 2006a). For 268,000 of these children, or about a fifth, their cases rose to a level of seriousness that the agencies determined it was in the children's best interests to be removed from their homes and placed in foster care (U.S. DHHS, 2006a). While a very small portion of children may be in the custody of child welfare agencies because their parents voluntarily relinquish rights to their care, most families become involved with child welfare as a result of some type of abuse or neglect.

### ***Half a million children live in foster care in the United States.***

In finding foster care placements for children, agencies seek the least restrictive and most family-like setting that will best meet the child's particular needs. For many children, family settings are found. On September 30, 2005, 236,775 foster children (46 percent) lived in family foster homes with non-relative caregivers and 124,153 (24 percent) lived in family foster homes with relatives providing for their care (U.S. DHHS, 2006b). However, either because a family home was not available or because the child's needs are best met in a congregate care setting, 94,650 children (18 percent) in foster care were cared for in institutions or group homes (U.S. DHHS, 2006b). An additional eight percent of foster children participated in trial home visits or lived in pre-adoptive placements in preparation for adoption (U.S. DHHS, 2006b). A small portion of foster children (one percent) resided in independent living settings as they prepared to "age-out" of the foster care system, and two percent of foster children had run away (U.S. DHHS, 2006b).

### ***Adoption***

Many adoptions take place outside the child welfare system, such as private domestic or international adoptions. Other adoptions occur when a child welfare agency determines that a child is unlikely to return home to his or her parent(s). In that case, the agency considers other permanency options for that child. Typically this involves looking for an adoptive family to provide a permanent home. In 2005, there were 114,000 children waiting to be adopted, meaning they had a goal of adoption and/or their parental rights had been terminated (U.S. DHHS, 2006b). This figure represents a substantial decline from 2000 when 131,000 children waited for adoptive families (U.S. DHHS, 2007). This decline is likely attributable to the Adoption and Safe Families Act

(ASFA) of 1997, which put pressure on states to find permanent homes for children in a timely manner and placed stricter timelines on agencies to terminate parental rights. Right after ASFA, there was a significant increase in adoptions and since 2000 the number of adoptions out of foster care has remained steady at around 50,000 per year (U.S. DHHS, 2007).

States seeking adoptive homes for children in foster care report that one of the biggest obstacles is finding interested and able families to adopt (Macomber, Scarcella, Zielewski, and Geen, 2004). To address this problem, in recent years state and federal governments have made significant efforts to recruit adoptive families. During the late 1990s, many states initiated statewide campaigns to recruit adoptive families (Macomber, Zielewski, Chambers, and Geen, 2005). At the federal level, in 2002, the U.S. Department of Health and Human Services' Children's Bureau developed a national adoptive parent recruitment and retention campaign, AdoptUSKids. This national effort involved a series of television advertisements and a national online photolisting of children (Macomber, Zielewski, Chambers, and Geen, 2005). In tandem with these efforts to find adoptive parents, states also seek foster parents, who are typically in short supply relative to the number of children needing foster care. Foster parents also constitute an important source of adoptive parents. Roughly 60 percent of all adoptions of children in foster care in 2005 were by their foster parents (U.S. DHHS, 2006b).

***114,000 children in the foster care system await adoption.***

The costs of recruitment efforts to find these adoptive and foster parents are difficult to estimate. States typically pay for these expenses through Title IV-E of the Social Security Act. This funding stream provides federal payments to states for foster care and adoption assistance. There are many categories of spending under Title IV-E. The costs of recruitment efforts generally fall under the IV-E categories of administration and training costs, yet these categories also include other child welfare expenditures, making it difficult to distinguish recruitment costs. California, one state for which itemized costs on recruitment are available, reported spending over \$25 million for foster parent recruitment, training, and retention from July 1, 2001 to June 30, 2002. In 2002, Michigan paid a standard rate of \$4160 to contracted adoption recruitment agencies per child adopted.



# State Policies and Gay, Lesbian, and Bisexual Adoption and Fostering

## *Variation in state policies*

State law influences whether or not gay, lesbian, or bisexual (GLB) people can be involved as adoptive or foster parents through the state's child welfare system. Some states have passed laws or have regulations that explicitly relate to whether GLB people or same-sex couples can adopt. A few states have laws that block GLB people from adopting; in other cases the law makes it clear that GLB people are eligible to adopt or foster. Other states have policies specifically related to GLB people becoming foster parents.

### **State GLB Adoption Policies**

- Only Florida forbids "homosexuals" from adopting (Florida Statutes § 63.042(3)), and bisexuals are also apparently disqualified.
- Mississippi explicitly bans "same-gender" couples from adopting (MISS CODE ANN § 93-17-3-(5)), as does Utah through a ban on adoption by all unmarried couples (UTAH CODE ANN § 78-30-1(3)(b)). However, single GLB people in Mississippi and Utah might be able to adopt.
- In contrast, some states have policies that either explicitly or implicitly state that sexual orientation *cannot* be a basis to prevent gay and lesbian people from adopting, including California, Maryland, Massachusetts, Nevada, New Jersey, New York, Connecticut, Illinois, Indiana, Pennsylvania, Vermont, and the District of Columbia (Cooper and Cates, 2006, p. 6).

The absence of an explicit policy does not mean that parents' sexual orientation is not considered in adoption and foster care decisions. Although states might not have formal policies forbidding adoption or foster care by GLB parents, some adoption agencies or social workers might discriminate against GLB applicants.

The Evan B. Donaldson Institute studied the policies and practices of 307 adoption agencies during 1999 and 2000.<sup>1</sup> That study found that 60 percent of agencies responding to the survey accepted adoption applications from lesbians and gay men, whether single or in couples (p. 21). Among public agencies responding, 90 percent accepted gay applicants (p. 22). Almost 40 percent of all agencies and 83 percent of public agencies reported making at least one adoption placement with a lesbian or gay man (pp. 24-25). Overall, 1.3 percent of reported adoptions by these agencies were to self-identified lesbian or gay parents (p. 24).

### **State GLB Fostering Policies**

- Nebraska has a policy prohibiting gay people from fostering, but the current enforcement of that policy is unclear (Cooper and Cates, 2006).
- As with adoption, Utah forbids fostering by unmarried couples (UTAH CODE ANN § 62A-4A-602).
- A policy banning gay foster parents was recently removed by the Department of Social Services in Missouri and overturned by the state Supreme Court in Arkansas (Cooper and Cates, 2006, p. 11).

However, one third of agencies would reject a gay or lesbian applicant, either because of the religious beliefs guiding the agency, a state law prohibiting placement with GLB parents, or a policy of placing children only with married couples (p. 21).

Furthermore, the discretionary power of social workers in many agencies probably results in some finding that individual GLB parents are unsuitable because of their sexual orientation, even in the absence of a public prohibition (Wald, 2006, p. 415-416; Ryan, Pearlmuter, and Groza, 2004). The Evan B. Donaldson Institute survey of adoption agencies asked directors about their own personal attitudes and beliefs about lesbian and gay parents. They found that negative attitudes about lesbian and gay adoption were correlated with the belief that gay applicants required more evaluation and support (p. 29). Notably, public agency directors were the most supportive of adoption by lesbian and gay parents (p. 32). Other studies have also found evidence of negative social worker attitudes toward adoption by lesbian and gay parents (Ryan, 2000; Kenyon et al., 2003). Finally, GLB prospective foster parents report agency discrimination as a major barrier to becoming a foster parent (Downs and James, 2006).

### ***GLB parenting research***

Allowing GLB parents to adopt or foster has been the subject of controversy. In the last few years several states have considered bans on adoption or fostering by GLB people (Cooper and Cates, 2006, p. 6 and p. 11). The debates associated with these bans often consider the fitness of gay men, lesbians, and bisexuals to parent and the concern that children raised in their homes would be adversely affected. Gay parenting is an area that has received increasing research attention. Studies of child-rearing by GLB people have necessarily focused on relatively small samples and share some other possible limitations that are common to studies in those fields (Stacey and Biblarz, 2001; American Psychological

<sup>1</sup> The response rate for the survey was 41%.

Association, 2005; Rauch and Meezan, 2005). For instance, most of the available research has focused on parents who are predominantly lesbian, white, and of relatively high economic status. However, findings across these studies are remarkably consistent in showing no negative consequences for children of GLB parents with regard to standard child well-being measures.

A wide variety of professional organizations have official positions recognizing the scientific research on GLB parents and stating that sexual orientation should not be a determinative factor in assessing the ability of individuals to raise children through adoption, foster care, or second parent adoptions. These positions typically address some combination of adoption, foster care, second-parent adoption, and co-parenting by GLB people.<sup>2</sup>

Organizations with such statements include:

- American Academy of Child and Adolescent Psychiatry (1999)
- American Academy of Pediatrics (2002)
- American Bar Association (1999, 2003)
- American Medical Association (2004)
- American Psychoanalytic Association (2002)
- American Psychological Association (2004)
- Child Welfare League of America (2004)
- National Adoption Center (1998)
- National Association of Social Workers (2002)
- North American Council on Adoptable Children (1998)

In later sections, we consider the implication of policies designed to limit adoption and fostering rights for gay men, lesbians, and bisexuals.

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<sup>2</sup> One professional organization, the American College of Pediatricians, has a policy statement that does not support parenting by lesbian, gay, or bisexual parents.

## Parenting and Adoption among Gay Men, Lesbians, and Bisexuals

### GLB parenting

Several recent datasets provide a new picture of GLB parenting. They show that many lesbians and gay men are already raising children and many more GLB people would like to have children at some point. They also demonstrate that as many as two million GLB people have considered adopting children.

Two recent datasets show that many lesbians and gay men are already parents. An estimated 27 percent of same-sex couples identified in Census 2000 have a child under 18 living in the home with them (Gates and Ost, 2004).<sup>3</sup> Data from the National

**More than one in three lesbians have given birth and one in six gay men have fathered or adopted a child.**

Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics in 2002, show that over 35 percent of lesbians aged 18-44 have given birth, compared with 65 percent of heterosexual and bisexual women. Among gay men,

16 percent have had a biological or adopted child compared to 48 percent of heterosexual and bisexual men.

GLB people participate in childrearing in other ways, as well. Interestingly, lesbian and bisexual women are almost twice as likely as heterosexual women to report that they have lived with a non-birth child who was under their "care and responsibility": 23 percent of lesbian and bisexual women compared with 12

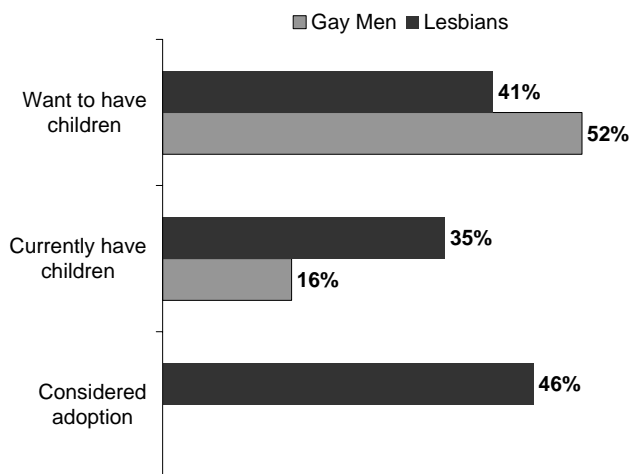
**Table 1. Desire to have children by sexual orientation and prior births.**

Sexual Orientation	Women	Men
Heterosexual (all)	53.5%	66.6%
Among those who with children	37.3%	43.6%
Among those without children	83.7%	87.4%
Lesbian or gay (all)	<b>41.4%</b>	<b>51.8%</b>
Among those who with children	49.0%	24.6%
Among those without children	<b>37.4%</b>	<b>57.0%</b>
Bisexual (all)	59.2%	65.6%
Among those who with children	39.5%	55.4%
Among those without children	<b>75.4%</b>	<b>70.4%</b>

Source: National Survey of Family Growth  
 Bold figures are statistically significantly different at 10% level from heterosexual men or women.

<sup>3</sup> This figure is lower than official Census Bureau figures reported in Simmons and O'Connell (2003). It represents an adjusted estimate that accounts for measurement error due to possible miscoding of different-sex married couples as same-sex couples.

Figure 1. Gay men and lesbians having children.



Source: National Survey of Family Growth

percent of heterosexual women reported living with and caring for someone else's birth child. This difference probably reflects the fact that lesbians partner with other women who have given birth in prior relationships or in the context of that particular lesbian relationship.

### GLB desire to parent

In addition, many more lesbian, gay, and bisexual people would like to be parents. The NSFG asked men and women about their desire to have a child or, if the individual has already had a child, another child (see Table 1). More than half (52 percent) of gay men say they would like a child, compared with two-thirds of heterosexual and bisexual men who say they would like a child. Among lesbians, 41 percent would like to have a child, compared with a bit more than half of heterosexual women and 59 percent of bisexual women.

The desire to have children depends partly on whether people already have children, however, and those who do not have children usually express more current

**More than half of gay men and 41 percent of lesbians want to have a child.**

interest in having a child than people who are already parents. Among men who have had a child, 25 percent of gay men, 44 percent of heterosexual men, and 55 percent of bisexual men would like to have another child. Among men who have not had a child, 57 percent of gay men, 87 percent of heterosexual men, and 70 percent of bisexual men would like to have a child. The pattern for most women is similar

to that of men, with heterosexual and bisexual women who have not had children being more likely to want a child than those with children.

Lesbians who have not had children are somewhat less likely to say they want a child than lesbians who have given birth, however.

### ***GLB interest in adopting***

The NSFG asks women in that survey about their adoption considerations and actions. The answers to those questions show that many lesbian and bisexual women are potential adoptive parents. Almost half of lesbian and bisexual women (46 percent) have considered adoption at some point, compared with only one third (32 percent) of heterosexual women (see Table 2). This figure is strikingly similar to that found in a Kaiser Family Foundation survey of GLB people in 15 large metropolitan areas, which found that almost half of GLB people without children would like to adopt someday (Kaiser Family Foundation, p. 4).

Although many women have considered adoption, few have actually taken concrete steps toward adopting a child. According to the NSFG, lesbian/bisexual women are also more likely than heterosexual women to have ever taken steps toward adopting: 5.7 percent of lesbian/bisexual women compared with 3.3 percent of heterosexual women.

Another way of looking at the interest in adoption is that just over one million lesbian or bisexual women aged 18-44 have considered adoption, and over 130,000 lesbian or bisexual women have take a step toward adopting a child.

Unfortunately, the NSFG did not ask the same questions about adoption of men. We do know that

### ***An estimated two million GLB people are interested in adopting.***

gay and bisexual men are even more likely than lesbian and bisexual women to express an interest in having children (even though fewer gay men than lesbians actually have children already). We might reasonably project that at least another million gay/bisexual men are interested in adopting. Since gay/bisexual men are likely to have partners who are not capable of giving birth, it would not be unreasonable to think that even more gay and bisexual men might have an interest in adopting than lesbian and bisexual women. Therefore, our estimate of two million gay, lesbian, or bisexual people who have ever considered adopting a child is likely to be a conservative one.

**Table 2: Adoption considerations for women by sexual orientation.**

Sexual Orientation	Hetero- sexual	Lesbian/ bisexual
Ever considered adoption		
Percent	32.1%	<b>46.2%</b>
Number (weighted)	16,798,000	1,057,000
Ever took a step toward adoption		
Percent	3.3%	<b>5.7%</b>
Number (weighted)	1,751,000	132,000
N (unweighted)	6529	314

Source: National Survey of Family Growth  
Figures in bold are statistically significantly different from those for heterosexual women.

### ***A note about bisexuals***

*Our treatment of bisexual people in this report varies according to the specific context. Existing and proposed laws and policies related to the sexual orientation of adoptive or foster parents are often unclear with respect to bisexuals. We believe it is likely that restrictive policies will discourage bisexual people as well as lesbians and gay men from pursuing adoption and foster care, so in this discussion we include bisexuals in our estimate of the pool of potential adoptive parents. In describing current adoptive and foster parents in later sections, however, we are limited by the available data, as discussed below.*



## Adoption by Gay Men and Lesbians

### National adoption estimates

We estimate that approximately 65,500 adopted children are being raised by lesbian or gay parents, accounting for more than four percent of all adopted children in the United States (see Table 3). Of the estimated 3.1 million lesbian and gay households in

**An estimated 65,500 adopted children are living with a lesbian or gay parent.**

the United States, 1.6 percent (nearly 52,000) include an adopted child under age 18 (see Table 3).

Actual counts of the number of adopted children living with gay and lesbian parents, both single and coupled, do not exist. We derive our estimate using characteristics of same-sex couples identified in the Census and NSFG estimates of the size of the lesbian and gay population in the United States. It is important to remember that these estimates include all adopted children, including those adopted from both public and private adoption agencies, as well as international adoptions and possibly second parent adoptions of a partner's child. Unfortunately, we are unable to separate out these different kinds of adoptions. Also, these figures do not directly include bisexual adoptive or foster parents. We only know the extent of parenting among same-sex couples from the Census. To the extent that bisexual people are in same-sex couples, they will be represented in our estimates. Further

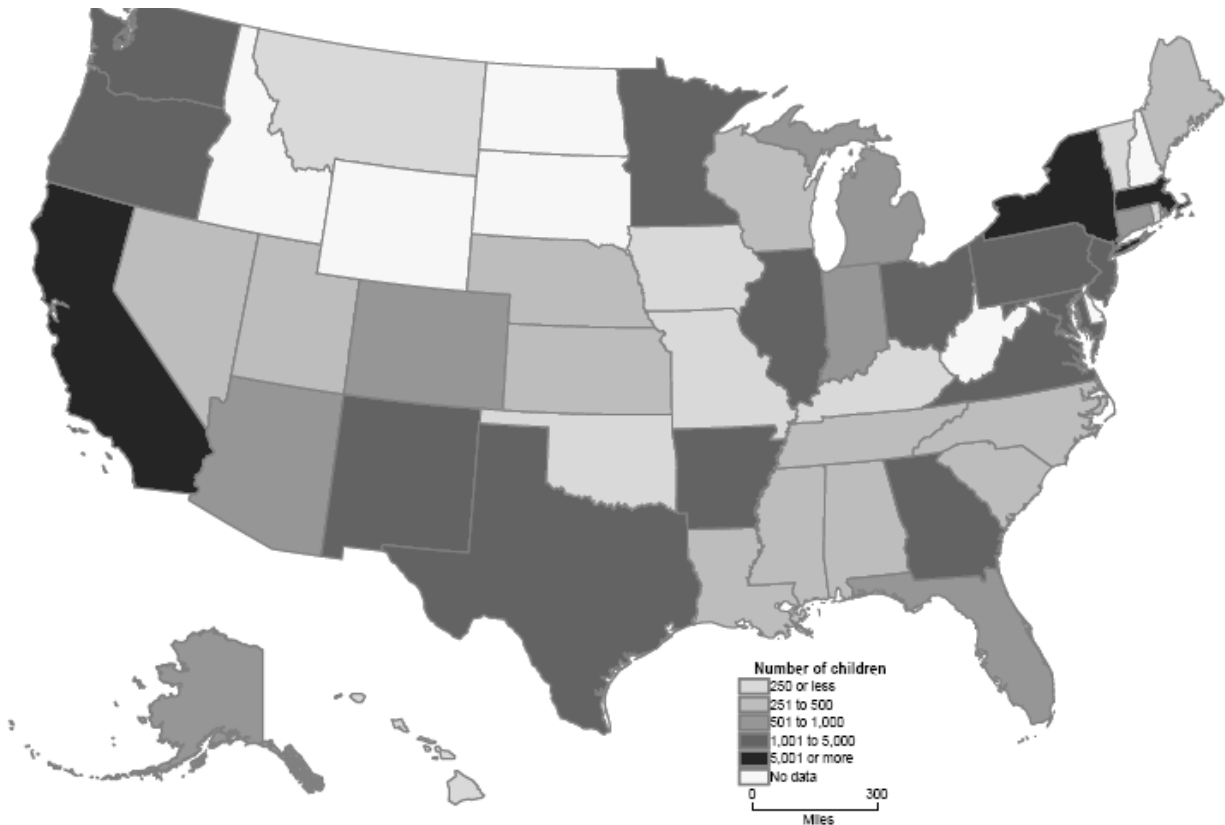
details about the specifics of the estimation procedure are included in the Appendix.

In our analyses of the demographic characteristics of families with adopted children (and later in the analyses of those with foster children), we consider characteristics across four family types: same-sex couples, different-sex married couples, different-sex unmarried couples, and families where the adoptive parent does not report a partner or spouse in the home. These comparisons allow us to identify differences and similarities of characteristics across family types for parents and the adopted or fostered children. It is important to note that Census data do not allow us to separately identify single lesbians and gay men and the children living with them, so single gay and lesbian parents would be included among the non-couple households. As noted earlier, we also cannot identify whether these children were adopted through private adoptions, from foster care, or from other countries.

### State and regional estimates

States with the largest number of adopted children living with lesbian and gay parents (see Figure 2) include California (16,458), New York (7,042), Massachusetts (5,828), Texas (3,588), and Washington (3,004). Estimated counts for all states where data were available are shown in Table 5.

Figure 2. Estimated number of adopted children under age 18 living with lesbian or gay parents, by state.





**Table 3. Estimates of the number of adopted children under age 18 living in lesbian and gay households, United States.**

United States	
Lesbian/gay households	3,134,218
Adopted children (under age 18) <sup>a</sup>	1,586,004
Lesbian and gay households	
Adoption rate <sup>b</sup>	1.6%
Avg. # adopted children <sup>c</sup>	1.3
Lesbian and gay households with an adopted child	50,774
Estimated # adopted children with lesbian/gay parents	65,499
% Adopted children living in lesbian and gay households	4.1%

<sup>a</sup>Census 2000, as reported in Kreider (2003) and Lugalia and Overturf (2004)  
<sup>b</sup>Author calculations based on same-sex unmarried partner households with an adopted/foster children under age 18 living in the household, Census 2000 5%/1% PUMS  
<sup>c</sup>Author calculations based on same-sex unmarried partner households with at least one adopted/foster child under age 18, Census 2000 5%/1% PUMS

The geographic distribution of adopted children being raised by lesbian and gay parents differs substantially from that of children being raised in other family types (see Tables 4 & 5). Gay and lesbian parents with adopted children are substantially more likely than other families to live in New England, Mid-Atlantic and West coast states. They are generally less likely to live in the Midwest and the South.

***More than 16,000 adopted children are living with lesbian and gay parents in California, the highest number among the states.***

States where there are high proportions of adopted children living with lesbian and gay parents are shown in Figure 3. In general, the Northeast and the West are the regions of the country where adopted children are most likely to be living with lesbian and gay parents. States with the highest percentages include the Massachusetts (16.4 percent), California (9.8 percent), New Mexico (9 percent), and Alaska (8.6 percent).<sup>4</sup>

**Table 4. Geographic distribution of families with adopted children under age 18, by family type.**

Region	All	Same-sex	Different-sex Married	Different-sex unmarried	Single	Same-sex female	Same-sex male
New England	5%	11%	<b>5%</b>	<b>5%</b>	<b>4%</b>	14%	0%
Middle Atlantic	13%	17%	<b>12%</b>	<b>10%</b>	16%	18%	15%
East North Central	17%	8%	<b>17%</b>	<b>17%</b>	<b>17%</b>	7%	12%
West North Central	7%	4%	<b>8%</b>	6%	<b>6%</b>	5%	7%
South Atlantic	17%	12%	<b>17%</b>	<b>20%</b>	<b>18%</b>	12%	15%
East South Central	6%	2%	<b>6%</b>	<b>6%</b>	<b>7%</b>	1%	5%
West South Central	11%	8%	11%	10%	10%	8%	8%
Mountain	7%	5%	<b>8%</b>	<b>10%</b>	6%	4%	6%
Pacific	16%	33%	<b>15%</b>	<b>16%</b>	<b>16%</b>	31%	39%

Source: Census 2000  
**Bold figures are significantly different (p<0.05) from same-sex**  
*Italicized figures are significantly different (p<0.05) from same-sex female*

<sup>4</sup> The District of Columbia actually has the highest proportion at 28.6 percent.

Figure 3. Estimated proportion of adopted children under age 18 who are living with lesbian or gay parents, by state.

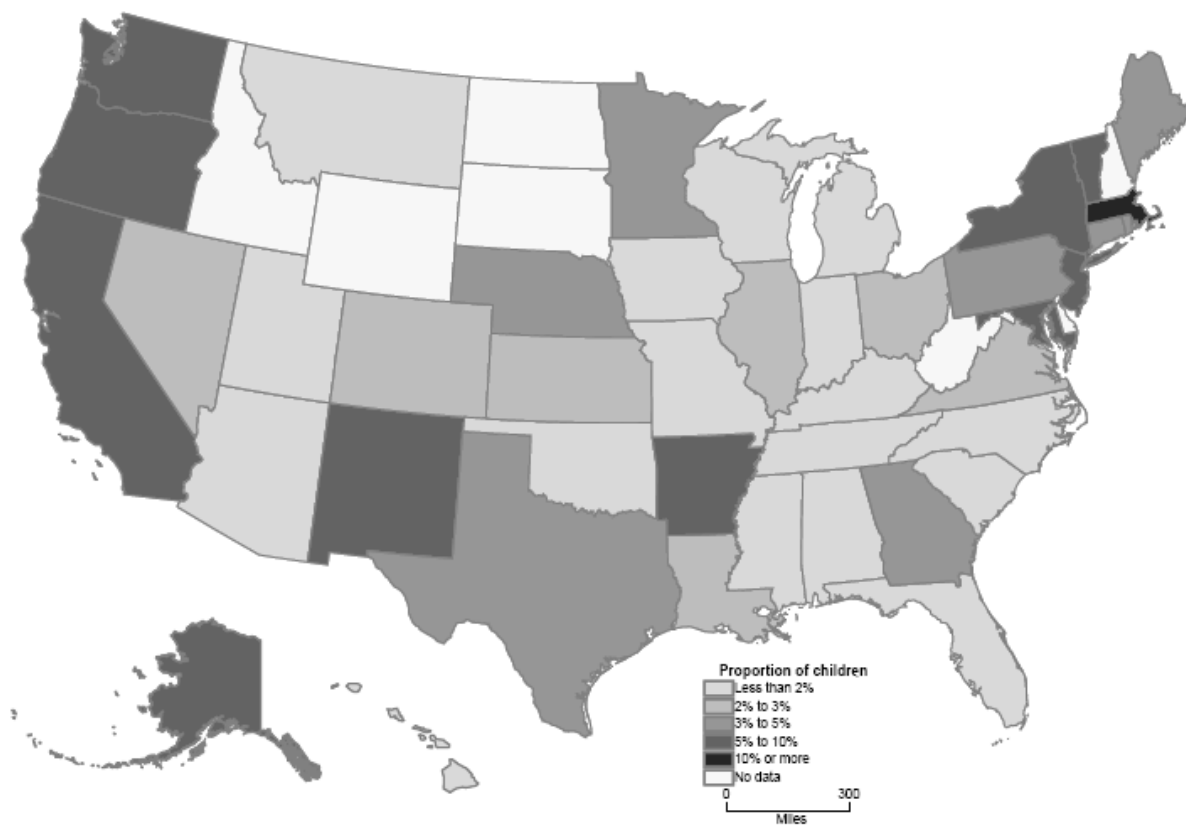


Table 5. Estimates of the number of adopted children under age 18 living in lesbian and gay households, by state.

	Total adopted children	Adopted children living with lesbian or gay parents	Rank	Percent of adopted children living with gay or lesbian parents	Rank
Alabama	24,944	301	32	1.2%	37
Alaska	6,910	594	23	8.6%	5
Arizona	28,966	543	24	1.9%	30
Arkansas	15,973	1,040	16	6.5%	9
California	167,190	16,458	1	9.8%	3
Colorado	29,438	616	22	2.1%	26
Connecticut	19,239	873	19	4.5%	14
Delaware	3,452	-	-	-	-
District of Columbia	2,649	758	20	28.6%	1
Florida	82,179	962	17	1.2%	39
Georgia	49,194	2,377	6	4.8%	13
Hawaii	6,941	95	42	1.4%	34
Idaho	9,562	-	-	0.0%	-
Illinois	73,638	1,887	10	2.6%	23
Indiana	37,004	725	21	2.0%	28
Iowa	18,569	95	43	0.5%	43
Kansas	19,733	462	27	2.3%	24
Kentucky	20,661	248	37	1.2%	38
Louisiana	22,827	469	26	2.1%	27
Maine	7,137	323	31	4.5%	15
Maryland	32,269	2,142	8	6.6%	8
Massachusetts	35,647	5,828	3	16.4%	2
Michigan	61,232	959	18	1.6%	32
Minnesota	31,378	1,328	12	4.2%	16
Mississippi	16,300	286	33	1.8%	31
Missouri	33,156	161	41	0.5%	44
Montana	6,803	95	44	1.4%	33
Nebraska	11,812	367	29	3.1%	20
Nevada	10,588	279	34	2.6%	22
New Hampshire	6,864	-	-	-	-
New Jersey	42,614	2,344	7	5.5%	11
New Mexico	11,764	1,056	15	9.0%	4
New York	100,736	7,042	2	7.0%	7
North Carolina	42,911	499	25	1.2%	40
North Dakota	3,647	-	-	-	-
Ohio	62,653	1,335	11	2.1%	25
Oklahoma	23,518	183	39	0.8%	42
Oregon	23,901	1,232	13	5.2%	12
Pennsylvania	62,328	1,950	9	3.1%	19
Rhode Island	5,496	176	40	3.2%	18
South Carolina	22,027	279	35	1.3%	35
South Dakota	5,691	-	-	-	-
Tennessee	30,980	384	28	1.2%	36
Texas	110,275	3,588	4	3.3%	17
Utah	19,430	367	30	1.9%	29
Vermont	4,181	235	38	5.6%	10
Virginia	38,289	1,143	14	3.0%	21
Washington	38,879	3,004	5	7.7%	6
West Virginia	9,849	-	-	-	-
Wisconsin	30,583	257	36	0.8%	41
Wyoming	3,997	-	-	-	-

**Adopted children by family type**

Gay and lesbian parents are raising four percent of all adopted children in the United States (see Figure 4). Nearly 80 percent of adopted children have different-sex married parents and three percent are being raised by different-sex unmarried couples.

**Gay and lesbian parents are raising four percent of all adopted children in the United States.**

Single heterosexual parents are raising 15 percent of adopted children and an additional three percent have single gay or lesbian parents. This implies that gay and lesbian parents represent

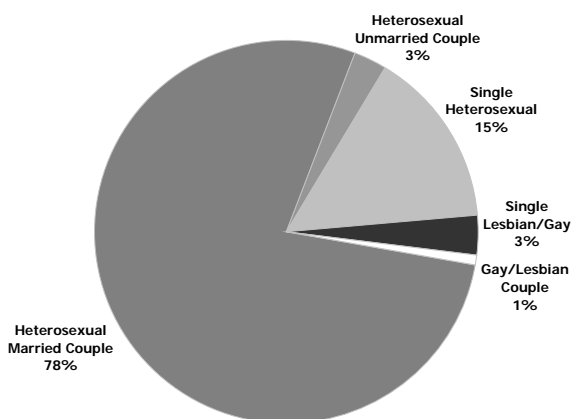
nearly one in six single parents raising adopted children.<sup>5</sup>

Same-sex couples are raising one percent of adopted children. Roughly 80 percent of those children have female parents.

**Adoptive parent demographics**

Same-sex couple adoptive parents, particularly female parents, and adoptive parents without a partner are older than their different-sex married and unmarried couple counterparts, with an average age of 43 (see Table 6).

Figure 4. Estimated distribution of adopted children under age 18, by family type.



Individuals in same-sex couples raising adopted children have the highest levels of education. More than half of them have a college degree, compared to a third of men and women in different-sex married couples, a fifth of single parents, and only 7 percent of those in different-sex unmarried couples.

Same-sex couples with adopted children also have the highest average annual household income of any of

Table 6. Demographic characteristics of adoptive parents by living arrangement.

	All	Same-sex	Different-sex Married	Different-sex unmarried	Single	Same-sex female	Same-sex male
Age (mean)	41.6	42.8	<b>41.8</b>	<b>34.0</b>	42.8	43.2	41.3
Education							
<High School	14%	13%	12%	<b>28%</b>	<b>21%</b>	10%	<i>22%</i>
High School Diploma	24%	11%	<b>23%</b>	<b>36%</b>	<b>25%</b>	10%	13%
Some College	32%	22%	<b>32%</b>	<b>29%</b>	<b>32%</b>	20%	<i>30%</i>
College Degree	18%	20%	19%	<b>5%</b>	<b>12%</b>	21%	16%
Graduate Studies	13%	34%	<b>13%</b>	<b>2%</b>	<b>9%</b>	38%	<i>19%</i>
Household Income (mean)	\$73,274	\$102,474	<b>\$81,900</b>	<b>\$43,746</b>	<b>\$36,312</b>	\$102,508	\$102,331
Race/Ethnicity							
White	73%	73%	76%	<b>54%</b>	<b>49%</b>	77%	<i>61%</i>
African/American	12%	10%	9%	<b>20%</b>	<b>33%</b>	8%	<i>15%</i>
Hispanic/Latino(a)	10%	11%	9%	<b>20%</b>	12%	11%	15%
Asian/Pac. Islander	3%	2%	3%	2%	2%	1%	4%
Am. Indian/AK Native	1%	2%	1%	2%	2%	2%	1%
Other	2%	2%	2%	1%	2%	2%	4%

Source: Census 2000  
**Bold figures are significantly different (p<0.05) from same-sex**  
*Italicized figures are significantly different (p<0.05) from same-sex female*

<sup>5</sup>The children who have single parents (both GLB and heterosexual) in these findings might also have another adoptive parent who lives in a different household. The Census data do not allow us to identify those situations.

the adoptive family types (\$102,474). Different-sex married couples compare at \$81,900 followed by different-sex unmarried couples at \$43,746 and single parents (including heterosexual, gay, lesbian, and bisexual people) at \$36,312 per year.

***Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents.***

Adoptive parents in both same-sex couples and different-sex married couples are essentially alike with regard to racial and ethnic diversity. Nearly three-quarters of them are white. About one in ten are African-

American and another one in ten are Latino(a). Adoptive parents who are single or are in different-sex unmarried couples and single adoptive parents differ from married and same-sex couples, however. About half of single parents and unmarried different-sex couples are white. One fifth of men and women in different-sex unmarried couples is African-American and a similar proportion is Latino(a). Among single adoptive parents, a third are African-American and 12 percent are Latino(a).

Notably, these characteristics differ rather markedly from comparisons between same-sex couples raising children (all children, not just those who are adopted) and their different-sex married counterparts. In general, same-sex couples raising children have lower incomes and education levels than do married couples raising children. They are also less likely to be white (Sears and Gates, 2005).

***Adopted children demographics***

Adopted children of same-sex couples are the youngest among the various family types (see Table 7). Nearly half (46 percent) are under age five compared to a third of adopted children with different-sex unmarried parents, a fifth of children with different-sex married parents and 16 percent of those with single parents. Unfortunately, we do not know the age of the children at the time of their adoption.

Among same-sex couples, the adopted children of male couples are older than those of their female counterparts. More than one in five children of male couples are aged 13 and older compared to only one in ten among the children of female couples.

Among adopted children of same-sex couples, 14 percent are foreign born, twice the rate among children of different-sex married couples (seven percent)

***Adopted children with same-sex parents are younger and more likely to be foreign born.***

and higher than that of children with single parents. One in five adopted children being raised by a different-sex unmarried couple is foreign born, a higher proportion than among adopted children in any other family type. Almost one quarter of children adopted by female same-sex couples are foreign born.

**Table 7. Demographic characteristics of adopted children by living arrangement.**

	All	Same-sex	Different-sex Married	Different-sex unmarried	Single	Same-sex female	Same-sex male
Age (mean)	9.4	6.2	<b>9.4</b>	<b>7.5</b>	<b>9.9</b>	5.7	<b>7.7</b>
Age group							
Under 5	20%	46%	<b>20%</b>	<b>32%</b>	<b>16%</b>	49%	<b>34%</b>
5-12	49%	42%	<b>49%</b>	46%	<b>49%</b>	42%	45%
13-17	32%	12%	<b>31%</b>	<b>22%</b>	<b>34%</b>	10%	<b>21%</b>
Race/Ethnicity							
White	58%	53%	<b>63%</b>	49%	<b>38%</b>	52%	56%
African/American	16%	14%	<b>11%</b>	19%	<b>36%</b>	14%	14%
Hispanic/Latino(a)	13%	18%	<b>13%</b>	24%	15%	17%	21%
Asian/Pac. Islander	8%	11%	8%	<b>2%</b>	<b>5%</b>	13%	5%
Am. Indian/AK Native	1%	0%	<b>1%</b>	<b>2%</b>	<b>2%</b>	0%	1%
Other	4%	4%	5%	4%	4%	4%	3%
Disabled (age 5+)	13%	14%	11%	12%	14%	5%	<b>16%</b>
Sensory	2%	3%	1%	4%	2%	3%	0%
Physical	2%	2%	1%	3%	2%	8%	21%
Mental	11%	11%	10%	9%	12%	1%	5%
Foreign born	13%	14%	<b>7%</b>	<b>20%</b>	<b>10%</b>	23%	<b>9%</b>

Source: Census 2000  
**Bold figures are significantly different (p<0.05) from same-sex**  
*Italicized figures are significantly different (p<0.05) from same-sex female*

Adopted children of different-sex married couples are more likely than children in other family types to be white (63 percent). More than a third (36 percent) of the adopted children of single parents are African-American, the highest percentage among the various family types. Different-sex unmarried couples have the highest percentage of Latino(a) adopted children (24 percent) and same-sex couples have the highest percentage of children of Asian/Pacific Island descent (11 percent).

The portion of children with disabilities (age five and older) among adopted children does not vary much by family type. Disability is defined as those reporting either a mental, physical, or sensory disability. Among all adopted children, 13 percent report some disability. More than one in ten adopted children has a mental disability while two percent have a sensory disability and two percent have a physical disability. Among same-sex couples, male couples are more than three times more likely than female couples to have a child with a disability.



## Foster Parenting by Gay Men and Lesbians

### National and regional foster care estimates

We estimate that just over 14,100 children live with a lesbian or gay foster parent. This suggests that nearly three percent of the half million children in all forms of family foster care (both kin and non-kin) in the United States are living with lesbian or gay foster parents (see Table 8). When only those foster children placed with a non-relative are considered, six percent of foster children are living with lesbian or gay foster parents.

### An estimated 14,100 foster children are living with lesbian or gay parents.

Because the sample sizes of foster children in the Census are very small in most states, we do not present state-by-state numbers. However, it is clear that the geographic distribution of foster children

being raised by same-sex couples differs substantially from that of children being raised in other family types (see Table 9). Like those with adopted children, same-sex couples with foster children are substantially more likely than other families to live in west coast states and are less likely to live in the South.

In describing the characteristics of foster children and their families derived from the Census, it is important

**Table 8. Estimates of the number of fostered children under age 18 living in lesbian and gay households, United States.**

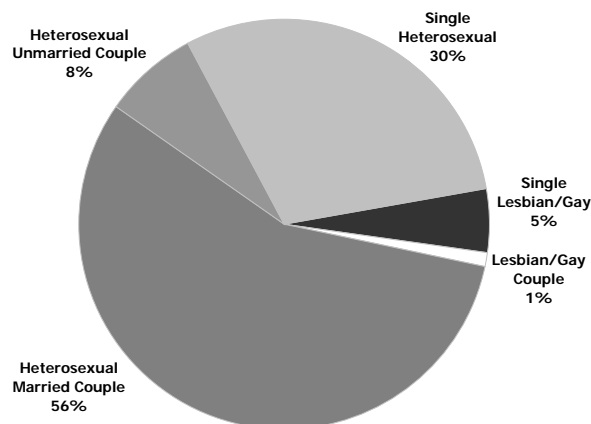
United States	
Lesbian/gay households	3,134,218
Foster children (under age 18) <sup>a</sup>	501,299
Family, non-kin care	232,301
Institutional	95,280
Other	173,718
Lesbian and gay households	
Fostering rate <sup>b</sup>	0.33%
Avg. # foster children <sup>c</sup>	1.4
Lesbian and gay households with a foster child	10,343
Estimated # foster children with lesbian/gay foster parents	14,134
% Foster children living in lesbian and gay households	
Among children in family, non-kin care	6.1%
Among all children in foster care	2.8%

<sup>a</sup>Adoption and Foster Care Reporting System (AFCARS), 2004

<sup>b</sup>Author calculations based on same-sex unmarried partner households with an adopted/foster children under age 18 living in the household, Census 2000 5%/1% PUMS

<sup>c</sup>Author calculations based on same-sex unmarried partner households with at least one adopted/foster child under age 18, Census 2000 5%/1% PUMS

**Figure 5. Estimated distribution of foster children in family, non-kin care, by family type.**



to remember that these data are primarily observing foster children living in a non-kin family home, or where foster parents do not include a relative. These children represent 46 percent of the total children in foster care. As noted earlier, nearly 20 percent of children in foster care are in institutional settings, and the remaining third of children in the foster care system live with relatives or are in other special living arrangements.

Six percent of foster children in non-kin care are being raised by lesbian or gay foster parents (see Figure 5). They are divided roughly five to one between single and same-sex coupled parents. Nearly three-quarters of these children likely have female foster parents.

**Gay and lesbian parents are raising six percent of foster children in non-kin care in the United States.**

More than half (56 percent) of foster children are living with different-sex married couples and eight percent are being raised by different-sex unmarried couples. Single heterosexual parents are raising nearly a third (30 percent) of these children. These estimates imply that among the third of foster parents who are single, one in seven is a lesbian or gay parent.

### Foster parent demographics

Like their adoptive parent counterparts, same-sex couple foster parents, whose average age is 48, are older than foster parents from all of the other family types (see Table 10). Also similar to adoptive parents, same-sex couples raising foster children generally have the highest levels of education. One quarter of them have a college degree, compared to 17 percent of different-sex married couples, 13 percent of single parents, and only 10 percent of different -sex unmarried couples.



**Table 9. Geographic distribution of foster families, by family type.**

	All	Same-sex	Different-sex Married	Different-sex unmarried	Single	Same-sex female	Same-sex male
Region							
New England	5%	3%	<b>6%</b>	5%	4%	4%	0%
Middle Atlantic	15%	8%	12%	11%	<b>21%</b>	9%	5%
East North Central	20%	15%	20%	15%	21%	20%	<b>2%</b>
West North Central	7%	7%	8%	12%	5%	3%	18%
South Atlantic	16%	11%	15%	<b>22%</b>	17%	4%	<b>31%</b>
East South Central	5%	1%	<b>6%</b>	5%	<b>4%</b>	2%	0%
West South Central	8%	7%	9%	13%	6%	8%	5%
Mountain	6%	4%	6%	7%	5%	2%	10%
Pacific	17%	44%	<b>18%</b>	<b>8%</b>	<b>16%</b>	49%	29%

Source: Census 2000

**Bold figures are significantly different ( $p < 0.05$ ) from same-sex**  
*Italicized figures are significantly different ( $p < 0.05$ ) from same-sex female*

Different-sex married couples with foster children have the highest average annual household income of any of the family types (\$63,698), though the differences are not statistically significant. Same-sex couples compare at \$57,056, followed by different-sex unmarried couples at \$46,314 and single parents at \$32,948 per year.

With regard to race and ethnicity, any observed differences among same-sex couples and different-sex married and unmarried couples are not statistically significant. Among those foster parents, between 55 percent (same-sex couples) and 62 percent (different-sex married couples) are white. Between 14 percent (different-sex unmarried) and 21 percent (different-sex married) are African-American, and between 13 percent (different-sex married) and 23 percent (different-sex unmarried) are Latino(a). Single foster parents are more likely than others to be African-American (51 percent) and less likely to be white (31 percent).

### ***Foster children demographics***

In general, few statistically significant differences emerged between the characteristics of foster children living with same-sex couples and those living in other family settings (see Table 11). While not statistically significant, the portion of foster children with a disability is highest among those in same-sex couple households (32 percent). In particular, female couples appear to be most likely to be fostering a child with a disability. Among all families, roughly half of foster children are between the ages of five and twelve. A quarter of foster children are under age five and another quarter is age 13 and older.

The race and ethnicity of foster children only differs between those with single parents and those in other family types. Foster children of single parents are more likely to be African-American (52 percent) and less likely to be white (26 percent) than children in other family types. Among foster families headed by couples, in contrast, approximately half of foster children are white and about 20 percent are African-American and an additional 20 percent are Latino(a).

**Table 10. Demographic characteristics of foster parents, by living arrangement.**

	All	Same-sex	Different-sex Married	Different-sex unmarried	Single	Same-sex female	Same-sex male
Age (mean)	44.3	47.8	<b>44.6</b>	<b>35.7</b>	<b>38.9</b>	39.3	42.2
Education							
<High School	24%	20%	22%	<b>31%</b>	<b>30%</b>	24%	35%
High School Diploma	28%	17%	<b>27%</b>	<b>35%</b>	<b>29%</b>	25%	21%
Some College	32%	39%	35%	<b>24%</b>	<b>28%</b>	32%	28%
College Degree	11%	17%	12%	<b>8%</b>	<b>8%</b>	12%	7%
Graduate Studies	5%	8%	5%	<b>2%</b>	5%	8%	9%
Household Income (mean)	\$49,841	\$57,056	\$63,698	\$46,314	\$32,948	\$49,599	\$70,202
Race/Ethnicity							
White	55%	55%	62%	58%	<b>31%</b>	49%	49%
African/American	26%	18%	21%	14%	<b>51%</b>	16%	28%
Hispanic/Latino(a)	14%	21%	13%	23%	14%	30%	12%
Asian/Pac. Islander	1%	1%	1%	2%	1%	1%	3%
Am. Indian/AK Native	2%	1%	2%	2%	1%	0%	8%
Other	2%	4%	2%	1%	3%	4%	0%

Source: Census 2000

**Bold figures are significantly different ( $p < 0.05$ ) from same-sex**  
*Italicized figures are significantly different ( $p < 0.05$ ) from same-sex female*

# Impacts of Policies Prohibiting Gay Men and Lesbians from Adopting or Fostering Children

## *Displacement of children*

As noted earlier, several states have recently considered legislation that would prohibit lesbians and gay men (and perhaps bisexuals) from adopting or fostering children. Based on the data just presented on the number and characteristics of adopted or foster children with GLB parents, this section and the next discuss the potential ramifications of such a policy change.

### ***As many as 14,000 children could be displaced from their current foster homes.***

If a state were to decide to limit adoption and foster care by gay parents, it is likely that children currently placed with existing GLB foster parents would be removed from those families. In the next section, we estimate that 9,300 to 14,000 children would be displaced. Some of those children would be placed in other foster family settings, but others would be placed in group or institutional care.

Foster parents are an important source of adoptive homes. Of children adopted from foster care in 2005, 60 percent were adopted by their foster parents (U.S. DHHS, 2005b). Taking gay and lesbian parents out of the pool of potential foster parents who might also adopt may increase the time to adoption for the children who would have been placed in those homes. Some children might never be adopted and will “age out” of the foster care system.

### ***Taking GLB parents out of the pool of foster parents who might also adopt may increase the time to adoption for some children.***

In some circumstances, a lesbian or gay foster parent has a characteristic that makes them best suited to a particular child. Removing children from those homes deprives the child of that placement. For instance, some children might be placed with a stranger rather than a lesbian or gay relative. Or a lesbian or gay foster parent who is a medical professional might have skills that are best suited to the medical needs of a child when compared with other potential foster parents.

One recent study of Midwestern youth who are or were in foster care found that almost seven percent identified as homosexual or bisexual (Courtney, et al., p. 46). Challenges associated with being a GLB youth, including stigma from family and peers, contribute to GLB young people experiencing a variety of difficulties in adolescence. These difficulties could create challenges and conflict within biological families and increase the likelihood that GLB youth are placed in foster care settings (see Mallon, 1998). If these youth are harder to place with non-GLB foster parents, then GLB foster parents might constitute an important pool of parents for these children, in particular.

Prior research on children in foster care shows that all of these policy impacts are likely to have harmful effects on children.

## ***Research on the well-being of children in foster care***

Studies show that the frequency of moves between placements is associated with several harmful outcomes for children. Most of these studies cannot control for the possibility that causation runs in both directions, e.g. that the child’s behavioral or other problems caused the instability in placements. However, researchers generally believe that children’s problems are both a cause and a consequence of instability (Harden, 2004). Such problems include:

- A higher probability of having at least one severe academic skill delay (Zima, Bussing, Freeman, Yang, Belin, and Forness, 2000).
- More outpatient mental health visits, particularly for children who also reported some types of behavior problems (James, Landsverk, Slymen, and Leslie, 2004).
- Behavioral disturbances and conduct problems in school (girls) and difficulty in forming relationships with their foster families (boys) (Leathers, 2002).
- Increased behavior problems, even when not exhibited on entering the child welfare system (Newton, Lintrownik, and Landsverk, 2000)
- Lower probability of adoption (Smith, 2003).

***Prior research on children in foster care suggests that policy impacts are likely to have harmful effects on children.***

Conversely, stability of placements is associated with positive outcomes for children:

- A review of studies conducted from 1960-1990 showed that having fewer placements was associated with better school achievement, less criminal activity, more social support, increased life satisfaction, greater housing stability, better self-support, better caring for one’s own children (McDonald, Allen, Westerfelt, Piliavin, 1993).
- Stability of relationships is generally important for children’s development (Harden, 2004).

Research also suggests that family environments are usually best for children. Children who are placed in congregate care settings are more likely to suffer the ill effects of not having a family-like environment. Studies show that such children experience negative outcomes:

- They had lower scores on social and cognitive functioning and reported seeing their biological family members far less often than children in family-like foster care settings (U.S. Dept. of Health and Human Services, 2003).
- They had a decreased probability of being adopted (Freundlich, 2003).
- They were more likely to demonstrate behavioral problems and to repeat a grade (Zima, et al., 2000).
- Very young children had lower scores on their motor and psychomotor development, and in communication and socialization when compared to matched children in family foster care (Harden, 2002).

Finally, children who are not adopted and instead “age out” of the foster care system face many health, educational, and financial challenges:

- The average income (\$6,000) for aging-out youth was below the federal poverty line (\$7,890 for a single adult). Aging-out youth also report high levels of unemployment. (Goerge, Bilaver, Lee, Needell, Brookhart, and Jackman, 2002).
- Less adult guidance may account for some of the reasons why foster care children who have aged-out also go to college at extremely low rates (Anderson, 2003).
- In a survey of 141 young adults 18 months after they had aged out of care, 32 percent had received some type of public assistance, 37 percent had no high school diploma or GED, 18 percent had been incarcerated, 51 percent had no health insurance, and only 9 percent were in college (Courtney, Piliavin, Grogan-Kaylor, and Nesmith, 2000).
- Even years later, foster care alumni show high rates of mental health disorders, high rates of homelessness and poverty, low rates of education beyond high school, low incomes, and low rates of health insurance coverage (Pecora et al., 2005; see similar findings for a different group of youth in Courtney, et al., 2005).

Research suggests children who spend more time in the foster care system have other harmful outcomes (U.S. Dept. of Health and Human Services, 2007).

## Financial Impact of Excluding Gay Men, Lesbians, and Bisexuals from Fostering Children

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### ***National cost estimates***

Our conservative policy models project that a national ban on GLB foster care could add \$87 to \$130 million to foster care system expenditures each year. States that do not allow GLB people to be foster parents could incur higher foster care system expenditures for two reasons. First, some children who are removed from non-kin care homes headed by GLB people will

***A national ban on GLB foster care could cost from \$87 to \$130 million.***

be placed in group or institutional care, which is more costly for states than family foster care. Second, the state will incur the cost of recruiting and training new foster parents. The state will want to place some children removed from GLB homes in other family care settings, but most states struggle to recruit a sufficient number of foster parents.

We estimate the cost of banning foster care by GLB parents in several steps described in detail in the appendix. We assume that six percent of foster children have GLB parents, the national average presented earlier. That figure might overstate the number of GLB parents in states that have or had policies or practices that bar gay parents from foster care. Therefore, we also calculate costs assuming that four percent of foster children have GLB parents to provide a range of estimates. Using those assumptions, we predict how many children will be moved to other family foster care homes that will be recruited or moved into group or institutional care settings. Then we multiply the number going into family foster care by the cost of recruiting a new family to replace the GLB family.

To estimate family recruitment costs, we use Michigan's standard adoption recruitment rate of \$4160 per family recruited. While it is very difficult to estimate these costs, this is the best available estimate based on limited published information and inquiries to states (see appendix for further discussion). It should be assumed, however, that family recruitment costs would vary by state. We also estimate the additional cost of congregate care for the children who cannot be placed with another family but instead go into group or institutional settings. Using data from the Adoption and Foster Care Reporting System (AFCARS), we estimate the difference in average monthly payments made to providers for family foster care compared with congregate care.

### ***State cost estimates***

Although these estimates based on available data cannot be precise, this model provides a rough estimate of the cost to states of a ban on gay foster parents. Table 11 presents estimates for each state. The second and third columns report the number of children who are currently living with GLB parents who would have to be relocated, making different assumptions about how many children now have GLB foster parents. Nationally, we estimate that between 9,300 and 14,000 children will be removed from their foster homes. The fourth column shows the average additional yearly cost per child who moves from a family care setting to a group or institutional placement (averaging that figure for children age 5-12 and age 13 and up). The last two columns present our range of estimates for the additional costs for states in recruitment and the added cost of group placements.

***Costs to individual states could range from \$100,000 to \$27 million.***

The wide range of the total effect on the state foster care systems depends to some extent on the size of the state. The potential costs to the states of removing GLB parents from the foster care system range from \$100,000 in South Dakota to over \$27 million in California.

### ***Cost estimate methodology***

These are several reasons to believe that these represent conservative estimates of the financial impact on states since there are a variety of costs that cannot be estimated. First, banning GLB parents from the foster care system takes out a large pool of potential adoptive parents. As noted in an earlier section, in 2005 114,000 children in the foster care system were free for adoption because the child had a goal of adoption and/or the child's parental rights had been terminated. Also noted earlier was that the majority of adoptions from foster care are by foster parents. States and the federal government subsidize adoptions of some children out of foster care. In some states, adoption subsidies are close to foster care rates, but in other states adoption subsidies are much lower than foster care payments. Therefore, some states save money when children are placed in permanent adoptive homes instead of remaining in the foster care system.

***Cost calculations are conservative and likely underestimate the cost of a ban on fostering and adoption by GLB parents.***

**Table 11. Cost of a ban on GLB fostering, by state.**

State	Total children displaced		Average additional cost for congregate care per year (monthly avg. cost for children age 5-12 and 13+)*12 mos.	Total cost (recruitment + congregate care differential)	
	4% GLB foster rate	6% GLB foster rate		4% GLB foster rate	6% GLB foster rate
Alabama	107	161	\$ -	\$ 336,960	\$ 507,520
Alaska	32	47	\$ -	\$ 112,320	\$ 162,240
Arizona	120	180	\$ 26,084	\$ 1,177,219	\$ 1,777,595
Arkansas	78	118	\$ -	\$ 270,400	\$ 411,840
California	1370	2055	\$ 42,915	\$18,028,645	\$ 27,039,386
Colorado	155	234	\$ 416	\$ 481,723	\$ 723,001
Connecticut	112	166	\$ 42,852	\$ 1,936,430	\$ 2,857,633
Delaware	20	31	\$ 35,699	\$ 269,141	\$ 396,810
DC	40	61	\$ 8,922	\$ 225,362	\$ 342,384
Florida	462	694	\$ 11,126	\$ 2,510,567	\$ 3,766,436
Georgia	359	537	\$ -	\$ 1,243,840	\$ 1,859,520
Hawaii	64	95	\$ -	\$ 249,600	\$ 370,240
Idaho	38	58	\$ 24,916	\$ 283,563	\$ 429,505
Illinois	334	502	\$ 81,006	\$ 4,950,441	\$ 7,514,942
Indiana	260	390	\$ 160	\$ 909,401	\$ 1,366,095
Iowa	116	174	\$ 12,750	\$ 734,758	\$ 1,090,702
Kansas	121	180	\$ 3,979	\$ 547,840	\$ 811,541
Kentucky	168	253	\$ 22,417	\$ 1,445,986	\$ 2,183,191
Louisiana	104	157	\$ 29,373	\$ 951,538	\$ 1,444,555
Maine	56	85	\$ 667	\$ 207,687	\$ 315,690
Maryland	171	258	\$ 53,364	\$ 2,787,690	\$ 4,215,373
Massachusetts	209	314	\$ 60,824	\$ 3,852,264	\$ 5,743,373
Michigan	324	486	\$ 43,770	\$ 3,791,966	\$ 5,685,557
Minnesota	134	200	\$ 34,764	\$ 1,789,556	\$ 2,680,174
Mississippi	44	67	\$ 21,750	\$ 411,440	\$ 629,980
Missouri	124	184	\$ 18,797	\$ 1,063,986	\$ 1,587,658
Montana	37	57	\$ 7,044	\$ 169,459	\$ 266,196
Nebraska	95	142	\$ 5,124	\$ 494,244	\$ 742,331
Nevada	77	114	\$ 33	\$ 266,702	\$ 400,020
New Hampshire	28	42	\$ 15,098	\$ 189,378	\$ 298,657
New Jersey	333	501	\$ 56,168	\$ 4,404,556	\$ 6,588,897
New Mexico	46	68	\$ -	\$ 166,400	\$ 249,600
New York	615	922	\$ 50,961	\$ 8,958,810	\$ 13,384,060
North Carolina	166	249	\$ 2,337	\$ 600,106	\$ 901,473
North Dakota	24	35	\$ 35,215	\$ 264,742	\$ 424,008
Ohio	441	661	\$ 25,371	\$ 3,296,036	\$ 4,952,604
Oklahoma	172	258	\$ 209	\$ 618,221	\$ 925,251
Oregon	209	313	\$ 588	\$ 784,669	\$ 1,174,923
Pennsylvania	409	615	\$ 34,988	\$ 4,857,021	\$ 7,306,667
Rhode Island	31	47	\$ 58,334	\$ 696,113	\$ 1,124,634
South Carolina	118	178	\$ 9,254	\$ 711,911	\$ 1,072,026
South Dakota	29	41	\$ 2,491	\$ 107,285	\$ 153,867
Tennessee	198	297	\$ 30,954	\$ 1,543,202	\$ 2,332,585
Texas	448	672	\$ 9,079	\$ 2,409,105	\$ 3,610,907
Utah	54	80	\$ 9,781	\$ 339,535	\$ 489,741
Vermont	32	46	\$ 70,174	\$ 528,472	\$ 824,071
Virginia	166	250	\$ 1,897	\$ 559,040	\$ 840,457
Washington	195	293	\$ 58,038	\$ 1,713,606	\$ 2,546,301
West Virginia	74	111	\$ 25,031	\$ 776,934	\$ 1,158,520
Wisconsin	161	242	\$ 49,685	\$ 1,760,685	\$ 2,614,310
Wyoming	18	25	\$ 26,905	\$ 214,884	\$ 293,030
TOTAL	9298	13946		\$87,001,436	\$ 130,588,073

States also save when children are adopted because of the extra costs of foster care. Those extra costs might include costs associated with periodic case reviews by courts, administrative costs of case management, independent living costs, and extra health care costs. One recent study estimated that North Carolina saved between \$21,000 and \$127,000 each time a foster child was adopted, depending on the amount of time the child stayed in foster care (Barth, Lee, Wildfire, and Guo, 2006). A more recent study suggests that including the lifetime social benefits of adoption to children boosts government savings even more (Hansen, 2006). Because detailed state-level estimates of the savings from adoption are not available, we do not estimate these costs here, although we note that it is likely they are considerable.

Second, reductions in the future pool of potential adoptive parents mean that states will need to increase costly recruitment efforts to replace those parents. Furthermore, states are likely to face rising costs of recruiting additional parents as they reach out beyond those potential parents who are most interested and easiest to recruit.

Third, as discussed in the previous section, the children who must be moved out of a gay or lesbian foster parent's home might have added health care and other expenses related to the trauma of the move. Children in foster care have already experienced the trauma of a separation from their biological parents. Additional separations from substitute caregivers to whom they have become attached could have significant effects on their socio-emotional development. Young children, in particular, might not understand the nature of impersonal policy changes and might instead perceive the move to be related to some shortcoming on their part, increasing the level of trauma experienced. Moves for older children might be traumatic because they may be separated from their friends, siblings, or their school.

Fourth, the federal government sets standards for states to meet in placing of foster children who are available for adoption in permanent homes (Adoption and Safe Families Act (ASFA), P.L. 105 89 of 1997, as explained by Wulczyn and Hislop (2002)). States could receive \$4,000 for each completed adoption (\$6000 per adoption of a special needs child) that exceeded a baseline set based on numbers of recent adoptions. By turning away prospective adoptive parents, states risk missing these goals and losing out on an important source of funding (Doering and Schuh, 2006).

Fifth, a ban on GLB foster parents would also ban care by GLB relatives, which we cannot account for here given the lack of Census data on kin care by GLB people. Moreover, use of kin can vary from state to state (Geen, 2003). If we could include these providers, the number of children displaced and the cost to the state would be higher, and states that rely heavily on kin would be more affected.

Finally, this policy analysis exercise is based on data regarding single gay and lesbian households and for same-sex couple households. If bisexuals who are not currently in same-sex relationships are also restricted from adopting and fostering, the likely costs to children and states will also be much higher than our estimates. Findings from the NSFG (Mosher et al., 2005) suggest that self-identified bisexuals represent fully half of the GLB population. Our estimates for the number of adopted and fostered children being raised by GLB parents would be significantly higher if we could include bisexual parents in these estimates, as would our estimate of the cost of excluding GLB parents.

Overall, then, our estimate of the costs to states are likely to underestimate the cost of a ban on fostering and adoption by GLB parents.





## Conclusions and Policy Implications

### ***Implications for the foster care system***

As the Census data and other recent federal data show, many GLB people are adoptive or foster parents. Many more have expressed interest in adopting and constitute a large pool of potential adoptive or foster parents. Given the constant need for more adults to care for children who are in the overburdened child welfare system, GLB people are an important new source for child welfare officials to tap. The fact that we already see so many GLB foster parents also implies that changes in policy to ban GLB people from fostering or adopting will have repercussions for children and for state welfare systems.

The conclusions and implications of this study might be thought of in terms of implications for the states and their child welfare agencies, for children, and for GLB adults.

State child welfare agencies are already considerably over-burdened and financially strained. Additional

***A ban on GLB fostering might divert resources from other child protection activities and create longer term stress on parent recruitment efforts.***

costs to finding new foster homes for children displaced—as much as \$130 million nationally—could divert resources from other important child protection activities.

Foster and adoptive parents are already a limited resource for state child welfare agencies. In the short term, restricting the pool of potential parents could create financial and logistical challenges for states. In the longer term, states would miss the opportunity to expand pools of potential foster and adoptive parents (Mallon, 2006), which might allow them to save resources currently spent on recruiting and instead use those resources for other important activities.

### ***Implications for children***

There are several reasons to be concerned about children's experiences and the potential trauma they may incur should such bans be put in place. For one, these children may have attached to their GLB caregivers. They have already been separated from their biological parents and many have likely experienced several placements. These GLB caregivers might be relatives or other individuals who are best equipped to foster these children. Disrupting yet another attachment could be potentially very detrimental to their well-being and ability to form relationships later in life. Another reason for concern is that children may be moved to institutional settings, and prior research suggests these settings are not as good for children's development. Moreover, moving children to more restrictive settings would be counter to the federal and states goals of finding the least-restrictive placement setting for a child.

A segment of the foster care population to be particularly concerned about in this debate is gay and lesbian youth in foster care. More research is needed to better understand the needs of this population, but research shows that this population exists. They tend to be older and research shows that finding placements for older youth is particularly challenging for states. GLB parents might be more likely to accept a GLB foster youth.

***GLB caregivers might be relatives or other individuals who are best equipped to foster these children.***

### ***Implications for GLB people***

While we did not directly assess the effects of a ban on GLB people, laws or policies prohibiting well-qualified GLB potential parents from adopting or fostering could exacerbate social stigma associated with their sexual orientation by creating additional legal barriers to parenting. They already face documented hurdles in the foster care and adoptive process because of their sexual orientation. Much more research is needed to understand the practices that affect this population's access to foster care and adoption services.





## **Appendix: Data and Methodology**

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### ***United States Decennial Census, 2000***

Estimates for the number of adopted and fostered children being raised in lesbian and gay household rely in large part on ascertaining the characteristics of same-sex unmarried partner households, commonly understood as gay and lesbian couples, in the United States 2000 Decennial Census. We use a combined 5 percent and 1 percent Public Use Microdata Sample (PUMS) to determine the characteristics of same-sex unmarried partner households. The two PUMS samples represent independent draws from the responses to the census long-form, which contains detailed information about all members of the household, including if they are an adopted or foster child.

### **Identifying same-sex unmarried partners**

The census household roster includes a number of relationship categories to define how individuals in a household are related to the householder (the person filling out the form). These fall into two broad categories: related persons (e.g., husband/wife, son/daughter, brother/sister), and unrelated persons (e.g., unmarried partner, housemate/roommate, roomer/boarder, and other nonrelative). Since 1990, the Census Bureau has included an “unmarried partner” category to describe an unrelated household member’s relationship to the householder. If the householder designates another adult of the same sex as his or her “unmarried partner” or “husband/wife”, the household counts as a same-sex unmarried partner household. These same-sex couples are commonly understood to be primarily gay and lesbian couples (Black et al. 2000) even though the census does not ask any questions about sexual orientation, sexual behavior, or sexual attraction—three common ways used to identify gay men and lesbians in surveys.

### **Potential bias and measurement error**

There are several selection bias and measurement error issues associated with the same-sex unmarried partner data that could affect estimated rates of adoption and fostering. First, to the extent that the census sample can be used to derive characteristics of gay and lesbian people, it is important to note that the sample is only a representation of couples. Their characteristics, including the likelihood of either adopting or fostering children, may differ from those of single gay men and lesbians. Carpenter (2005) finds that single lesbians and gay men in California were more likely to have children (not specifically adopted or fostered children) than their coupled counterparts. In jurisdictions that restrict adoption and fostering options for lesbians and gay men, it may be easier for single lesbians and gay men to both adopt and/or foster.

Secondly, concerns about confidentiality may lead some same-sex couples to indicate a status that would not provide evidence of the true nature of their relationship. Other couples may believe that “unmarried partner” or “husband/wife” does not accurately describe their relationship. A study of undercount issues relating to same-sex unmarried partners in Census 2000 indicates that these were the two most common reasons that gay and lesbian couples chose not to designate themselves as unmarried partners (Badgett and Rogers 2003). It seems reasonable to believe that the census tends to capture same-sex couples who are more willing to acknowledge their relationship and are potentially more “out” about their sexual orientation. In areas which restrict adoption and fostering options for lesbians and gay men, those who are more open about their relationships may actually be less likely to have adopted or fostered children than those who keep their relationships more private.

These selection biases suggest that estimates of gay and lesbian adoption and fostering rates derived from the census same-sex unmarried partner sample likely represent a lower bound.

Beyond the issue of selection bias, a measurement error issue specific to same-sex unmarried partners identified in Census 2000 creates an additional potential bias. In the 1990 Census, a household record that includes a same-sex “husband/wife” was edited such that, in most cases, the sex of the husband or wife was changed and the couple became a different-sex married couple in publicly released data (Black et al., 2000). This decision is reasonable if most of the same-sex husbands and wives were a result of the respondent checking the wrong sex for either him- or herself or his or her spouse. In Census 2000, officials decided that some same-sex couples may consider themselves married, regardless of legal recognition. As a result, these records were altered such that the same-sex “husband/wife” was recoded as an “unmarried partner.”

This process inadvertently creates a measurement error issue. Some very small fraction of the different-sex couples likely make an error when completing the census form and miscode the sex of one of the partners. Under Census 2000 editing procedures, all of these miscoded couples would be included in the counts of same-sex unmarried partners. Because the ratio between different-sex married couples and same-sex couples is so large (roughly 90 to 1), even a small fraction of sex miscoding among different-sex married couples adds a sizable fraction of them to the same-sex unmarried-partner population, possibly distorting some demographic characteristics.

Black et al. (2003) propose a method for at least identifying the direction of the bias when considering various demographic characteristics of same-sex couples. Same-sex unmarried partner households where one member of the couple was identified as “husband/wife” are the “at-risk” group for this form of measurement error. Census data provide no simple way to identify this group, but one way to isolate same-sex “spouses” is to consider the marital status variable allocation flag (a variable indicating that the original response had been changed). Census Bureau officials confirm that their editing procedures altered the marital status of any unmarried partners who said they were “currently married.” (Changes in marital status occurred after editing all of the same-sex “husbands” and “wives” into the “unmarried partner” category.) A large portion of the same-sex unmarried partners who had their marital status allocated likely originally responded that they were “currently married” given that one of the partners was a “husband/wife.” Same-sex partners who have not had their marital status variable allocated are likely free of significant measurement error. As such, the analyses use estimates of adoption and fostering rates as well as demographic characteristics only among same-sex partners and their families where at least one of the partners did not have his or her marital status allocated.

### **Identification of adopted and fostered children**

The census household roster only identifies the relationship between household members and the householder. Estimates of adopted and fostered children are therefore more technically estimates of households where the householder is the adopted or foster parent of a child. This measurement method likely undercounts the total number of adopted and fostered children since it probably misses households where the parent (or parents) of an adopted or foster child is not the householder. Further, a child who is the “natural born” child of the householder could technically be the adopted child of a spouse or partner. Census data provide no mechanism for distinguishing these types of households.

Foster children identified in the Census are in most cases non-kin fostered children. The household roster includes a variety of kinship relationship categories and it seems reasonable to assume that a householder would identify a foster child as the appropriate kinship relationship even if the child is technically in the home as a foster child.

### **National estimates for the number of adopted and fostered children being raised by lesbians and gay men**

No available data sources provide a direct count or estimate of the number of adopted or fostered children living in all gay or lesbian households, both singles and same-sex couples. Census 2000 estimates of adoption and fostering rates within same-sex couple households provide a mechanism to make estimates among the entire lesbian and gay population if one makes the following assumptions:

1. Rates of adoption and fostering do not vary between same-sex couples and single lesbian and gay households
2. Census 2000 counted all gay and lesbian couples in the United States<sup>6</sup>

The estimation process begins by estimating the total number of lesbian and gay households in the United States. Using the National Survey of Family Growth (described in detail later), Mosher, et al. (2005) find that 2.3 percent of men and 1.3 percent of women aged 18-44 identified themselves as gay or lesbian. If we apply these estimates to the entire U.S. adult population (aged 18 and up), then there are an estimated 2,322,870 gay men and 1,405,738 lesbians in the United States. Census 2000 counted 301,026 same-sex male couples and 293,365 same-sex female couples. Subtracting those figures from the estimates of the number of gay men and lesbians yields a total of 3,134,218 lesbian and gay households (2,021,844 male and 1,112,373 female).

We then derive estimates of the number of adopted or fostered children with gay or lesbian parents by multiplying the total number of lesbian and gay households by the adoption/fostering rates among same-sex couples and the average number of adopted and fostered children within same-sex couple households with adopted/fostered children.

### **State-level estimates for the number of adopted children being raised by lesbians and gay men**

We derive estimates of the number of adopted children being raised by lesbians and gay men within states by first determining the geographic distribution across all states of the adopted children being raised by same-sex couples from Census 2000. We then apply that distribution to the national estimate for the number of adopted children being raised by lesbians and gay men. For example, approximately one-quarter (25 percent) of adopted children living

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<sup>6</sup> The measurement error discussed earlier would suggest that Census counts overstate the number of same-sex couples as some portion are actually different-sex married couples. O’Connell and Gooding (2006) assessed this problem by attempting to match names with recorded sex among both same-sex and different-sex couples. They found that sex miscodes among different-sex couples (in other words, different-sex couples who are actually same-sex couples) were sufficient to offset the miscoded same-sex couples. Further, undercount estimates made by Badgett and Rogers (2004) could also lead to the Census figures underestimating the true count of same-sex couples.

with same-sex couples live in California. Our estimate for the number of adopted children living with a lesbian or gay parent (both single and coupled) in California is derived by assuming that one quarter (25 percent) of the national estimate of the number of adopted children being raised by lesbian or gay parents live in California. It should be noted that we are unable to make estimates for the six states (Delaware, Idaho, New Hampshire, North Dakota, South Dakota, West Virginia, and Wyoming) where there are no observations of adopted children living with a same-sex couple.

In theory, a similar method could be applied to estimate the number of foster children being raised by lesbians and gay men in states. Unfortunately, the sample sizes for foster children being raised by same-sex couples are insufficient to make credible state-level estimates. The samples includes 106 observations of foster children being raised by same-sex couples.

### ***National Survey of Family Growth 2002***

The 2002 National Survey of Family Growth (NSFG) provides data on fertility and the desire to adopt for people of differing sexual orientations. The NSFG was conducted in 2002 and 2003 under the auspices of the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Trained female interviewers conducted in-person interviews with 7,643 women and 4,928 men in the United States who were age 15-44. These individuals sampled are representative of the U.S. population and were chosen through multistage area probability sampling. We use sampling weights in all calculations presented in this report.

The survey asked respondents about topics such as fertility, personal characteristics, and sexuality. Most questions were asked face-to-face by the interviewer. However, a series of questions about sexuality, including sexual orientation, were asked using an Audio Computer-Assisted Self-Interviewing (ACASI) technique. The respondent used a computer to listen to or read the sensitive questions on sexuality and respond on the computer directly. The additional privacy provided by this method is likely to produce better reporting of sexual identity than face-to-face interviews.

On the ACASI questionnaire, people aged 18 and older were asked, "Do you think of yourself as heterosexual, homosexual, bisexual, or something else?" Appendix Table A presents responses to this question by sex. Respondents were also asked about same-sex attraction and sexual experiences, but we use the identity data for this report because public policies related to adoption and sexual orientation most often appear to relate to self-reported identity. Overall, 4.1 percent of both women and men reported either a homosexual or bisexual identity, although more women reported being bisexual than did men. Because public policies do not always obviously distinguish between homosexual (or gay or lesbian) identity and a bisexual identity, in this report we combine the homosexual and bisexual respondents where necessary.

We draw on several other questions to provide information on the fertility experiences and adoption aspirations of GLB respondents. Unless otherwise noted, all statistics come from the authors' calculations on weighted data from the Public Use sample supplemented with the ACASI datafile made available to us by the National Center for Health Statistics.

### **Fertility**

Women in the NSFG were asked how many live births they had (question BC-2). We calculate the proportion of women who have given birth to a live baby. Men were asked if they had ever fathered or adopted a child.

### **Desire to have children**

Both men (series HA) and women (series GA) were asked about their "feelings about having (a/another) child, whether or not you are able to, or plan to have one." We calculated the percentage answering yes or probably to the following question: "(Looking to the future, do/If it were possible would) you, yourself, want to have (a/nother) baby at some time (after this pregnancy is over/in the future)?" Phrases in parentheses were adapted to the situations of each respondent.

### **Adoption consideration**

Questions specifically related to adoption were asked only of women in the NSFG. One series of questions in the NSFG (BK) probes for intentions and actual actions taken to adopt a child who has not already been adopted or whose adoption is in the process. Question series BL asks respondents whether they "have ever considered adopting (another) child." That question was only asked of those not currently seeking to adopt. We combine people answering affirmatively on either series to give a fuller picture of those who have considered adopting at some point in their lives. Results are presented in Table 2 in the main text.

**Appendix Table A: Self-reported sexual orientation by sex.**

Sex	Heterosexual	Homosexual	Bisexual	Something Else	Did not report
Women	90.3%	1.3%	2.8%	3.8%	1.8%
Men	90.2%	2.3%	1.8%	3.9%	1.8%

Source: William D. Mosher, Anjani Chandra, and Jo Jones, "Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002," Advance Data from Vital and Health Statistics, CDC, Number 362, Sept. 15, 2005.

## ***Adoption and Foster Care Analysis and Reporting System (AFCARS) 2004***

### **Children in foster care**

The Adoption and Foster Care Analysis and Reporting System (AFCARS) is the federal repository for state administrative data on children in foster care and those that have been adopted. While only developed in the late 1990s and still improving, this system is the preferred source for administrative data on children in the child welfare system. For this report, AFCARS data from 2004 was used to provide the total numbers of children in foster care on September 30, 2004 nationally and for each state. Estimates were also produced for the numbers of children in foster care by age group and types of placement, specifically non-kin foster family homes and group home and institutional care settings.

### **Payments made on behalf of foster children**

AFCARS also provides information on payments made to caregivers and child-caring institutions on behalf of children to provide for their care. Specifically, AFCARS asks states to provide the last full monthly payment made during the reporting period:

"Enter the monthly foster care payment (regardless of sources) - Enter the monthly payment paid on behalf of the child regardless of source (i.e., federal, state, county, municipality, tribal, and private payments). If Title IV-E is paid on behalf of the child, the amount indicated should be the total computable amount. If the payment made on behalf of the child is not the same each month, indicate the amount of the last full monthly payment made during the reporting period. If no monthly payment has been made during the period, enter all zeros. A blank in this field indicates that the State does not have the information for this element." (National Data Archive on Child Abuse and Neglect, 2002)

If the child is "IV-E eligible," meaning the child resided in a family that met income eligibility requirements prior to coming into care, a portion of this payment is reimbursable by the Federal government. Using AFCARS, estimates were produced of the mean payments made for children of particular ages and in different types of placements. This mean is intended to provide an approximation of state costs, on average, for providing care for foster children of particular ages in different arrangements.

### **Quality checks and adjustments to the AFCARS data**

Several adjustments and checks were done of the AFCARS data to ensure its accuracy. First, the mean was adjusted to exclude erroneous payment amounts and adjust for outlying amounts. Cases where the payment was \$0 or \$99,999 were removed. It is unlikely that no payment was made on behalf of the child, but instead that this data is simply not available. It is also likely that values of \$99,999 were default values in an administrative system. The payment data was also adjusted for outlying values. Payments for children in care are substantially higher if a child has significant special needs. To ensure these cases did not bias the mean, the mean is calculated based on the middle 50 percent of the distribution.

Second, to get a sense of the validity of the AFCARS data, the adjusted means were compared to state payment data collected by the Child Welfare League of America and stored in their National Data Analysis System (NDAS). The NDAS compiles state reports of basic monthly foster care maintenance payments for children ages 2, 9, and 16. NDAS also includes state reports of per diem payments for children in residential and group care settings. Comparing foster care rates from NDAS 2002 and the adjusted means from AFCARS 2002 for non-kin foster care, when both sources were available, rates were comparable within \$200 for many states (72 percent of states for age 2, 58 percent for age 9, and 42 percent for age 16). For older youth, the payment amounts did diverge more significantly. In all cases, the AFCARS adjusted mean was higher than NDAS. This likely reflects a reality in child welfare that older children frequently have special needs and receive higher payments on average. Hence, AFCARS data does appear to provide a reflection of the true cost to states in providing care for foster children in non-kin foster care.

Data on institutional and group home care costs were more difficult to compare. NDAS rates were unavailable for many states or were not available for either group home or institutional care. Generally, when rates were available, NDAS and AFCARS estimates differed more substantially. This might be explained by the fact that group home and institutional rates can vary widely between facilities in states, which could get obscured in the state averages provided by NDAS. For the purposes of this study, AFCARS data, collected at the child level, provides the best reflection of costs to states for serving children in group homes and institutional settings.

Third, AFCARS data were checked for small sample sizes. Table B identifies states for which sample sizes were under 50 children for particular ages and placement categories. Since very few children under four reside in congregate care, for most states, these sample sizes were under 50. As congregate care is increasingly seen as a less preferable placement for very young children, cost estimates for placement in congregate care for this age group are not included in the analysis to assess costs to states of limiting gay and lesbian foster parenting. Costs of recruiting additional foster parents to care for children potentially already living with a gay or lesbian foster parent(s) are included for these children.

**Appendix Table B: States with sample sizes of fewer than 50 children.**

Ages 0-4		Ages 5-12		Ages 13+	
Foster Care	Group Home / Institutional	Foster Care	Group Home / Institutional	Foster Care	Group Home / Institutional
No states	* Most states have less than 50 children age 0-4 in these settings	No states	Alaska Delaware Washington DC Hawaii Idaho Vermont Wyoming	No states	No States

Fourth, AFCARS data were also checked for extensive missing data. Table C lists states for which payment data was missing for more than 20 percent of cases. States for which no data is available, and NDAS rates are used instead (see below), are not included in this list.

**Appendix Table C: States with missing payment data for more than 20 percent of children.**

Ages 0-4		Ages 5-12		Ages 13+	
Foster Care	Group Home / Institutional	Foster Care	Group Home / Institutional	Foster Care	Group Home / Institutional
California	* Most states report more than 20% missing data as few very young child reside in these settings	California	Alabama Arkansas California Connecticut Florida Hawaii Indiana Kansas Maryland Missouri Nebraska New Jersey New Mexico New York Ohio Oregon South Carolina South Dakota Vermont Virginia Washington West Virginia Wyoming	Alabama Arizona California Delaware Florida Kansas Nebraska New York Ohio South Carolina Vermont Virginia Washington	Alabama Arizona Arkansas California Colorado Delaware Florida Hawaii Illinois Kansas Louisiana Maryland Michigan Missouri Nebraska New Jersey New York Ohio Oregon South Carolina South Dakota Vermont Washington West Virginia Wisconsin Wyoming

While this missing data is cause for some concern, it is difficult to determine how it might bias the payment averages. Given that we use the mean of the middle two quartiles of the payment distribution, we are fairly confident that even if bias was an issue, this adjustment would minimize it.



Fifth, adjusted means were checked for data that appeared potentially erroneous or were unavailable, and in a few cases the NDAS rates were used instead. For foster care rates, AFCARS data were not available for Alaska and Mississippi and NDAS rates were used instead. For Georgia, the AFCARS means appeared highly improbable, ranging from over \$12,000 to almost \$15,000 per month depending on the age group, and NDAS rates were used instead.

For group home and institutional care, data was not available in AFCARS for some age groups in Delaware, Kansas, Mississippi, Virginia, and West Virginia. For these states, NDAS rates for institutional and group home care were used instead. For Alaska and Tennessee, AFCARS and NDAS data were not available for some age groups, and payment estimates are not possible for these states. Again for Georgia, the adjusted average for institutional and group home care seemed highly improbable, ranging from over \$15,000 to nearly \$27,000 per month depending on the age group. NDAS data on institutional and group home care is not available for Georgia either, so payment estimates are not available for Georgia. For some states, AFCARS institutional and group care rates appeared highly improbable. For adjusted mean monthly payments under \$200, we used NDAS data when available or did not report data. This occurred in Nevada for 5-12 year olds (adjusted mean was \$165) and the 13 and older age group (adjusted mean was \$86). NDAS data was not available for this state. Utah's adjusted mean monthly payment for the 13 and older age group was \$42 and was replaced with the NDAS payment of \$2129.

States also provide to the Federal government with their AFCARS submissions careful notation of any problems or clarifications needed to understand particular data elements. Consulting this information, Florida, Iowa, and Washington make notations about their 2004 payment information. Looking more closely at the rates for each of these states, they appeared highly comparable to NDAS data when available and to other state estimates. It does not appear that the notes reported affected the quality of the data substantially, and AFCARS estimates were used for these states. However, as described above, both Florida and Washington have missing data for more than 20 percent of children in most age groups.

### Estimating foster care recruitment costs

State data on the costs of foster care recruitment are not readily available, and as a result, costs are very difficult to estimate. States pay for these costs through one funding stream, Title IV-E Foster Care Program Funds. This funding stream provides financial reimbursement to states for the costs of foster care for eligible children. Funds for foster parent recruitment and training, however, fall under two different IV-E categories, administration and training costs. These categories of spending also include other expenditures. For example, Title IV-E administrative costs, which include foster parent recruitment costs, also include spending for pre-placement services, placement services, case management, eligibility determinations, and licensing.

To arrive at an estimate of recruiting costs, limited published information from states was assessed and additional phone calls to a few other states were made. The best available data on costs of foster care recruitment comes from published state analyses of spending in this area. Few states, however, have made this data available through public reports. California and Michigan have published some information on spending from which insights into recruitment, retention, and training costs can be gleaned. According to yearly reports provided by California, total spending on foster parent recruitment, training, and retention has ranged from about \$16 and \$25 million per year (see Table D).

Looking at each of the years for which data is available, it is possible to estimate a range of per family costs. Dividing total costs by number of licensed families gives an upper bound estimate of the costs of recruiting, training, and licensing one family. However, these costs also include retention and training of foster parents who may have been fostering for many years. If instead total costs are divided by all families served, a lower bound estimate can be created. Looking at years for which these data are available, the range is wide. In the 2002-2003 year, costs per family were likely somewhere in between \$1100 and \$15,500. In the 2002-2003 year, costs per family ranged between \$900 and \$11,900. While these ranges are large, it can be assumed that the cost would not be exactly at the lower or upper bound, so a conservative estimate would be slightly above the lower bound.

**Appendix Table D: California costs of recruitment, training, and retention of foster parents.**

Year	Total Spending	Number of Families Sponsored Financially to Attend Recruitment, Training, and Retention Events	Number of Families Licensed	Cost Per Licensed Family	Cost Per Family Served through Recruitment, Training, and Retention
2001-2002	\$25,417,999	n/a	2673	\$9,509.17	n/a
2002-2003	\$18,982,629	16,270	1123	\$16,903.50	\$1,166.73
2003-2004	\$16,106,276	18,109	1350	\$11,930.57	\$889.41
2004-2005	\$15,967,610	12,441	n/a	n/a	\$1,283.47

Source: Resource Family Recruitment, Training, and Retention Annual Reports, California Department of Social Services and Urban Institute calculations.

Published data on adoptive parent recruitment costs from Michigan also provide some context for thinking about recruitment costs. The Michigan child welfare agency contracts with various public and private agencies for foster care and adoption services. Table E indicates the reimbursement amounts paid to contracted agencies per adopted child depending on the type of child for whom a family is recruited (i.e. it is more costly to recruit for a child in institutional care). These payments range between \$1,300 and \$10,000. While the procedures for recruiting, training, and licensing foster and adoptive parents are quite similar, it might be assumed that the process of becoming an adoptive parent would be slightly more extensive and, therefore, more costly. Some of the additional steps involved in this process include trial home visits, extensive data collection on parents' backgrounds, and pre-adoptive services for the family to prepare for the adoption.

Hence for this analysis we use one of Michigan's lower rates, the "standard rate" of \$4,160 per adoptive family recruited, to estimate potential costs of recruiting new foster families for displaced children living with gay and lesbian foster parents. This estimate does fall within the California ranges and given the variability in the California estimates, we believe the Michigan data provide the most feasible estimate of recruiting costs, given the limited data available.

**Appendix Table E: Data from adoption contract management, 2002.**

\$10,000	Residential Rate	Paid to an agency that places a child for adoption directly from residential care. Child must be placed within 120 days of leaving residential care.
\$9,325	MARE Rate	Paid to a non-custodial agency that places a child registered on MARE (Michigan Adoption Resource Exchange) with a recruited family (does not include foster or relative family).
\$7,000	Intra-Agency MARE Rate	Paid to a non-custodial agency that places a child registered on MARE for six or more months with a recruited family (does not include foster or relative family). Documentation of recruitment efforts is required.
\$8,660	5 Month Premium Rate	Paid to an agency that places a child in its care in adoption within 5 months of the child's permanent wardship.
\$6,520	Enhanced Rate	Paid to an agency that places a child in its care in adoption within 7 months of the child's permanent wardship.
\$4,160	Standard Rate	Paid to an agency that places a child in its care seven months after the date of permanent wardship.
\$2,600	Enhanced Pre-Placement Fee	Paid to an agency when a child in its care is referred to another agency or DHS local office within three months of the child's permanent wardship date.
\$1,300	Standard Pre-Placement Fee	Paid to an agency when a child in its care is placed by another agency or DHS local office and the criteria for an enhanced pre-placement fee does not apply.

Researchers also called several states to supplement available published data on recruitment costs and found reasonable support for an estimate of approximately \$4,000. Many states could not provide exact recruitment cost estimates as they either did not have the numbers at that level, were unwilling to share the information, or could not compile the information easily and within the timeframe of the study. Yet, five states provided some information. One state reported the average cost for the recruitment, training and licensure of a foster home to be approximately \$3,980. Three states reported costs for different stages of the recruitment process, that when considered together also supported a \$4,000 estimate. For example, the first stage of the process involves the actual recruitment activities. Based on available figures from an adoption recruitment initiative in one state, researchers estimated \$1,715 per family, but this estimate did not include licensing and training for each family. Looking to the licensing and training stage, another state reported that training and home study costs for foster parents appeared to be around \$1,000 per family. Another state estimated costs for a home study and training at \$2,500 per family. So combining recruitment activity costs with some of the licensing and training costs in the different states does suggest a total recruitment cost estimate around \$4,000 is probably reasonable. It is important to note, however, that recruitment costs could be higher or lower in any state. For example, an adoption agency in one state did estimate a total cost of approximately \$1,100 for recruitment, training, and licensing of one family. In determining the most precise estimate of the costs of a ban of GLB foster parents in a particular state, an actual estimate of recruiting costs should be estimated for that particular state.

With a ban prohibiting gay men and lesbians from fostering, it is also possible that states might try to use the resources they already have to find homes for displaced children, which would lower their recruitment costs. For example, states might move more children into currently available foster homes. Given the current shortage of foster parents, it is likely many foster parents are already caring for the maximum number of children for which they are licensed. Hence, states may find it difficult to find enough new placements within the existing pool of foster homes.

The study also assumes a cost of \$4,160 per child. There may be some economies of scale if a family is recruited and licensed and fosters more than one child, which would mean costs may be lower than estimated. At the same time, it can also be assumed that the \$4,160 estimate is somewhat conservative in that recruitment costs might be much higher for older or special needs children who are more difficult to place. Using one recruitment cost estimate



for all children does not take into account the additional costs that states might incur in trying to find homes for particular populations of children.

### **Estimating the cost to states of banning GLB foster care**

We estimate the total cost of eliminating GLB parents using several assumptions and procedures:

1. If the foster children of GLB parents were removed pursuant to a new state law or policy, we assume that 6 percent of non-kin care placements of foster children have GLB parents, the national average presented earlier. The sample sizes of foster parents in the census data were too small to create state-level estimates. While some states have attempted to screen out GLB potential parents, it is possible that some GLB parents are still in the system, either because they did not consider themselves GLB at the time they became foster parents or because they did not reveal their status to the state child welfare system.
2. We assume those children go either to another family care setting or into group or institutional care in the same proportions as all children are distributed into one of those two kinds of care. (The one exception to this assumption is that we assume 100 percent of children aged 0-4 years stay in family care, since it is thought particularly undesirable to place very young children in congregate care.)
3. We use assumptions in steps #1 and #2 above to calculate the number of children in non-kin placements moving into family care or into group/institutional care based on the number of children reported by states in the AFCARS data from 2004, the most recent year available.
4. We assume that the recruitment cost of a new family to replace the GLB family is \$4160 based on the discussion above. Recent studies in California and Michigan provide a range of estimates of recruiting costs. We use the \$4160 figure as a conservative estimate.
5. We calculate the difference in monthly payments per child to family caregivers compared with group/institutional care for each state using the AFCARS data on those payments. Because the average time in foster is greater than one year for children in all three age ranges that we used (0-4, 5-12, and 13 and up), we multiply the monthly payment rate by twelve to get an annual payment differential.
6. We use the estimates described in steps #3, #4, and #5 above to calculate the added costs to states by multiplying the number of children moving into a new family or into group/institutional care by the relevant cost figure.

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# EXHIBIT 55



Abbie E. Goldberg  
Katherine R. Allen *Editors*

# LGBTQ-Parent Families

Innovations in Research and Implications  
for Practice

*Second Edition*

 Springer



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## LGBTQ Adoptive Parents and Their Children

Rachel H. Farr, Cassandra P. Vázquez,  
and Charlotte J. Patterson

(2020)

Many lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults express a desire to become parents (Riskind & Tornello, 2017; Simon, Tornello, Farr, & Bos, 2018; Stotzer, Herman, & Hasenbush, 2014) and often report adoption as a preferred pathway to parenthood (Dickey, Ducheny, & Ehrbar, 2016; Farr & Patterson, 2009). In the USA and other parts of the world, many LG adults have adopted children (Gates, 2013; Patterson & Tornello, 2011). (Please note, we use acronyms that best describe the represented identities from the research we describe, such as LG for lesbian/gay.) According to data from national surveys in the USA, the numbers of adoptive families headed by LG parents have doubled in recent years (Gates, 2011), and same-sex couples are much more likely than other-sex couples to have adopted children (Goldberg & Conron, 2018). There is continued controversy, however, surrounding the adoption of children by LGBTQ adults (Farr & Goldberg, 2018a). Although LG adults may jointly adopt as same-sex couples across the USA, adoption laws remain

regulated on the state level (Farr & Goldberg, 2018a). As a result of different state-level laws and policies that govern adoption (e.g., religious freedom bills; Movement Advancement Project, 2018a), there are variations in the experiences of sexual and gender minority adults seeking to adopt. Over the last two decades, a growing body of research on the adoption of children by LGBTQ parents has emerged and rapidly expanded that helps to address questions that continue to be at the center of public controversies.

In the context of research on adoption and controversies about LGBTQ adoptive parents, we provide an overview of recent research in this area. We include discussions of work that is inclusive of understudied (e.g., BTQ) identities wherever possible. Much of the literature addressing sexual and gender minority parent adoptive families has, however, focused on LG parents—to the exclusion of other sexual and gender minority identities (Goldberg, Gartrell, & Gates, 2014; Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2017).

In this chapter, we review research on LGBTQ adoptive parents and their children in the context of an interdisciplinary, international, and intersectional framework. Studies of LGBTQ adoptive parenting have emerged primarily from developmental and clinical psychology, but research from social work, family science, demography, sociology, public policy, law, and economics is also relevant. Here, we consider the

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theoretical framings (or lack thereof) that have characterized this body of work emerging from these disparate fields. In addition, most research on LGBTQ parenting has focused on the roles of sexual and gender identity (Fish & Russell, 2018)—in our review, where possible, we evaluate how other intersecting identities (e.g., race, class), geographic location (e.g., US South, Western Europe), and historical-sociopolitical context (e.g., marriage equality) relate to the experiences of LGBTQ-parent adoptive families. Within these frameworks then, we consider work in this chapter describing the pathways to adoption for LGBTQ adults, and we summarize findings on the experiences of LGBTQ individuals and couples during the adoption process. We also review research on psychosocial and adjustment outcomes for children, parents, and families when LGBTQ adults adopt children. Throughout the chapter, similarities among LGBTQ and cisgender heterosexual adoptive parent families are discussed, such as those regarding outcomes for children adopted by LGBTQ and cisgender heterosexual parents. The ways in which LGBTQ adoptive parents may differ from cisgender heterosexual adoptive parents are also noted, such as in their reasons for adopting children. We describe findings that are specific to processes among LGBTQ adoptive parent families, such as talking to children about having LGBTQ parents. Finally, we offer recommendations for future research and practice.

### Research on Adoptive Families

One context for understanding issues facing LGBTQ adoptive parents and their children is the body of research on adoption. A large literature explores adoptive family dynamics and psychosocial outcomes of adopted children, with samples predominantly comprised of cisgender heterosexual couples and parents and their adopted children (Brodzinsky, 2015; Davis, 2013; Palacios & Brodzinsky, 2010). Research regarding outcomes of children who have been adopted has indicated that, relative to their non-adopted peers (i.e., children remaining with

their biologically related families), adopted children are at risk for some negative outcomes such as behavior problems (Palacios & Brodzinsky, 2010). The contexts in which adoptive placements occur are, however, paramount to consider in understanding the outcomes of adopted children.

In a literature review examining research about adopted children's social and behavioral outcomes, Julian (2013) uncovered greater social and behavioral problems (and a higher risk of these problems being long-lasting) among children who had been placed in an institution at older (versus younger) ages prior to adoption, as well as among children who were adopted at older (versus younger) ages postinstitutionalization. Research has also indicated that compared with children adopted through private domestic or international agencies, children adopted through foster care (who generally have experienced various forms of abuse and neglect) often fare worse in terms of behavioral and adjustment outcomes, experience lower-quality peer relationships, and are at risk for heightened mental health challenges (DeLuca, Claxton, & van Dulmen, 2018; Tan & Marn, 2013; Vandivere & McKlindon, 2010). Jiménez-Morago, León, and Román (2015) assessed early adversity and psychological adjustment among 230 Spanish children in various placement settings. Although children generally displayed positive levels of adjustment, they found that children in institutional care ( $n = 50$ ) experienced the greatest adjustment issues, followed by children in nonrelative foster placements ( $n = 28$ ), as compared to internationally adopted children ( $n = 40$ ) and to children in a control group ( $n = 58$ ). Thus, children who experience adversity (e.g., institutionalization, abuse, neglect) before being adopted appear to be particularly at risk for later difficulties.

Negative outcomes do not, however, characterize adopted children across the board. For instance, in a longitudinal study examining developmental outcomes among a sample of 872 adopted Chinese girls in the USA, Tan and Carmas (2011) found that adopted children demonstrated greater social skills, as reported

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by their teachers ( $n = 611$ ) and parents ( $n = 869$ ), when compared with published normative scores of nonadopted children. Teachers also reported that adopted children had higher than average academic performance as compared to the US normative range. Consistent with Julian's (2013) review, girls had better social and academic outcomes when they had been adopted at younger ages. Overall, adoption appears to be an effective intervention for children who face adversity in various forms (e.g., removal from families and/or cultures of origin, institutionalization, abuse, or neglect) early in life and particularly when adoptive placements occur at younger ages.

In an effort to reconcile variations in results among studies of adopted children's outcomes, cross-cultural research, generally conducted among cisgender heterosexual parent families, has also expanded to include consideration of many different adoption-related issues in examining associations with behavioral adjustment, self-worth, and other developmental health outcomes. These topics include a number of factors like preadoptive life circumstances and adoptive family environments (Balenzano, Coppola, Cassibba, & Moro, 2018; Crea, Chan, & Barth, 2013; del Pozo de Bolger, Dunstan, & Kaltner, 2018; Harwood, Feng, & Yu, 2013; Ji, Brooks, Barth, & Kim, 2010; Kendler, Turkheimer, Ohlsson, Sundquist, & Sundquist, 2015; Rosnati, Ranieri, & Barni, 2013; Rueter, Keyes, Iacono, & McGue, 2009; Rushton, 2014), communication about adoption (Brodzinsky, 2015; del Pozo de Bolger et al., 2018; Grotevant, McRoy, Wrobel, & Ayers-Lopez, 2013; Le Mare & Audet, 2011; Reinoso, Juffer, & Tieman, 2013), awareness of adoption and adoptive identity (Brodzinsky, 2011a; Grotevant et al., 2013), openness arrangements and contact with birth family (del Pozo de Bolger et al., 2018; Grotevant et al., 2013; Siegel & Smith, 2012), transracial adoption and racial/ethnic socialization (Brodzinsky, 2015; Hrapczynski & Leslie, 2018) and the role of adoptees' appraisal about their adoption (i.e., thoughts and attitudes related to the transitions, separations, and losses involved in adoption; Storsbergen, Juffer, van Son, & Hart, 2010). As in

other types of families, the qualities of parenting and family interactions have been found to be significantly associated with child outcomes and family functioning (Lamb, 2012; Rueter et al., 2009).

Most of the research on adoptive families to date has focused on families with cisgender heterosexual parents. More recently, research including LGBTQ adoptive parents (and prospective adoptive parents) has been conducted; however, this research has primarily focused on cisgender LG parents. In this chapter, research findings about LGBTQ adoptive parents and their children are compared with the broader literature about adoptive families wherever possible. We address dominant theories applied to this work and also use developmental, family systems, and ecological perspectives in considering the experiences of LGBTQ-parent adoptive families in the context of broader social structure issues such as the intersection of multiple minority identities (e.g., race, class), geographic region, and associated cultural context in which the research was conducted. The emergence of studies about adoptive families with LGBTQ parents seems to have been motivated, in part, by controversy surrounding the adoption of children by LGBTQ parents, and it is to this topic that we turn next.

### Controversy Surrounding LGBTQ-Parent Adoption

The adoption of children by LGBTQ adults has been a controversial issue in the USA and around the world (Davis, 2013; Farr & Goldberg, 2018a; Patterson & Goldberg, 2016). Questions have been raised about the suitability of LGBTQ parents as role models for children, with contentions that a heterosexual mother and father are necessary for children's optimal development. Such concerns have affected policy and law regarding adoption by LGBTQ adults. As a result, the adoption of children by LGBTQ adults is permitted by law in some parts of the world, but not in others (International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2019; U.S. Department of State, 2019).



In the USA, the Supreme Court's 2015 ruling on marriage equality (*Obergefell v. Hodges*, 2015) paved the way for many LG couples to marry and become adoptive parents. All 50 states and the District of Columbia permit married couples to petition for joint adoption (e.g., both petitioners are recognized as legal parents; Movement Advancement Project, 2018b). Stepparent adoptions by LG adults are also permitted across the USA, and 15 states (e.g., Illinois, California, Colorado) and the District of Columbia permit second-parent adoptions by LG adults<sup>1</sup> (Movement Advancement Project, 2018b). There are no specific legal barriers in the USA at this time to gender minority adults wishing to adopt (Dickey et al., 2016; Farr & Goldberg, 2018a). And yet, three states (Kansas, Georgia, Oklahoma) have recently passed bills that allow state-licensed child welfare agencies to refuse services to LGBTQ foster and adoptive parents based on religious belief. Seven other states have passed discriminatory "religious freedom" legislation (Movement Advancement Project, 2018a). In 2018, the US House of Representatives considered the so-called Aderholt Amendment to a federal appropriations bill; if it had been enacted, it would have allowed state-funded agencies across the USA to reject otherwise qualified LGBTQ adoptive parent applicants based on religious belief and would have limited federal funding to states that currently enforce antidiscrimination laws and policies (Movement Advancement Project, 2018a). At this time, only seven states (e.g., California, Massachusetts, New York) prohibit discrimination on the basis of sexual orientation in matters of adoption (Movement Advancement Project, 2018b), and only three states (California, New Jersey, Rhode Island) and the District of Columbia also prohibit discrimination based on gender identity.

<sup>1</sup>In stepparent and second-parent adoptions, legal parenting status is created for an additional parent without terminating the rights or responsibilities of another legal parent (Patterson, 2013). Stepparent adoption requires parents to be in a legally recognized relationship (e.g., marriage); second-parent adoption does not (Movement Advancement Project, 2018a).

Around the world, there is also considerable variation in law and policy relevant to adoption. In the USA and in other countries, religious and political leaders have clashed repeatedly about whether the law should allow LGBTQ adults to adopt minor children (American Psychological Association, 2015; Davis, 2013; Webb & Chonody, 2014). Information on adoption policy and law is generally available for sexual minority (i.e., LGBTQ) adults; however, sparse information exists regarding adoption by gender minority adults (i.e., transgender and gender diverse individuals; Farr & Goldberg, 2018a). Thus, with regard to joint adoption by same-sex couples, this practice is currently permitted in 26 countries (17 of which are located in Europe); many countries, however, still do not permit adoption by LG adults (Carroll & Mendos, 2017). Controversy surrounding the adoption of children by LGBTQ persons has contributed, in part, to research addressing questions about outcomes for children adopted by LGBTQ parents, about the capabilities of LGBTQ adults as parents, and about overall family processes in adoptive families with LGBTQ parents. We next turn to discussing this research.

### Research on LGBTQ-Parent Adoptive Families

In this section, we discuss the findings of research on how LGBTQ adults become adoptive parents, their strengths and challenges, their transition to adoptive parenthood, and outcomes for children, parents, and parenting couples. As is true of much work on LGBTQ-parent families specifically, research examining adoption by LGBTQ adults has often seemed to be driven more by matters of public debate and policy than by theoretical concerns (Farr, Tasker, & Goldberg, 2017; van Eeden-Moorefield, Few-Demo, Benson, Bible, & Lummer, 2018). When theories have been applied to studies of LGBTQ-parent adoptive families, these often have included ecological, feminist, queer, and minority stress theories (Farr et al., 2017; van Eeden-Moorefield et al., 2018). In addition, much of the research conducted on the



topic of LGBTQ-parent adoptive families has occurred in the USA or UK. Regardless, many LGBTQ adults do become parents through adoption around the world. In some respects, LGBTQ adoptive parents have experiences like those of other adoptive parents, but they also face some issues that are specific to their circumstances.

### Adoption as a Pathway to Parenthood

National survey data from the USA, together with findings from other research, suggest that LG and heterosexual adoptive parents share a number of demographic characteristics (Gates, 2011). Like heterosexual adoptive parents, LG adoptive parents are often older, well-educated, affluent, and predominantly white (Brewster, Tillman, & Jokinen-Gordon, 2014; Davis, 2013; Farr, Forssell, & Patterson, 2010a; Gates, 2011; Goldberg, 2009a, 2009b). These demographic factors are generally characteristic of known cases of legally recognized adoption or census data recorded from householders in the USA (Davis, 2013). Census data reflect information about female and male same-sex couple households and do not include direct information about sexual orientation or gender identity (Gates, 2013)—rendering many bisexual, transgender, and queer adoptive parent families invisible. Thus, the demographic profile of families formed through second-parent adoptions by unmarried same-sex partners or through informal methods, such as kinship adoption, may be different in the USA and elsewhere (Brewster et al., 2014; Davis, 2013).

LGBTQ adults may adopt children for reasons that are both similar to, and distinct from, those of cisgender heterosexual adults (Goldberg, 2012; Goldberg, Gartrell, & Gates, 2014; Mallon, 2011; Tornello & Bos, 2017). In Farr and Patterson's (2009) study of 106 adoptive families (29 lesbian, 27 gay, and 50 heterosexual couples) in the USA, virtually all couples gave "wanted to have children" as a reason for pursuing adoption, regardless of parental sexual orientation. The majority of heterosexual couples reported "challenges with infertility" as another motivation for adopting children, but fewer than half of same-

sex couples reported this. Many more same-sex than other-sex couples reported that they "did not have a strong desire for biological children." Similarly, in other studies with US samples of lesbian ( $n = 30, 36$ ) and heterosexual ( $n = 30, 39$ ) adoptive couples, respectively, lesbian couples have less often reported a commitment to biological parenthood, attempts to conceive, or pursuit of fertility treatments as compared to heterosexual couples (Goldberg, Downing, & Richardson, 2009; Goldberg & Smith, 2008).

Many gay men in the USA have also been found to pursue adoption rather than other pathways to parenthood (Goldberg, 2012); however, gay men oftentimes experience particular difficulties in achieving biological parenthood (e.g., inability to conceive; cost of surrogacy) and therefore may not even consider other pathways as feasible options (Goldberg, Gartrell, & Gates, 2014). Many investigators have reported that heterosexual adoptive parents often described adoption as a "second choice" pathway to parenthood, chosen only after struggles with infertility convinced them that biological parenthood was not a realistic option (e.g., Mallon, 2011). Similar findings have been reported in a sample of lesbian ( $n = 40$ ), gay ( $n = 41$ ) and heterosexual ( $n = 49$ ) adoptive parent couples in the UK, such that same-sex adoptive parents were less likely than heterosexual adoptive parents to desire, value, or attempt to have a biologically related child (Jennings, Mellish, Tasker, Lamb, & Golombok, 2014). Many transgender adults also report adoption as their preferred pathway to parenthood (dickey et al., 2016; Farr & Goldberg, 2018a; Tornello & Bos, 2017). Thus, when compared to cisgender heterosexual parents, LGBTQ adoptive parents are more likely to have chosen adoption as a "first choice" route to parenthood (Mallon, 2011).

Another way that LGBTQ adoptive parents may differ from cisgender heterosexual adoptive parents, at least among studies conducted in the USA, is in their willingness to adopt a child from a racial/ethnic background different than their own. Among preadoptive couples, lesbian couples have been found to be more open than heterosexual couples to transracial adoption (Goldberg, 2009a). Some studies have found LG



adoptive couples to be more likely than heterosexual adoptive couples to have completed a transracial adoption (Farr & Patterson, 2009; Lavner, Waterman, & Peplau, 2012; Raleigh, 2012). Conversely, in a sample of lesbian ( $n = 111$ ), gay ( $n = 98$ ), and heterosexual ( $n = 671$ ) adoptive parents, no significant differences were found between parental sexual orientation and likelihood of completing a transracial adoption (Brodzinsky & Goldberg, 2016). Discrepancies in completion rates for transracial adoptions by LG and heterosexual couples warrant further review.

One reason that LGBTQ couples in the USA may be more willing to adopt transracially is that same-sex couples are more likely than heterosexual couples to be interracial, and, in turn, interracial couples are more likely than same-race couples to complete transracial adoptions (Farr & Patterson, 2009; Raleigh, 2012). Indeed, LGBTQ parents tend to live in communities with greater racial diversity within the USA (Gates, 2013), which may increase levels of comfort in interracial interactions and could relate to greater openness to transracial adoption. Because they are often less committed than heterosexual couples to achieving biological parenthood, LGBTQ couples in the USA and UK may also be more open than cisgender heterosexual couples to transracial adoptions (Dickey et al., 2016; Farr & Patterson, 2009; Goldberg et al., 2009; Jennings et al., 2014).

Another way that LGBTQ adoptive couples may be different than cisgender heterosexual adoptive couples is in terms of child gender preferences in adoption. Goldberg (2009b) studied 47 lesbian, 31 gay, and 56 heterosexual couples in the USA who were actively seeking to adopt and reported that, while heterosexual men were unlikely to express a gender preference, gay men often preferred to adopt boys. Lesbian participants who expressed a preference, however, generally preferred to adopt girls, as did the heterosexual women in the sample. Thus, only about half of participants overall expressed gender preferences. These findings are consistent with research conducted in the USA and in Europe regarding preferences for child gender among other lesbian, gay, and heterosexual adoptive couples, as well as lesbian couples using

donor insemination (Baccara, Collard-Wexler, Felli, & Yariv, 2014; Gumus & Lee, 2012; Herrmann-Green & Gehring, 2007).

What might account for these gender preferences? LG adoptive parents in Goldberg's (2009b) study often explained their preferences for child gender by referring to concerns about gender socialization and heterosexism. For example, some participants felt uncertain about parenting a child of a gender different than their own. It is possible that LG couples, being made up of two parents of the same gender, may feel inadequate to parent a child of a different gender. Heterosexual couples, on the other hand, may not question their ability to parent a child of either gender since one parent of each gender is represented in the parenting couple. In this case, at least one partner in the couple may feel prepared for and knowledgeable about gender-specific socialization issues. Overall, however, little is known about why LG preadoptive parents expressed this feeling more often than did heterosexual preadoptive parents.

Research has also begun to explore dynamics among LG adoptive families in the USA related to openness arrangements (e.g., contact between adoptive and birth families; Farr & Goldberg, 2015). Preliminary research suggests that as compared to heterosexual adoptive parents, same-sex adoptive parents may be more open to contact with birth relatives (Goldberg, Kinkler, Richardson, & Downing, 2011) and report more positive relationships with birth relatives in certain adoption types (Brodzinsky & Goldberg, 2016). Consistent with the research described above (e.g., transracial adoption), these findings may be attributed to LG adults placing less emphasis on heteronormative nuclear family ideals (Farr, Ravvina, & Grotevant, 2018). In choosing adoption as a route to parenthood, LGBTQ adults may have preferences for the child's race, gender, and openness arrangement, but there are many other issues to consider as well. Indeed, gay men have described consideration of children's age, race, health, and other factors in selecting their particular routes to adoption (Downing, Richardson, Kinkler, & Goldberg, 2009).

Adoptions may be domestic or international; may be accomplished through public or private



agencies; may involve adoption of infants, children, or adolescents; and may involve open as well as closed arrangements. Much remains to be learned about varied pathways to adoptive parenthood among LGBTQ adults and about factors related to these variations. Each variation comes with its own challenges, and with adoption policy and law in constant flux, research is in the early stages of examining the relevant issues (Farr & Goldberg, 2018a; Goldberg, Gartrell, & Gates, 2014). For example, now that LG married couples can jointly adopt across the USA, how will this affect choices related to adoption, individual outcomes, or family dynamics? Future research should explore how changes in adoption law influence LGBTQ adults' decision-making about family formation, as well as overall family dynamics and individual adjustment.

### Challenges and Strengths of Adoptive LGBTQ Parents

Although all prospective adoptive parents progress through a series of steps in adopting their child (e.g., an application process, training and workshops, a home study<sup>2</sup>; Mallon, 2011), LGBTQ parents often face additional challenges. In addition to variations in the legal and policy landscape for LGBTQ adoptive parents in the USA (Farr & Goldberg, 2018a), not all adoption agencies and/or adoption workers openly work with LGBTQ prospective parents. Brodzinsky (2011b) found that, among 307 public and private adoption agencies throughout the USA, 60% of reporting agencies had accepted applications from LG prospective adoptive parents, and 39% had placed children with LG parents. The acceptance of applications from LG parents, number of children placed with LG parents, interest in training geared toward working with LG parents, and active recruitment of LG adoptive parents varied as a function of agencies' religious affiliations

<sup>2</sup>A home study is the in-depth evaluation that any prospective adoptive parent must complete in the USA as a requirement of the adoption process. It is intended as a way to educate and support parents throughout the adoption process and also to evaluate their fitness as potential parents (Mallon, 2011).

and adoption program focus. Jewish, Lutheran, and private nonreligious agencies, as well as public agencies or those with a focus on special needs adoptions, were most willing to work with LG parents. Conservative religiously affiliated agencies (e.g., Baptist, Mormon, fundamentalist Christian churches) were among the least likely to work with LG parents. Brodzinsky (2011b) also found that some agency workers lacked knowledge of adoption law pertaining to LG adults, which has been echoed in subsequent work examining agency workers' perceptions of LGBTQ adoption laws (Farr & Goldberg, 2018a). Thus, LGBTQ adults face a number of institutional and attitudinal barriers in the adoption process.

Societal resistance to LGBTQ parenting and adoption is commonplace around the world in the forms of homophobia, stereotyping, and discrimination, particularly among religious and politically conservative groups (Brodzinsky, 2011b; Perry, 2017; Takács, Szalma, & Bartus, 2016; Vecho, Poteat, & Schneider, 2016). In reports of the adoption journeys of LGBTQ adults, discrimination from adoption agencies and workers is a recurring theme (Brodzinsky, 2015; Goldberg, Moyer, Kinkler, & Richardson, 2012; Kinkler & Goldberg, 2011; Mallon, 2011; Stotzer et al., 2014). LGBTQ parents have reported experiencing discrimination and significant barriers to becoming adoptive parents not only in the USA, but also in Canada and Europe (Messina & D'Amore, 2018; Ross, Epstein, Anderson, & Eady, 2009). For example, in a study of 96 Swedish mothers who completed a second-parent adoption with a same-sex partner, Malmquist (2015) found that many mothers reported that social workers asked inappropriate questions about sexual orientation and displayed bias toward heteronormative family ideals (e.g., expressed the belief that a child must have one mother and one father). In addition to facing discrimination during all phases of the adoption process, Brown, Smalling, Groza, and Ryan (2009) found that LG adoptive parents ( $N = 182$ ) in the USA saw themselves as having few role models to guide them through this process. Transgender parents in the USA and Canada have reported similar experiences of discrimination and fear of



bias during the adoption process, such as concerns about whether to “come out” as transgender; limited research, however, is available in this area (Farr & Goldberg, 2018a ; Pyne, 2012; Stotzer et al., 2014; see chapter “Transgender-Parent Families”).

At the same time, LGBTQ individuals and couples may offer special strengths as adoptive parents. Indeed, overall, LGBTQ adoptive parents have been found to display some positive characteristics that may benefit their children (Golombok et al., 2014; Perry, 2017). For example, Farr and Patterson (2013) found that, among 104 adoptive couples from their study in the USA (i.e., Farr et al., 2010a), LG couples were more likely than heterosexual couples to report sharing the duties of parenthood in an equal fashion. Moreover, among same-sex couples, shared parenting was associated with greater couple relationship adjustment and greater perceived parenting competence. With regard to family interaction, lesbian mothers were more supportive of one another in observations of triadic (i.e., parent/parent/child) interaction than were heterosexual or gay parents. Among all family types, more supportive interaction was associated with positive adjustment for young adopted children in this sample.

Likewise, a study by Goldberg, Kinkler, and Hines (2011) reported that among couples who had recently adopted a child in the USA, lesbian ( $n = 45$ ) and gay adoptive couples ( $n = 30$ ) were less likely to internalize adoption stigma (e.g., feeling that being an adoptive parent is inferior to being a biological parent) than were heterosexual adoptive couples ( $n = 51$ ). Those parents who reported lower internalization of stigma also reported fewer depressive symptoms.

Many LG adoptive and foster parents report satisfaction in being a parent. For example, in a sample of 60 heterosexual, 15 gay, and 7 lesbian parents of children adopted from foster care in the USA, Lavner, Waterman, and Peplau (2014) found that parents generally reported being satisfied with their adoption, reported few depressive symptoms, and low levels of parental stress across three time points (2, 12, and 24 months postplacement). Indeed, many adoptive parents

report enjoying being a role model for other LG and/or adoptive parents, receiving more support than expected from families of origin after adopting, and feeling satisfied with their adoption experience (Brown et al., 2009; Goldberg & Smith, 2014; Wells, 2011). Thus, not only do LGBTQ adults who adopt children appear to be generally equipped as effective parents, but they also demonstrate a variety of distinct and unique strengths in these roles.

### The Transition to Adoptive Parenthood Among LGBTQ Adults

The transition to adoptive parenthood has been studied most carefully among heterosexual couples, but several studies have also examined this life transition among LG adoptive couples. Regardless of parents' gender or sexual identity, the transition to parenthood brings both joys and challenges. The broader literature indicates that after the adoption of a first child, there is a period of adjustment that can be marked by stress and compromised mental and physical health as well as by happiness and excitement (McKay, Ross, & Goldberg, 2010). For those adopting children, the transition to parenthood involves a rigorous screening process by adoption professionals and a variable waiting time for placement of a child (Mallon, 2011). In a systematic review of the literature, McKay et al. (2010) reported that rates of distress appear to be lower among adoptive parents as compared with biological parents, but post-adoption depressive symptoms are not uncommon. Post-adoption services appear to be helpful for some families (McKay et al., 2010). Consistent with the general literature on the transition to adoptive parenthood, Goldberg, Smith, and Kashy (2010) found that, among 44 lesbian, 30 gay, and 51 heterosexual adoptive couples in the USA, relationship quality declined across the transition to parenthood for all types of couples. Women reported the greatest declines in love and those in relationships with women (i.e., both heterosexual and lesbian partners) reported the greatest ambivalence. In another study of the same sample, Goldberg and Smith (2009) found

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that all parents reported increases in perceived parenting skill across the transition to parenthood. Relational conflict and expectations of completing more childcare were related to smaller increases in perceived parenting skill.

In a longitudinal study examining factors affecting LG adoptive couples across the transition to parenthood in the USA, Goldberg and Smith (2008, 2011) found that greater perceived social support and better relationship quality were associated with more favorable mental health, as would be expected from the general adoption literature. Sexual minority parents who had higher levels of internalized homophobia and who lived in areas with unfavorable legal climates with regard to adoption by LG parents experienced the greatest increases in anxiety and depression across the transition to parenthood. Indeed, it appears that the factors that contribute most to parental well-being and couple dynamics within LG adoptive families (at least within the USA) during their transition to parenthood are related to the age of a child, presence of social support, and family processes broadly, rather than parents' sexual or gender identity (Goldberg, Kinkler, Moyer, & Weber, 2014; Lavner et al., 2014; Sumontha, Farr, & Patterson, 2016).

LGBTQ adults who adopt may benefit from fewer "prescribed" cultural scripts to follow in parenting their children due to their "deviation" from heteronormative and cisnormative family structures that are based on biological parent-child relationships and headed by one mother and one father (who are both cisgender and heterosexual). For example, during the transition to parenthood, one important set of decisions that parents must make involves the choice of children's names. Interesting differences may emerge in this area, as a function of parental sexual orientation. In their study of 27 lesbian, 29 gay, and 50 heterosexual adoptive parents in the USA, Patterson and Farr (2017) found that heterosexual couples were more likely than LG couples to follow patronymic conventions. Thus, whereas children of heterosexual parents were most likely to have been given the last names of their fathers, children of LG parents were more often given hyphenated last names that had been created by

combining the last names of both parents. Thus, same- and other-sex couples in this study took different approaches to naming their children (Patterson & Farr, 2017). A related study in the USA by Frank, Manley, and Goldberg (2019) involved an examination of how children referred to their parents (e.g., "Mommy," "Daddy") among sexual minority parent families, uncovering that many lesbian and gay parents often experience potential creativity as well as tension in considering what their children will call them. Little additional information is available about naming of adopted children by sexual and gender minority parents, and this is a topic that would benefit from further study, particularly given the implications related to family dynamics in the absence of felt pressure about heteronormative cultural values.

### Child Development and Outcomes for Parents, Couples, and Families

In controversies surrounding the adoption of children by LGBTQ parents, debate has often centered on children's development. Questions have been raised about whether LGBTQ adults can provide children with adequate parenting, appropriate role models, and effective socialization, particularly in the areas of gender development and sexual identity. The overall research on sexual orientation and parenting has been informative here; children of LGBTQ parents in general appear to develop in similar ways to their peers with cisgender heterosexual parents (Biblarz & Stacey, 2010; Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2013, 2017). Until recently, however, this research rarely focused specifically on outcomes among adoptive families. Consistent with findings from the broader literature, we review existing studies about LGBTQ adoptive parent families, focusing on children's behavioral adjustment, gender development, and lived experiences related to adoptive and racial/ethnic identities. We also summarize results of research on parenting, couple relationships, parent-child relationships, and adoptive family systems. Considered as a group, these studies indicate that



parental sexual orientation is not a strong predictor of individual or family outcomes. Rather, other factors, such as the qualities of parenting and family relationships, as well as prevailing laws and policies in a family's environment, may be more important.

Behavioral adjustment has been a topic of great interest in studies of child outcomes in adoptive families with LG parents. Early studies reported that assessments of adopted children's behavior problems were unrelated to parental sexual orientation, even after controlling for child age, child sex, and family income (Averett, Nalavany, & Ryan, 2009; Farr et al., 2010a; Farr & Patterson, 2009; Tan & Baggerly, 2009). A subsequent study by Goldberg and Smith (2013) also reported no significant differences in young children's internalizing or externalizing behavior problems as a function of parental sexual orientation. Similarly, Farr (2017) reported no differences in behavior problems among elementary school-aged children as a function of parental sexual orientation. Golombok and her colleagues (2014) studied lesbian, gay, and heterosexual parent families in the UK and reported that young children of heterosexual parents were more likely than those of LG parents to show externalizing behavior problems. Thus, it appears that adopted children with LG parents develop well, with behavioral outcomes that are at least on par with those with heterosexual parents.

A few longitudinal studies have examined children's gender development over time in families headed by LG and heterosexual adoptive parents. Among 106 adoptive families with lesbian, gay, and heterosexual parents, no significant differences were found in parents' reports or observational data of preschoolers' gender development, as a function of parental sexual orientation; across family types, children showed preferences for toys and activities typical of their gender (Farr et al., 2010a; Farr, Bruun, Doss, & Patterson, 2018). Moreover, these findings were consistent over time—child and parent reports, in addition to observational data from early to middle childhood, revealed that children were generally gender-typical and that gender development was similar across family types (Farr, Bruun, et al., 2018). In another study, Goldberg and

Garcia (2016) examined lesbian, gay, and heterosexual adoptive parents' reports of their children's gender-typed play behavior across early childhood. Children with lesbian mothers were less likely to demonstrate gender-typical play behavior compared to children with gay and heterosexual parents across multiple time points. This could be attributed to sexual minorities being more likely to display gender-flexible attitudes (Biblarz & Stacey, 2010). Relatedly, in a study of the within-family processes that shape children's gender attitudes, Sumontha, Farr, and Patterson (2017) found that school-age children adopted by LG parents had more flexible gender attitudes when parents also had more flexible attitudes and when they divided childcare labor more evenly. Future research using multiple methods of data collection over time could illuminate possible associations between adoptive parents' sexual orientation and their children's gender development. Overall, it seems that parental sexual orientation is not a strong predictor of gender identity and development among adopted children; rather, factors such as parents' attitudes and behaviors (e.g., divisions of labor) may be more relevant.

How do children who are adopted by LG parents actually describe their experiences? In one study, adolescents' practices surrounding disclosure about family were examined, with particular attention to issues related to having been adopted by LG parents. Using qualitative interview data from 14 racially diverse adopted children ranging in age from 13 to 20 years old, Gianino, Goldberg, and Lewis (2009) explored how adolescents disclose their adoptive status and parental sexual orientation within friendship networks and school environments. Adolescents reported using a wide variety of strategies, ranging from not disclosing to anyone to telling others openly. Several participants noted that they had felt "forced" to disclose by virtue of their visibility as a transracial adoptive family with same-sex parents, and many indicated their apprehension in "coming out" about their families. Overall, adolescents indicated that they had received positive reactions and responses from others about their adoptive status. In another study of adolescents adopted through foster care by LG parents, participants reported feeling more open-minded and tolerant of others based

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of their adoptive parents' sexual orientation (Cody, Farr, McRoy, Ayers-Lopez, & Ledesma, 2017). Among school-age children adopted by LG parents, despite reports of experiencing some bullying related to their parents' sexual orientation, participants described positive feelings about their family and did not usually fear disclosing about them (Farr, Crain, Oakley, Cashen, & Garber, 2016; Farr, Oakley, & Ollen, 2016).

Gianino et al. (2009) suggested that parental preparation for dealing with issues surrounding their child's adoption, racism, and heterosexism and homophobia may have helped children in negotiating the disclosure process. Sparse research exists examining how LGBTQ adoptive parents socialize their children around minority statuses they may hold (e.g., race, adoption), but existing evidence suggests that LG adoptive parents value these practices (Wyman Battalen, Farr, Brodzinsky, & McRoy, 2018) and that parents often engage in processes of adoptive, racial/ethnic, and sexual minority parent family socialization with their young children (Goldberg & Smith, 2016; Oakley, Farr, & Scherer, 2017). Future research should explore how such socialization shapes children's experiences.

A handful of studies of adoptive families with LG parents have examined mental health or relationship outcomes for parents and for couples in the USA, as well as for parent-child relationships and overall family functioning. Goldberg and Smith (2011) reported relatively few depressive symptoms overall among a sample of 52 lesbian and 38 gay adoptive couples. An earlier report based on the same sample had also revealed that, among lesbian and heterosexual couples waiting to adopt children, there were no differences in overall well-being as a function of parental sexual orientation (Goldberg & Smith, 2008). In a study of gay adoptive fathers, Tornello, Farr, and Patterson (2011) found that participants ( $N = 231$ ) reported levels of parenting stress that were well within the normative range. Farr and her colleagues (2010a) found that lesbian, gay, and heterosexual adoptive parents in their sample of 106 adoptive families reported relatively little parenting stress, with no significant differences as a function of family type. Moreover, studies examining parenting stress over time among samples of

lesbian, gay, and heterosexual adoptive parents have demonstrated that parenting stress is not a function of sexual orientation (Farr, 2017; Goldberg & Smith, 2014; Lavner et al., 2014). Similarly, lesbian, gay, and heterosexual adoptive parents in Farr et al.'s (2010a) study reported using effective parenting techniques, with no significant differences in effectiveness as a function of parental sexual orientation. In observational data on family interaction in this same sample, lesbian, gay, and heterosexual adoptive parents were found to be relatively warm and accepting with their children overall; regardless of sexual orientation, mothers tended to be warmer with their children than did fathers (Farr & Patterson, 2013).

In terms of couple relationships among LG adoptive parents in the USA, Goldberg and Smith (2009) found that lesbian ( $n = 47$ ) and gay adoptive couples ( $n = 56$ ) in their sample reported relatively low levels of relationship conflict. Interestingly, Goldberg, Garcia, and Manley (2018) also found that sexual identity was relevant to levels of couple relationship among members of female adoptive same-sex couples, with higher conflict among individuals who had plurisexual identities (e.g., bisexual, queer) as compared to those with monosexual identities (e.g., lesbian, gay). In terms of additional couple relationship dynamics, Farr et al. (2010a) also found that among their sample of 106 adoptive couples, adoptive parents reported high average levels of couple relationship adjustment with no significant differences across family type. A majority of couples reported long-term relationships with their partners or spouses, in which they reported feeling secure and satisfied (Farr, Forssell, & Patterson, 2010b). LG parents in this sample also reported overall satisfaction with current divisions of childcare labor, which participants generally described as being shared by both parents in the couple—both when children were in early childhood and in middle childhood (Farr & Patterson, 2013; Sumontha et al., 2017). Interestingly, in both Goldberg and Garcia's (2015) and Farr's (2017) samples, rates of couple dissolution over time were higher among lesbian than gay or heterosexual adoptive parents. As these are among the first studies to examine couple dynamics over time among LGBTQ



adoptive parent couples, continued research in this area is warranted (Farr & Goldberg, 2018b).

Consistent with findings from the broader literature, quality of parenting and of parent-child relationships appear to be more influential than parental sexual orientation to individual outcomes. In their study of 106 families headed by lesbian, gay, and heterosexual adoptive couples in the USA, Farr et al. (2010a) found that qualities of family interactions were more strongly associated with child outcomes than was family structure. Across all families, positive parenting, harmonious couple relationships, and healthy family functioning were associated with parents' reports of fewer child behavior problems when children were in early and middle childhood (Farr, 2017; Farr et al., 2010a). Drawing on data from the same sample, Farr and Patterson (2013) found that quality of co-parenting interaction was related to children's behavioral adjustment, such that more supportive and less undermining behavior between parents was associated with fewer child behavior problems. Erich, Kanenberg, Case, Allen, and Bogdanos (2009), in their study of 210 adopted adolescents and 154 parents in the USA, also reported that qualities of adolescents' relationships with their lesbian, gay, or heterosexual adoptive parents were associated with adolescents' reported life satisfaction, parents' satisfaction with their child, and the number of prior placements the adolescent had experienced, but were unrelated to parental sexual orientation. In Golombok et al.'s (2014) study of lesbian, gay, and heterosexual adoptive families in the UK, gay fathers reported significantly greater parental well-being and more positive relationships with their children than did heterosexual parents. Thus, associations between parental sexual orientation and family relationships have generally not been discovered, and when they have been identified, the results have favored families with LGBTQ parents.

### Summary, Conclusions, and Future Directions

In this final section, we summarize the overall findings of research to date and consider what conclusions may be justified. We also suggest directions for further research and practice.

### Summary of the Research Findings

Research on LGBTQ adoptive parents and their children has grown markedly in the last several years. In the USA, many LGBTQ adults are adoptive parents, and many more wish to adopt children. Some of the reasons that LGBTQ adults adopt children, as well as some of the experiences of LGBTQ adoptive parents, are similar to, and some are different from, those of cisgender heterosexual adoptive parents. In recent studies, LGBTQ adults have reported experiencing discrimination and facing many obstacles in becoming adoptive parents. At the same time, having overcome obstacles to parenthood, LGBTQ adoptive parents appear to be as capable and effective as are cisgender heterosexual adults in their roles as adoptive parents. Children adopted by LGBTQ parents have been found to develop in ways that are similar to development among children adopted by cisgender heterosexual parents. Regardless of parental sexual orientation and gender identity and expression, quality of parenting and quality of family relationships are significantly associated with adopted children's adjustment. Thus, as in other types of families, it is family processes, rather than family structure, that matter more to child outcomes and to overall family functioning among adoptive families.

### Directions for Future Research

Although existing research on adoption by LGBTQ parents is informative, work in this area has only recently begun, and there are many directions for further study in terms of research design, conceptual frameworks, and legal and policy implications. From a methodological standpoint, use of more diverse research strategies seems likely to be fruitful (Fish & Russell, 2018). Much of the empirical work to date has relied on cross-sectional and self-report data, yet utilizing longitudinal designs, multiple informants from sources outside the family (e.g., teachers, peers), and observations of actual behavior have the potential to make strong contributions to this literature. Much existing work has used either quantitative or qualitative approaches to research, but mixed-methods approaches that

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In terms of sampling, many studies in this area have included predominantly white, well-educated samples of LG adoptive parents. More diverse samples could make valuable contributions, as the experiences of racial minority adoptive parents likely differ from those of white adoptive parents. Low-income adoptive parents, who may be likely to adopt children through public versus private agencies (or to foster children for long periods of time without legally adopting them) would also be expected to differ in their experiences from the more affluent adoptive parents who have been included in most studies to date. Furthermore, research has generally not included bisexual or transgender adoptive parents, although work in this area has begun to emerge. Greater integration across fields of adoption study would also be beneficial in providing a more comprehensive understanding of adoptive families with LGBTQ parents. Scholarship in fields as diverse as law, economics, demography, family science, social work, sociology, and psychology is already contributing to understanding in this area. Further integration of work in these diverse fields might contribute to a more comprehensive understanding of the social, psychological, and economic aspects of LGBTQ adoptive parent family life experiences. Relatedly, recent literature reviews have underscored the dearth in published studies on LGBTQ-parent families that explicitly use theoretical frames within their research; rather, the majority of studies reviewed focused on public policy debate (Farr et al., 2017; van Eeden-Moorefield et al., 2018). More inclusive samples of sexual and gender minority adoptive parents, as well as more strongly integrated theoretical frameworks in conjunction with rigorous methodological designs, would contribute to our more comprehensive understanding of the experiences of diverse adoptive family systems.

Adoption is a complex topic, and different issues arise in public versus private adoptions, domestic versus international adoptions, and adoptions of infants versus adoptions of children or adolescents. Similarly, transracial adoptions bring with them issues that are not always posed

by same-race adoptions, such as considerations of racial and ethnic socialization, identity, and diversity in one's community. Little is known about how the intersections of race, class, and parents' sexual minority status affect adoptive families and children, especially in the context of child welfare adoptions (Goldberg, Gartrell, & Gates, 2014). Future research could be strengthened by consideration of the variations among adoption pathways.

Another valuable direction for future research would be more attention to family processes and dynamics, as well as to family outcomes. What are the special family dynamics, if any, that are associated with LGBTQ adoptive parent families, and how do these affect children, for better or for worse? What are the important ways in which LGBTQ adoptive parents may be similar to and different from one another, and what does this mean for children? How, in short, are changing family configurations related to family interactions and relationships?

The voices of adopted children themselves also need to be heard. How do children and youth understand the difficulties and the opportunities of their lives as adopted offspring of LGBTQ parents? How do children and youth see their experiences as having been linked with (or unaffected by) the contextual factors and varied family configurations discussed above? Preliminary work has demonstrated that although children of LG adoptive parents may face adversity related to their parents' sexual orientation, a number of factors contribute to resilience and positive child outcomes (Cody et al., 2017; Farr, Crain, et al., 2016; Farr, Oakley, & Ollen, 2016). Greater attention to the views of individuals adopted by LGBTQ parents seems likely to broaden understanding in this area.

Future research on adoptive LGBTQ-parent families would also benefit from fuller consideration of the contexts of adoptive family life. These might include social, economic, and legal aspects of family environments. Research might consider the importance of proximal (e.g., social contacts for families in their daily lives) and distal aspects of family environments (e.g., regional, state, and national laws and policies). Federal, state, and local laws may affect the choices that



adoptive LGBTQ parents make for their families, and daily interactions with neighbors, coworkers, and friends are also likely to exert important influences on their experiences. Indeed, research has demonstrated that policy and law shape how LG parents perceive and experience parenthood, through their influence on choices among pathways to adoption and among residential neighborhoods (Farr & Goldberg, 2018a). Inasmuch as laws, policies, and attitudes vary considerably across jurisdictions, in the USA and elsewhere, and inasmuch as change in this area is more the rule than the exception today, the impact of broader social contexts on adoptive LGBTQ-parent families is a rich and important topic for further study.

### Directions for Policy and Practice

With regard to policy implications of research on LGBTQ-parent adoptive families, a number of directions can be identified. First and foremost, the results of research in this area should be used to inform law, policy, and practice. If the Aderholt Amendment had become law in the USA, it would have allowed discrimination against otherwise qualified LG prospective adoptive parents (Movement Advancement Project, 2018a). Currently, however, there are 10 states in the USA with religious exemption laws that allow for discrimination against qualified LGBTQ adults when they apply to adopt children through state-funded child welfare agencies (Movement Advancement Project, 2018a). Research findings to date clearly demonstrate the parenting proficiency of LGBTQ adults and thus do not support such policies as being beneficial to children.

More than 440,000 children are in the child welfare system in the USA and more than 120,000 children are currently waiting to be adopted (U.S. Department of Health & Human Services, 2018). Existing evidence suggests that discriminatory policies related to parental sexual and gender identity are detrimental to the welfare of children awaiting adoptive placement. Kaye and Kivalanka (2006) compared placement rates of

children from foster care in states with laws that prohibit adoptions by openly LG adults with placement rates in states that permit such adoptions. They found that, in states where adoption laws prohibit adoptions by openly LG adults, proportionately more children remained in foster care. In contrast, states that permitted LG adults to adopt children had proportionately fewer children in foster care. Indeed, if LG adults had been permitted to adopt children in every jurisdiction within the USA and if discrimination against them was forbidden, Gates, Badgett, Macomber, and Chambers (2007) estimated that between 9,000 and 14,000 children could be removed from foster care and placed in permanent homes each year. Moreover, in a study examining the development of high-risk children adopted from foster care in the USA, it was found that child development did not differ between lesbian, gay, and heterosexual adoptive parent families—despite LG parents having children with significantly higher levels of biological and environmental risks (e.g., prenatal substance exposure, birth complications, neglect and abuse) typical of children with special needs (Lavner et al., 2012). Compounding the challenge of finding permanent families for waiting children is a perceived dearth of prospective parents. If adoption agencies were to recruit more prospective LGBTQ parents, many additional children might find permanent homes (Brodzinsky, 2011a).

To support LGBTQ adults seeking to adopt children, a number of organizations have begun programs related to adoption issues. For example, the Human Rights Campaign (HRC) has an initiative called the “All Children – All Families” program (HRC, 2017) that seeks to assist adoption agencies and child welfare professionals in their efforts to recruit prospective adoptive parents from LGBTQ communities, work successfully with them, and in so doing, place more children into permanent homes. In addition, agencies can complete the HRC’s training program and become recognized as organizations that are affirming to LGBTQ adults seeking adoption services (Farr & Goldberg, 2018a; HRC, 2017).

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## Conclusion

In conclusion, the adoption of children by LGBTQ parents is a growing reality in the USA and in at least some other parts of the world. Empirical research on adoptive families with LGBTQ parents has begun to address some questions about how children adopted by LGBTQ parents fare. While LGBTQ individuals may face a number of challenges in becoming adoptive parents, LGBTQ-parent families formed through adoption appear to experience generally positive outcomes. Much remains to be learned, however, especially about diversity among LGBTQ adoptive parents and their children and about the ways in which their lives are shaped by characteristics of the environments in which they live.

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# EXHIBIT 56



Subject: Foster Care Services

## Recruitment and Retention of Foster Parents

COA: *FC16.01, 16.02, 16.08, 16.09, 16.10*  
 TX Minimum Standards for Child Placing Agencies *749.861, 749.2447*  
 URM Statement of Work: *4.8.5*

Applies to: *IFC*

Effective: *January 1, 2008*  
 Revised: *January 25, 2012*  
 Reviewed: *January 25, 2012*

### **Purpose:**

The purpose of the following policy and procedures is to outline Catholic Charities' approach to recruiting and retaining foster parents, including pre-service and in-service training required, opportunities for peer support from other foster parents, services provided to prevent and reduce foster family stress, and requirements for foster parent annual evaluations.

### **Policy:**

Catholic Charities will strive to recruit an ethnically, culturally, and linguistically diverse group of foster families to meet the needs of the international foster care population, to train them to provide specialized services, to support their efforts to provide quality care for the children, to support their need for self-care and supportive services in an effort to retain them, and to assure they receive annual evaluations and planning opportunities.

### **Scope:**

This policy and following procedures apply to the international foster care program.

### **Definitions:**

DFPS – Department of Family and Protective Services  
 CPR – Cardio Pulmonary Resuscitation  
 TB - Tuberculosis

### **Procedures:**

#### **Foster Parent Requirements**

1. Foster parents must be at least 25 years old. A copy of a Texas drivers' license, birth certificate or another form of identification must be submitted to the agency.
2. Foster parents may be single, legally married, or divorced. If married, it must be a legal marriage of at least one year. A copy of the marriage license must be supplied to the agency. If divorced, a copy of the divorce decree must be provided.
3. Foster parents must be US citizens, permanent residents, or other qualified aliens as defined in 8 U.S.C. 1641(b).

4. Foster parents and any person age 14 or older, living in the home, must obtain a criminal history and central registry background check. The record must either come back as clear (no findings) or a risk management plan must be instituted if applicable. In addition, a foster home will not be verified or approved for placement of a child until all adult (18 years old or older) residents of the home have completed a:
  - a. Fingerprint-based criminal history check of the National Crime Information Center (NCIC), otherwise known as the Federal Bureau of Investigations check; and
  - b. If an applicant/adult living in the home has lived outside of Texas in the previous five years, a check of the other state's central registry for child abuse and neglect.
5. Foster parents and all persons living in the home over the age of 1 year old must be screened for tuberculosis. A previous screening obtained within 12 months prior, in the course of living, working or volunteering at a regulated residential child care operation precludes the necessity of obtaining a new baseline TB screening. However, documentation of the screening must be on file with Catholic Charities.
6. Foster parents must have a minimum of a GED certification or demonstrate the ability to comprehend and benefit from training and provide appropriate care and supervision to meet the needs of youth in care.
7. For foster parents who do not have a high school diploma or a G.E.D. high school equivalency, additional screening by Catholic Charities must occur. The screening includes:
  - a. Evaluation of their ability to complete required foster care application documents,
  - b. Written testing which address basic competencies that would otherwise be met by a high school diploma or G.E.D., including basic reading, writing and math
  - c. Ensuring that each foster parent is able to be an appropriate role model for youth in placement;
  - d. Ensuring that each foster parent is able to communicate with the youth in the youth's own language or has other means to communicate with the youth in the youth's own language
8. Catholic Charities will ensure that foster parents whose first language is not English, but who speak the language of the youth in their care are provided access to bilingual staff or provided interpretation services for training and other agency contacts.
9. Foster parents must have a working telephone and internet service in their home.
10. Foster parents must have a motor vehicle and the ability to regularly transport youth to various appointments. Foster parents must provide proof of a valid Texas driver's license and appropriate automobile insurance. Foster parents must have a driving record that reflects a responsible and safe driving history.
11. Persons in the following capacities with Catholic Charities that would create financial or other conflicts of interest cannot serve as foster parents with Catholic Charities, including:
  - a. Any person authorized to sign the Residential Child Care Contract with Texas DFPS;
  - b. Any board member, officer, or employee of Catholic Charities; and
  - c. Any person working in the day-to-day operations of Catholic Charities, either as an employee or under a contractual relationship.

12. New foster parents without previous experience in a residential childcare setting may not serve children needing therapeutic/treatment services until completing a regimen prescribed by child placement management staff consisting of training and respite hours.
13. Reimbursement is made for all out of pocket expenses that foster parents may incur during pre-service training, including FBI checks, CPR certification and TB tests.

### **Foster Parent Recruitment Methods**

1. The recruiter will collaborate with and/or target the following groups to recruit foster parents:
  - a. local churches, especially those with foster/adopt ministries or a focus on international missions
  - b. current IFC foster parents and/or IFC foster care alumni
  - c. ethnic communities, especially those closely related in proximity or language to the expected populations of youth in care
  - d. people working in human service industries such as teachers, nurses, and/or social workers
  - e. community leaders such as leaders of religious organizations and ethnic communities
2. The recruiter will present information at fairs as they are available by local organizations and companies (i.e. Addison World fest, church mission conferences, foster care /adoption conferences, PTA conferences)
3. The recruiter will provide information to the media or utilize advertising in local publications as a tool for foster parent recruitment.
5. Every year the recruiter will develop, implement, and evaluate a recruitment plan. The recruiter will submit the plan to the program manager for approval. The Program manager will submit the plan to the DPFS URM Program Specialist no later than 60 days into the contract period. Catholic Charities will request approval from DFPS for any changes to the approved recruitment plan.

### **Foster Parent Retention Efforts**

1. Catholic Charities provides convenient in-service training on a monthly basis to allow foster parents to maintain their license.
2. Catholic Charities provide opportunities for foster youth to receive support group services and/or life skills training concurrent with foster parent training and peer support at monthly meetings.
3. Catholic Charities provide free tickets for activities and events around the metroplex throughout the year, when available.
4. Catholic Charities provide foster parents with social events to show appreciation for their commitment. These events are free of charge and provide food and entertainment for their entire family. This has included a thanksgiving potluck, annual Christmas party, and a parent's night out.
5. Foster parents will receive 14 days of paid respite per year
6. As the need arises and at annual evaluations (see the policy FC 17 Home Studies & Management – Ongoing Eval & Status), home developers will provide referrals to strengthen families and reduce stress



**Related Forms:**

Application  
IFC Background check form  
Foster Parent In-Service Hours  
Pre-Service Training Hours Documentation  
Best Test  
Test  
Annual Evaluation

# EXHIBIT 57



Catholic  
Charities  
Fort Worth

Subject: Foster Care Services

URM Statement of Work: 4.8.5,  
4.5.1.2.1.7  
*Praesidium Requirements*

Applies to: *IFC*

## Recruitment and Retention of Foster Parents

Effective: *January 1, 2008*  
Revised: *07.18.2016*  
Reviewed: *07.18.2016*

### **Purpose:**

The purpose of the following policy and procedures is to outline Catholic Charities' approach to recruiting and retaining foster parents, including pre-service and in-service training required, opportunities for peer support from other foster parents, services provided to prevent and reduce foster family stress, and requirements for foster parent annual evaluations.

### **Policy:**

Catholic Charities will strive to recruit an ethnically, culturally, and linguistically diverse group of foster families to meet the needs of the International Foster Care population, to train them to provide specialized services, to support their efforts to provide quality care for the children, to support their need for self-care and supportive services in an effort to retain them, and to assure they receive annual evaluations and planning opportunities.

### **Scope:**

This policy and following procedures apply to the International Foster Care program.

### **Definitions:**

DFPS – Department of Family and Protective Services

CPR – Cardio Pulmonary Resuscitation

TB - Tuberculosis

### **Procedures:**

#### **Foster Parent Requirements**

1. Foster parents must be at least 25 years old. A copy of a Texas drivers' license, birth certificate or another form of identification must be submitted to the agency.
2. Foster parents must be legally married A copy of the marriage license must be supplied to the agency. If divorced, a copy of the divorce decree(s) must be provided. Single foster parents who were not married prior to 2016 are grandfathered into this policy.
3. Foster parents must be US citizens, permanent residents, or other qualified aliens as defined in 8 U.S.C. 1641(b).
4. Foster parents and any person age 14 or older, living in the home, must obtain a criminal history, central registry, FBI, and sex offender background check. If an applicant/adult living in

the home has lived outside of Texas in the previous five years, a check of the other state's central registry for child abuse and neglect.

5. Foster parents and all persons living in the home over the age of 1 year old must be screened for tuberculosis. A previous screening obtained within 12 months prior, in the course of living, working or volunteering at a regulated residential child care operation precludes the necessity of obtaining a new baseline TB screening. However, documentation of the screening must be on file with Catholic Charities.
6. Foster parents must have a minimum of a GED certification or demonstrate the ability to comprehend and benefit from training and provide appropriate care and supervision to meet the needs of youth in care.
7. For foster parents who do not have a high school diploma or a G.E.D. high school equivalency, additional screening by Catholic Charities must occur. The screening includes:
  - a. Evaluation of their ability to complete required foster care application documents,
  - b. Written testing which address basic competencies that would otherwise be met by a high school diploma or G.E.D., including basic reading, writing and math
  - c. Ensuring that each foster parent is able to be an appropriate role model for youth in placement;
  - d. Ensuring that each foster parent is able to communicate with the youth in the youth's own language or has other means to communicate with the youth in the youth's own language
8. Foster parents must have a working telephone and internet service in their home.
9. Foster parents must have a motor vehicle and the ability to regularly transport youth to various appointments. Foster parents must provide proof of a valid Texas driver's license and appropriate automobile insurance. Foster parents must have a driving record that reflects a responsible and safe driving history.
10. Foster parents must agree to adhere to Catholic Charities values, including RICHES and Catholic Social Teaching, in their role as a foster parent. This agreement is documented in the home study.
11. Persons in the following capacities with Catholic Charities that would create financial or other conflicts of interest cannot serve as foster parents with Catholic Charities, including:
  - a. Any person authorized to sign the Residential Child Care Contract with Texas DFPS;
  - b. Any board member, officer, or employee of Catholic Charities; and
  - c. Any person working in the day-to-day operations of Catholic Charities, either as an employee or under a contractual relationship.
13. Reimbursement is made for some out of pocket expenses that foster parents may incur during pre-service training, including FBI checks, CPR certification and TB tests. However, reimbursements will not be given unless the family becomes a licensed foster home and will not be issued until after the licensure date.

See the Foster Home Studies & Management – Initial Evaluation and Licensing of Home for more information on the IFC screening process.

### **Foster Parent Recruitment Methods**

1. The recruiter will collaborate with and/or target the following groups to recruit foster parents:
  - a. Local churches, especially those with foster/adopt ministries or a focus on international missions
  - b. Current IFC foster parents and/or IFC foster care alumni
  - c. Ethnic communities, especially those closely related in proximity or language to the expected populations of youth in care
  - d. People working in human service industries such as teachers, nurses, and/or social workers
  - e. Community leaders such as leaders of religious organizations and ethnic communities
2. The recruiter will present information at fairs as they are available by local organizations and companies (i.e. Addison World fest, church mission conferences, foster care /adoption conferences, PTA conferences)
3. The recruiter will provide information to the media or utilize advertising in local publications as a tool for foster parent recruitment.
4. Every year the recruiter will develop, implement, and evaluate a recruitment plan. The recruiter will submit the plan to the program manager for approval. The Program manager will submit the plan to the DPFS URM Program Specialist no later than 60 days into the contract period. Catholic Charities will request approval from DFPS for any changes to the approved recruitment plan.

### **Foster Parent Retention Efforts**

1. Catholic Charities provides convenient in-service training on a monthly basis to allow foster parents to maintain their license.
2. Catholic Charities provide opportunities for foster youth to receive support group services and/or life skills training concurrent with foster parent training and peer support at monthly meetings.
3. Catholic Charities provide free tickets for activities and events around the metroplex throughout the year, when available.
4. Catholic Charities provide foster parents with social events to show appreciation for their commitment. These events are free of charge and provide food and entertainment for their entire family. This has included a Thanksgiving potluck and the annual IFC Retreat.
5. As needs arise, IFC staff will provide referrals to strengthen families and reduce stress.

### **Related Forms:**

Foster Parent Application 2160-30  
Disclosure and Consent form for CBCs 2160-105  
FAST Pass  
Educational Screening Test 2160-123  
Educational Proficiency Documentation form 2160-75  
Check Request Form 1011-29

# EXHIBIT 58



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# ACF Policy on Grants to Faith-Based Organizations

## Listen

The American people have long shown their considerable compassion and generosity through a broad range of community-based entities, including a diverse group of faith-based organizations. Faith-based groups provide critical human services, and, in emergencies, they consistently stand shoulder-to-shoulder with government in the first line of response. Our nation is stronger for their work.

As a result of the considerable capabilities of faith-based organizations, the federal government frequently provides grants or contracts to them to carry out needed services. For the Administration for Children and Families in HHS, faith-based organizations have long been and will continue to be partners in our work.

We are mindful that some potential grantees may have religious objections to providing certain kinds of services, including referrals. This administration is committed to providing the full range of legally permissible services to people who need them, and to doing so in a timely fashion and in a manner that respects the diverse religious and cultural backgrounds of those we serve. At the same time, we also are committed to finding ways for organizations to partner with us even if they object to providing specific services on religious grounds.

The following are ways in which organizations with such objections may be able to participate in human services programs:

- **Serve as subgrantees:** In many cases, subgrantees do not need to provide every service for which the grantee is responsible, so long as all clients served have access to all services required under the grant in a timely and respectful manner. Grantees must ensure that their overall program provides all of the required services, but grantees can use subgrantees to provide some services. Under this arrangement, as long as other subgrantees are readily available to provide clients with the objected-to services, a subgrantee may participate in the grant program while declining to provide services to which they have religious objection.



- **Apply in a consortium:** A second possibility is for faith-based organizations to apply in a consortium with one or more partners. The consortium would allow for a division of responsibility consistent with each organization's principles. Again, as long as clients have timely access to all required services, different organizations could divide up the services provided.
- **Notify grantor:** A third possibility in some circumstances would be for the grantee to notify the federal program office responsible for the grant if a client's needs or circumstances may require services, including referrals, to which the organization has a religious objection. It would then be the federal agency's responsibility to follow through with the needed services, or, if appropriate, transfer the case to another provider.

ACF will consider any combination of these approaches and is open to considering other approaches that would accomplish the goal of ensuring that people have access to a full range of services while enabling qualified faith-based organizations to participate in the delivery of those services in a manner consistent with their principles.

The United States has a unique history of providing a safe haven for people of all faiths while also upholding both the free exercise of religion and the non-establishment of religion, as basic Constitutional principles. In the tradition consistent with this history, the administration will continue to work to provide all necessary services to people in need, recognizing their diverse religious and cultural backgrounds, while respecting our faith-based partners' values.

**BACK TO TOP**

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

_____	)	
FATMA MAROUF and BRYN ESPLIN,	)	
	)	
<i>Plaintiffs,</i>	)	
	)	
v.	)	Case No. 1:18-cv-378 (APM)
	)	
XAVIER BECERRA, in his official capacity as	)	
Secretary of the United States Department of	)	
Health and Human Services, <i>et al.,</i>	)	
	)	
<i>Defendants.</i>	)	
_____	)	

**[PROPOSED] ORDER GRANTING PLAINTIFFS’ MOTION FOR SUMMARY  
JUDGMENT**

THIS MATTER, having been brought before the Court on the Motion for Summary Judgment of Plaintiffs Fatma Marouf and Bryn Esplin (“Plaintiffs”), and the Court having reviewed the papers submitted by Plaintiffs in support of their Motion and the papers submitted by Defendants in opposition, and the Court having been advised of the entire record,

IT IS on this \_\_\_\_ day of \_\_\_\_\_, 2022 hereby

**ORDERED** that Plaintiffs’ Motion for Summary Judgment is hereby **GRANTED** in its entirety. Accordingly, it is hereby:

- A. **FURTHER ORDERED** that the Court **DECLARES** that Federal Defendants’ failure to ensure that Plaintiffs may apply to be foster or adoptive parents to a child under the Unaccompanied Refugee Minors (“URM”) Program or Unaccompanied Alien Children (“UAC”) Program through Federal Defendants’ grantee USCCB absent religious or other criteria that disfavor them based on their sexual

orientation or sex or the same-sex character of their marriage violates the First and Fifth Amendments to the United States Constitution; it is

B. **FURTHER ORDERED** that the Court **DECLARES** that Federal Defendants' actions in enabling, sanctioning, ratifying, or failing to implement adequate safeguards against the use of religious or other criteria disfavoring same-sex relationships to determine who may participate in the URM Program and UAC Program violates the First and Fifth Amendments to the United States Constitution; it is

C. **FURTHER ORDERED** that Federal Defendants are permanently **ENJOINED** to ensure that Plaintiffs may apply to be foster or adoptive parents to a child under the URM or UAC Program through Federal Defendants' grantee USCCB absent religious or other criteria that disfavor them based on their sexual orientation or sex or the same-sex character of their marriage; it is

D. **FURTHER ORDERED** that Federal Defendants are permanently **ENJOINED** from enabling, sanctioning, ratifying, or failing to implement adequate safeguards against the use of religious or other criteria to exclude foster or adoptive parent applicants based on their sexual orientation or sex or the same-sex character of their marriage in the administration of the URM Program and the UAC Program, including, as necessary, prohibiting Federal Defendants from awarding URM or UAC grants to Defendant United States Conference of Catholic Bishops; it is

E. **FURTHER ORDERED** that Plaintiffs are **AWARDED** their reasonable costs and attorneys' fees; and it is

F. **FURTHER ORDERED** that this Court retains jurisdiction over any matter pertaining to this judgment.

It is hereby **ORDERED** that **FINAL JUDGMENT** is entered in favor of Plaintiffs and against Defendants.

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Hon. Amit P. Mehta  
United States District Court Judge