EVAN B. DONALDSON ADOPTION INSTITUTE

What's Working for Children:

A Policy Study of Adoption Stability and Termination

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Executive Summary

Increasingly over the past 25 years – as a result of professional consensus that children benefit more from adoption than from long-term, temporary foster care – child welfare policy has promoted the placement of boys and girls in the system with permanent adoptive families. In particular, the Adoption Assistance and Child Welfare Act of 1980 (AACWA) aimed to prevent children from languishing in foster care and to facilitate adoptions for those who could not be reunified with their biological families. The Adoption and Safe Families Act of 1997 (ASFA) went one step further, mandating that states ensure permanency for the nation's foster children and providing financial incentives for states to increase the number of adoptions from foster care.

This development in policy and practice toward permanency has resulted in huge increases in such adoptions: 50,000 children were adopted from foster care in 2001, a 36% increase over the 37,000 in 1998 and a 78% increase from the 28,000 in 1996. More than half of those adopted in 2001 were age six or older and were members of racial or ethnic minorities. These children typically were identified as having "special needs" resulting from deprivation, trauma and losses, coupled with the fact that they lived in temporary care for nearly four years (a mean of 44 months), or almost half their lives. These children's challenges have been widely perceived as increasing the prospect for disruption or dissolution of their adoptions. Yet, even as the adoption numbers have soared, an extensive study by the Evan B. Donaldson Adoption Institute shows that the vast majority of these placements have remained stable over time.

Among the Institute's principal findings:

- Terminations Seldom Occur. Concerns that policies promoting adoption would lead to increased terminations generally appear unfounded. In fact, for a variety of reasons, the vast majority of adoptions from foster care remain stable over time.
- Data Collection is Inadequate. An array of problems prevent a thorough understanding of the reality on the ground (of disruption and dissolution rates) or of the impact of various risk factors. These include a lack of uniformity in definitions and inadequate data collection.
- Nontraditional Parents are Effective. Families headed by single, foster, older, lower-income and less-educated parents (as well as by kin) have better stability rates than the average, and therefore provide important opportunities for recruitment and placement from foster care.
- Post-Adoption Services are Vital. In addition to careful matching and preparation before a placement, providing assistance of various kinds after the child is in a home is vitally important in helping to minimize disruptions and promote adoption stability.

While the federal government requires states to collect some data relating to the child welfare system, it does not mandate that they track terminations of adoptive placements and finalized adoptions.[1] Indeed, there is no consensus on definitions of such terminations among practitioners, policy makers or researchers. In the absence of federal or state data-collection requirements, social

[1] The Adoption and Foster Care Analysis and Reporting System (AFCARS) rules mandate that states collect case-specific data on all children in foster care, and data on all adopted children placed by the state child welfare agency, and for whom the state provides adoption assistance, care, or services. Neither Statewide Automated Child Welfare Systems (SACWIS) nor AFCARS requires states to specifically collect foster care adoption disruption or dissolution data. AFCARS asks whether children entering the foster care system have ever been adopted, but this data element can refer to international and private domestic adoptions, in addition to previous foster care adoptions. Additionally, the information does not indicate whether the entry is a temporary displacement or a legally dissolved adoption. As such, this AFCARS element does not represent foster care adoption displacements or dissolutions.

scientists have examined relatively small, geographically limited, snapshot samples, primarily before ASFA was enacted.

To help fill the information gap, the Adoption Institute conducted a comprehensive study on foster care adoption termination and stability, funded by the David and Lucile Packard Foundation, to draw general conclusions about termination rates and the factors associated with them, and has formulated recommendations to enhance data collection and adoption stability. This information is critical to ensure that thoughtful placements are made from the outset for the 129,000 children currently waiting in foster care to be adopted; to improve the prospects that positive interventions will reduce the incidence of disruption and dissolution; and to provide assistance in family situations with chronic difficulties that do not result in terminations.

The Adoption Institute studied the relevant social science research over the last 20 years, and conducted a survey of 15 states' information-collection capabilities, yielding important findings about data collection, termination rates and risk factors. The terms "disruption" and "dissolution" are defined in this study, respectively, as the termination of an adoptive placement before the adoption is legally finalized and the termination of an adoption after it is legally finalized.

Recommendations for policy and practice:

- Improve Matching, Preparation and Education. Careful family evaluations should be systematically conducted to enhance the matching process, including thorough strengths-based assessments as well as tools/protocols such as the Model Approach to Partnerships in Parenting (MAPP) and the Parents' Resource for Information, Development and Education (PRIDE). Greater use of kin and foster parents also evidently increases stability.
- Develop More-Comprehensive Disclosure Policies. Many terminations (and problems within intact families) occur because parents have unrealistic expectations based on inadequate information; for this reason, among others, outcomes could be improved if states routinely provided comprehensive information in case management, including portable health records.
- Provide Consistent, Reliable Support. Post-adoption services are increasingly viewed as critically important, both to lessen the possibility of termination and to enhance the functioning of intact adoptions; families with children who have histories of severe abuse, neglect or other comparable challenges are particularly vulnerable. Availability of mental-health services and access to temporary residential care, when necessary, also appear to enhance stability.

Perhaps even more important than the incidence of disruption and dissolution are the factors associated with their occurrence. Though states are not collecting the relevant statistical information, researchers have identified factors that represent increased risk for disruption and dissolution: children's ages, placement history and behavioral issues; parents' expectations; and systemic factors such as matching and information sharing.

The Adoption Institute's survey of 15 geographically, demographically and structurally diverse state child welfare agencies found that most of the surveyed states (ranging from 12-14) were capturing basic foster care and adoptive placement statistics, but their capability to collect outcome data on adoption placements and finalized adoptions varied widely. Even when outcome data were available, officials conceded their numbers may not accurately reflect disrupted and dissolved adoptions in their states. Some states that reported their management systems captured placement and outcome data nevertheless failed to provide that information for this survey. Questions therefore remain about the accuracy of the states' characterization of their systems' capacity and/or whether this information is regularly generated and reviewed to assess placement efforts. State child welfare agency officials also noted, and an analysis of the data reveals, an important caveat to the information reported: questionable data integrity.

Of the 15 child welfare systems, eight reported in the telephone survey, conducted between December 2001 and February 2002, that they collect data on foster care adoptive placement disruptions, and six reported that they collect data on adoption dissolutions. Of the states reporting capacity to collect data, many were unable or unwilling to provide the information on the data collection forms for this survey. Only four provided disruption data, while five supplied dissolution data; just two submitted both. Unfortunately, it is not clear to the research team whether this reported information represents accurate numbers of disrupted and dissolved adoptions. During interviews, officials from states that tracked this information questioned their own data's quality and reliability, and attributed their inability to report accurate statistics to a lack of common definitions of disruption and dissolution, inadequate management information systems, and failure of overworked field staff to collect and/or enter data. Officials also reported there is a widely held agency perception that disruption and dissolution rates are low, and therefore that improving data collection is not a priority.

The available data in the Adoption Institute study showed termination rates are indeed low. Nevertheless, greater understanding of what keeps adoptions stable – and what leads to their breakups – will presumably have major positive consequences. Among them are that such knowledge will help in the placement of children into families with greater prospects of stability and, significantly, will help improve daily life for families that have already been formed (since it is widely understood that other reasons for low termination rates include adoptive parents' resolve to keep their families intact, as well as legal and financial hurdles to termination).

Available data indicate low termination rates:

- State disruption rates are much lower than the estimates reported in earlier empirical studies on disruption; research studies from 1980 to the mid-1990's found overall disruption rates of 10% to 27%, though rates as low as 3% were recorded for younger populations.
- States reporting disruption information to the Adoption Institute had low rates, ranging up to 8.4%, for adoptive placements in 1999. Dissolution rates were similarly low, from 0.4% to 5.4% for 1998 adoptions and for children entering care in 2000.
- The General Accounting Office, based on disruption data from 20 states and dissolution data from 21 (with 11 providing both) estimated 5% of adoptions planned in 1999-2000 disrupted, while 1% of those finalized in 1999-2000 later resulted in legal dissolution.
- Most of the body of studies on adoption disruption occurred in the 1980s, and as Goerge, et. al's (1995) large-scale study in Illinois documented, there has been a decline in the disruption rate since that time. Concerns that ASFA would reverse this trend are not supported by data from the GAO or the Adoption Institute's survey of states.

The Adoption Institute's research also found no apparent association between characteristics of child welfare systems and data collection. That is, no type of system (state- or county-based) or traits of a system (for instance, whether it completed Statewide Automated Child Welfare Systems or had been awarded adoption bonuses) seemed to make it more or less likely to have accumulated the relevant disruption and dissolution data.

Information gaps left by the states remain unfilled. There is a clear need for academic studies of disrupted placements and dissolved adoptions for children placed after the implementation of ASFA in 1997. And, as noted above, the older studies do not use consistently defined terms and protocols, many do not track children over time, and their samples often are small and limited to a specific geographic area. Among the other problems relating to data collection are that policymakers and practitioners do not have comprehensive, comparable information about disruption and dissolution rates and associated risk factors; most states do not collect disruption and dissolution data, and

among the ones that do, it is unclear whether they are accurately capturing the information; the child welfare field in general has not adhered to standard definitions of disruption and dissolution and tools for uniformly measuring them; there is a dearth of empirical studies of disrupted placements and dissolved adoptions for children placed after the implementation of ASFA in 1997; and state collection of disruption and dissolution data is incomplete and the data is therefore questionable.

Conclusion:

Empirical studies have documented specific child- and parent-related factors posing greater risk for adoption stability. While knowledge of these risks cannot prevent termination of all adoptive placements or finalized adoptions, it can promote more effective matching of children and families and more careful attention to addressing known risk factors.

For example, in placing a child with an extensive history of trauma and current severe behavior problems, ideally a family could be found (or trained) with an understanding and acceptance of such children, as well as the skills and resources to parent such a child. At the very least, these risk factors should not be glossed over or ignored in pre- or post-adoption work with the family and child. In addition, systemic factors contribute to adoption instability, so accountability related to these risks needs to be built into child welfare practice – ranging from professional educational programs and agency supervision of workers, to system review standards and performance measures.

Finally, if meaningful empirical examination of adoption outcomes and risks is to occur in the future, attention must be given to data systems and adherence to data collection protocol in the field. It is unlikely that this will occur without federal mandates requiring case-specific reporting of adoptive placements and longitudinal data on adoption outcomes. Such reform is necessary for the permanency goal of adoption to be truly permanent for these children.

Literature/Research Review

INTRODUCTION AND PURPOSE

This literature review analyzes social science research studies on adoption termination and stability. The review focuses on foster care adoptions because the vast majority of researchers have focused on this type, as opposed to private infant or international adoptions. In addition, this report incorporates James Rosenthal's findings from a 1993 literature review of termination and stability (also funded by the Packard Foundation), and summarizes post-1993 research. This review's objectives, along with the accompanying 15-state survey project, are to assess: the frequency of adoption terminations; the parent, child and system factors associated with termination and stability; and areas where further research would improve policy and practice.

Because terminology is not consistent in the literature or in practice, for the purposes of this report the following definitions are used:

- "Termination" is a collective term for adoption instability, disruption, displacement and dissolution.
- "Disruption" is the termination of a placement before the adoption is legally finalized.
- "Displacement" is the temporary (short or long term) return of a child to state custody after a legally finalized adoption.
- "Dissolution" is the termination of an adoption after it is legally finalized.

The terms used by a source's author are in quotes where the author does not clearly define it, and the study population is described. Otherwise, definitions for termination, disruption, displacement and dissolution used here are those noted above.

BACKGROUND: ADOPTION TERMINATION

The Adoption Assistance and Child Welfare Act of 1980 (AACWA)[1] aimed to prevent children in foster care from languishing in temporary situations and to facilitate adoptions for children who could not be reunified with their biological families. Following its passage, children in foster care previously deemed to be "unadoptable" were adopted at increasing rates,[2] causing concern among caseworkers that there would be a growing incidence of terminations as a result of the level of problems among these children. Much of the research in the late 1980s was undertaken to assess the extent to which this prediction was valid.

In general, termination rates after AACWA were not as high as child welfare professionals had feared. In a 1993 Packard Foundation-funded literature review, Rosenthal (1993) concluded that disruption rates during the 1980s were "generally higher" than those in the 1970s. He cited two studies of disruption in the 1970s, with rates ranging from 2.7% to 7.6%, and another of "special needs" adoptions at 26%.[3] Based on numerous disruption studies in the 1980s, Rosenthal concluded that "on balance, these studies suggest that the disruption rate may be about 10% to 15% for

children placed when older. For younger children with developmental disabilities, the rates are lower."[4]

A large-scale, long-term study of all Illinois children admitted to state custody between 1976 and 1987 found that while the number of adoptions increased from 1976 to 1987, the percentage of disruptions and displacements declined after 1980.[5] The proportion of disruptions decreased from 21% between 1976 and 1980 to 10% between 1981 and 1987, while the percentage of displacements decreased slightly.[6] The researchers concluded that AACWA's permanency planning standards, which established timetables for review and disposition of children's cases, played a role in reducing termination rates.[7]

During the mid-1990s, in anticipation of new federal child welfare legislation, a consensus among experts suggested adoption was more fiscally sound, more stable and better for children than foster care or long-term guardianship. Barth (1997), drawing on evidence of abuse, placement stability, developmental outcomes and children's satisfaction with adoption, promoted adoption over foster care or long-term guardianship, and recommended increasing adoption subsidies.[8] Berry (1997) also recommended improving adoption practices and increasing subsidies.[9] While researchers and professionals assume some number of terminations are inevitable in foster care adoptions, research has found that termination rates for adoption are much lower than those for long-term foster care.[10]

As a result, policy initiatives have promoted adoption over other, less-permanent placements, resulting in more adoptions from foster care for children whose parents have had their rights terminated.[11] In 1997, Congress passed the Adoption and Safe Families Act (ASFA)[12] mandating that states become more aggressive in seeking permanency for the nation's foster children. ASFA requires that states ensure foster children have a permanency plan within a year and terminate parental rights for children who have been in foster care for 15 of the most recent 22 months. Additionally, ASFA provides financial incentives for states to increase the number of adoptions from foster care. This program has been extended, with enhanced incentives for the adoption of older children, in 2003 with the passage of the Adoption Promotion Act.[13]

In response to these federal mandates and incentives, state public child welfare agencies have substantially increased the numbers of adoptions. According to the U.S. Department of Health and Human Services (HHS), 50,000 foster children were adopted in 2001, a 36% increase over the 36,673 adoptions in 1998 and a 78% increase from 1996, when 28,000 adoptions were finalized.[14] Over half of the children adopted from care in 2001 were age six or older and of racial or ethnic minorities; they also had been in temporary care for nearly four years (a mean of 44 months), or almost half their lives.[15] In Illinois, for instance, more children were moved from foster care into adoption and subsidized guardianship in 1999 than in the 10 years between1986-1995 combined.[16]

As with adoption increases after AACWA, the post-ASFA escalation – particularly of older and "special needs" children – caused some experts and practitioners to question placement stability, fearing that ASFA's requirements for expedited permanency might result in less-thoughtful matches and inadequate preparation of families and children. Fluctuating termination rates must be examined in the context of the increased number of adoptions and permanency planning requirements. Unfortunately, with the exception of research by the General Accounting Office, there has been no research on adoption stability subsequent to ASFA as of the publication of this report.

ADOPTION TERMINATION RATES

With the passage of time, researchers have identified problems in comparing and drawing conclusions from various foster care adoption studies. Most important, in many cases there have been insufficient definitions of and distinctions among disruption, displacement and dissolution.[17]

Even though Goerge and colleagues in 1995 underlined the importance of clear definitions and distinctions – stressing that disruptions and displacements occur at different rates and that risk operates differently in certain stages and segments of placements and populations – many current studies perpetuate these deficiencies.[18] While some have made clear distinctions,[19] others continue to lump disruption, displacement and dissolution together, usually referring to them all as "disruption."[20] Still others have focused on one category but not the others.[21] And, while recognizing it is important to study children's return to state care following legal adoption, Goerge et al. (1995) and Festinger (2002) note that gathering data on displacement and dissolution is necessarily inexact because children's last names are likely to have changed with finalized adoptions.[22] Indeed, it is extremely difficult for reports summarizing the body of research to differentiate among disruption, displacement or dissolution because many of the source studies are imprecise.[23]

Other differences in conceptualization, sample definition and size, and methodology have led to mixed results and make it difficult to identify trends over time.[24] For instance, many of the studies use a sample of "special needs" children as the basis for analysis, but since different states and authors define "special needs" differently, samples are not necessarily comparable.[25] This may be particularly significant where the definition of an "older child" varies, since age at placement is a consistent predictor of stability.[26] Additionally, some studies draw only on one segment of the adoptive population,[27] for instance a specific state or urban population.[28] And perhaps most significantly, most studies use a "snapshot" sample based on one period in time, though longitudinal surveys are more accurate because they follow placements and adoptions over time. A snapshot survey is likely to underestimate termination rates, since the percentage of displacements, disruptions and dissolutions can be expected to rise with time.[29]

Because there are few longitudinal studies and there have been no studies of stability after ASFA implementation, Goerge and colleagues' 1995 study provides a baseline context for evaluating termination rates, as it was a large-scale, long-term study that distinguished between "adoptive placements" that end in disruption and displacement following a legalized adoption.[30] The study population consisted of the 4,840 adoptive placements and 11,798 adoptions of all children admitted to the custody of the Illinois Department of Children and Family Services from 1976 to 1987 and tracked through 1994.[31] There was a general disruption rate of 12.1% and a displacement rate of 4.2% for the entire period, noting that disruption rates declined sharply after 1980, when permanency planning was implemented (from an average of 21.1% for the period 1976-1980 to an average of 9.9% for the period 1981-1987).[32] In comparison, the same time periods showed an almost negligible decline in displacement rates (an average of 6.8% for the period 1976-1980 to an average of 6.6% for the period 1981-1987).[33] The study concluded that adoptive placements are inherently more unstable than legal adoptions, but that disruption is relatively responsive to service intervention and policy.[34] With these conclusions in mind, a summary of other findings follows.

ADOPTION DISRUPTION RATES

Taken together, social science research studies on disruption during the 1980s and 1990s have estimated rates between 10% and 27% (most studies with high rates were reporting on small samples of "hard to place" kids, usually meaning much older),[35] with rates generally declining through the 1990s. Based on data from 21 states, the General Accounting Office (GAO), however, estimated only 5% of adoptions planned in 1999-2000 disrupted before finalization.[36]

- Rosenthal (1993) estimated rates in the 1980s at 10% to 15% for children placed when older, and about 3.3% or less for children 7 or younger with developmental disabilities.[37]
- Goerge (1995) found 10% to 27% "disruption" rates for studies published from 1986-1991. [38]
- Berry (1997) found overall rates for studies in the 1980s between 10% and 20%.[39]

- Barth & Miller (2000) estimated a "disruption" rate of 10% to 16% for "special needs" children, based on research published from 1985 to 1996.[40]
- Triseliotis (2002), based on pre-1990 U.S. studies and later U.K. studies, estimated an overall disruption rate of 18% for all cases two to eight years after placement.[41]
- Goerge and colleagues (1995) found a 12.1% disruption rate of Illinois children placed from 1976 to 1994 (10% for 1981 to 1987).[42]
- Festinger (2001) noted that "among studies completed over the past fifteen years, disruptions have ranged from about 10% to about 25%."[43]

ADOPTION DISPLACEMENT RATES

In the literature, displacements may be defined as any return to state care after a finalized adoption, ranging from very short, temporary stays (such as in a residential treatment center) to long-lasting re-entries into the foster care system with no prospect of return to the adoptive family (but without legally dissolving the adoption). So, in practical terms, some displacements therefore are tantamount to terminations, while others are not. Terminology can be confusing, as some researchers call a long-term displacement "dissolution," even though the adoption has not been legally dissolved.[44]

Empirical research studies have generally estimated displacement rates in the 2% to 8% range, but vary depending on whether the rate includes all displacements or long-term displacements only.[45] A recent General Accounting Office (GAO) survey of states, however, found that of adoptions planned in 1999-2000, approximately 1% resulted in re-entry into foster care.[46]

Groze (1996) cited a 2% national displacement rate based on studies published in 1988 and 1990.[47] In his longitudinal study of intact adoptions, he concluded that approximately 8% of the adoptions subsidized by the state of Iowa from 1990 to 1993 resulted in children in "out of home placement."[48] McDonald and colleagues (2001) found, based on telephone interviews of 159 parents in Kansas who had adopted foster children in 1995, that 18 to 24 months later, only 3% were not living at home, and of these, only one (less than 1%) was permanently placed outside the home.[49]

Howard and Smith (2001) reported a "displacement" rate of 6% among 1,300 intact, state-subsidized adopters in Illinois who responded to a survey in 2000, noting these displacements were temporary, post-adoption stays in psychiatric facilities, group homes or residential treatment centers.[50] Goerge and colleagues (1995) estimated a general displacement rate among state-subsidized adoptions in Illinois of 4.2% in the period 1976-1994.[51] Festinger (2001) estimated a displacement rate of 3.3% (17 of 497) among adoptions from out-of-home care in New York City in 1996, and of those, only two (less than 0.5%) were not expected to return home.[52] Testa (2004) found that while displacements doubled in Illinois from 1990 to 2002, the ratio of displacements to adoption assistance cases actually declined from 4% to 1.3% during the same time because of an almost sevenfold increase in the number of adoption-assistance cases.[53]

ADOPTION DISSOLUTION RATES

Comprehensive information on dissolution rates is not readily available; it is hard to obtain because children's last names change after adoption and their dissolution records are held by county courts that seldom report them to the child welfare system. Additionally, as noted above, terminated adoptions often take the form of long-term displacements rather than legal dissolutions.[54] Nevertheless, Groze (1996) cites three studies published from 1988-1990 concluding that "the best estimate is that less than 2% of adoptive placements dissolve after finalization." [55] In a sample of 497 children adopted in 1996 in New York City, just nine (1.8%) with finalized adoptions were in

placement during the study, and parents of seven of them "expected their children to live with them again." [56] The GAO research, gathered from 21 states, found about 1% of adoptions finalized in 1999 to 2000 later resulted in legal dissolution. [57]

The significance of these findings is that termination rates overall have declined, and the vast majority of adoptions remain stable over time. Goerge and colleagues' study (1995) showed that improvements in policy and practice could significantly reduce disruption rates, as his research highlighted a decline following adherence to permanency planning. He also noted that the greatest risk to stability is during adoptive placement before legalization, rather than after legalization. [58] Perhaps the most significant finding since 1993 is that, while displacement rates are relatively low compared to disruption rates, dissolution rates are lower still. This clearly exemplifies the fact that "families are loath to dissolve a relationship established by legal adoption." [59] Another factor, based on experience, is that child welfare systems generally attempt to prevent adoption dissolutions, and that a primary reason for a child to reenter the system after a legalized adoption is the disability or death of the adoptive parent. This data underscores the importance of studying and understanding the factors that improve pre- and post-adoption services, because "even though formal adoption dissolution is relatively rare, the adoptive parent-child relationship can break down in other ways." [60]

LENGTH OF TIME BEFORE TERMINATION OCCURS

In understanding and preventing adoption termination, it is critical to identify the timeframe during which the breakdown occurs, so workers can provide positive interventions and supportive services. Barth (1988) found an average 18-month period between placement and return of the child to the agency, before or after legal finalization,[61] among a population of 1,153 children placed for adoption in northern California in 1980-1984. Festinger (1986) found that the highest rate of disruption occurred during the first 12 months of adoptive placement for all placements by the New York City child welfare system from March 1983 through March 1984.[62]

Smith and Howard (1991) compared the mean length of time between placement and disruption for families recruited to adopt a non-relative child (new/matched families), foster-adoptive families, and relative/kin placements. Their population consisted of 74 children placed for adoption in Illinois between 1983 and 1985 whose adoptive placements were legally finalized, and 74 others placed for adoption whose placements disrupted before finalization.[63] They found new/matched families disrupted more quickly (8.7 month mean) than foster-adoptive families (9.9 months) and kinship families (18 months). The study also found the mean length of time between when the agency and parents first discuss disruption and removal was 8.8 weeks.[64]

McRoy's 1999 study compared the time between the family's first communication of problems and resulting disruption, displacement or dissolution. McRoy studied 40 intact and 40 terminated (15 disrupted and 25 dissolved) adoptions through the Texas child welfare agency in the late 1980s and early 1990s. In the disrupted group, almost half (47%) of the children were removed within one month of the initial discussion of problems, while the remainder were removed after two to seven months.[65] In the dissolved group, 32% of the children were removed within one month and 12% within the second month, while 28% of children were removed within two months among the dissolved adoptions and 28% were removed after more than four months from the initial discussion.[66]

These findings indicate that the timeframe from the point when parents discuss their concerns with workers to disruption is relatively brief, with most children being removed within one to two months of communication of a problem in these studies. Encouraging parents to present issues as early as possible, before they become overwhelming, and developing positive interventions should be explored to reduce the likelihood of disruption. It is also important to recognize the value of communicating independently with children about how the placement is going; workers too often visit

children only with their parents and therefore do not learn of the children's unhappiness until the situations have evolved too far to reverse them.

CHILD-RELATED FACTORS ASSOCIATED WITH TERMINATION

Studies of adoptive placement and adoption outcomes have explored a range of child-related factors, finding that older age at the time of placement and behavioral problems pose the greatest challenges to stability, while the primary factor associated with stable adoptive placement is a child's younger age. Among the other factors reviewed here are: sexual abuse history, sibling groups, attachment to birth mother, and prenatal drug and alcohol exposure.

AGE

Numerous studies have found that the risk of disruption increases with age at placement, and it is generally agreed to be the greatest risk factor.[67] Goerge and colleagues (1995) found disruption and displacement rates by age group as follows: [68]

Age of child	Disruption rate %	Displacement rate %
Under 1 year	12.15	2.64
1-4.9 years	11.13	3.76
5-9.9 years	11.90	9.11
10 to 14.9 years	21.22	11.79
15 to 19.9 years	34.85	4.03

Controlling for all other factors, children ages 5-9 were almost twice as likely, children 10-14 more than four times more likely, and those 15 or older nine times more likely to experience disruption than children under 1.[69]

Triseliotis (2002), based on pre-1990 U.S. studies and later U.K. studies, approximated a rate of less than 2% for children placed at under age 1, about 5% for pre-school-aged children, 15% for those 5-12, and 33% to 50% for adolescents.[70] In McRoy's (1999) study, the greatest proportion of children in intact adoptions were removed from their original homes at age 1-3 and placed at 4-6, while the greatest proportion in disrupted adoptions were removed at 4-6 and placed at 7-9.[71] Berry and Barth (1990) found a 24.2% "disruption"[72] rate for 99 children who were aged 12-17 (mean age 13.9) at the time of adoptive placement, but noted that "among teenagers, higher disruption rates are not associated with age."[73] Among the adolescents experiencing disruption, 67% had "a special problem" as opposed to 43% in the intact group, but the former spent less time in foster care (6.4 year average) than the latter (8.8 year average).[74]

Barth and Miller (2000) suggested several reasons why foster children's older age is strongly associated with adoption termination: older children may have had more adverse prior experiences, may be less malleable, may have formed stronger attachments to their biological parents, and/or have a growing need for autonomy and independence.[75] Similarly, Howe's 1997 research in England suggests it is not age per se, but rather cumulative adverse events prior to the adoption that are a greater predictor of difficulty. The study compared adolescent adjustments in infant adoptions, older-child adoptions with good early care, and older-child adoptions with early adverse care. While about 25% of infant-adopted children had problem behaviors during adolescence compared to 72% of older-adopted/adverse care, the older-adopted with good early care had lower incidence of problem behaviors than the infant adopted group.[76]

Studies have also attempted to identify factors associated with successful adolescent foster care adoptions. Berry and Barth (1990) associated the following factors with successful adolescent foster

care placements: adoptive parents who are age-appropriate in relation to the adopted child, other foster children in the home, adequate subsidies, and foster parent adopters.[77]

Recent studies examining the association between age at placement and factors such as parental satisfaction or child behavior, have mixed findings. In Groze's study (1996), "more negative impact" on the family was found for children placed over age 5 compared to younger ones, though "the adoption's impact over time does not get more negative for children placed when older compared to children placed at a younger age."[78] In Festinger's study (2001), age at the time of adoption, while not associated with the number of behavioral problems, was associated with emotional problems.[79] Howard and Smith's (2001) correlation of behavioral problem index scores with children's age at removal and adoptive placement found a "higher level of behavior problems" in children aged 1-3 at removal and children placed in adoptive homes at ages 4-6, than children at other ages.[80] The researchers explained that "these children had interrupted attachments and ongoing impermanence at a very young age but had formed some attachment to a birth family; they were at an age when they were very dependent on parents and unable to understand changes in caretakers."[81]

BEHAVIORAL AND EMOTIONAL ISSUES

Researchers have consistently identified behavioral and emotional problems as important indicators of termination risk because they put stress on adoptive placements, parents may not be prepared to handle them or appropriate supports and services are not accessible.

Rosenthal (1993) reported that "aggressive, acting-out behavior" (such as violence to others, stealing, defiance, cruelty and sexual acting-out), but not "developmental problems and serious medical conditions," is "centrally linked to disruption."[82] Other research consistently confirms these findings.[83] McRoy (1999) found far higher rates of "aggressive, acting-out behaviors" among children in dissolved or disrupted adoptions – prior to removal from birth family, in foster care and after adoptive placement – than in intact adoptions; she also found that with these children, the incidence of such behaviors escalated with their move into adoptive placements.[84]

In her 1986 study, Festinger asked caseworkers for 183 children to assess their behavioral/emotional needs and the adoptive parents' ability to cope with those needs. Caseworkers reported children whose adoptive placements disrupted prior to finalization had a higher level of and more severe behavioral/emotional problems, which were addressed less competently by the parents, than children whose adoptions were finalized. Significantly more of the children whose placements disrupted (92.3%) were thought to have one or more problems, in contrast to 72.4% of the adoptees, with the most frequently noted issues being academic or emotional problems. Among disrupted placements, caseworkers assessed the adoptive mothers as coping fairly or poorly with at least one problem in 63.6% of the cases, in contrast to only 19.2% of mothers of children who were adopted; proportions for adoptive fathers were similar.[85]

Findings relying on parent surveys were consistent with those described above, and showed that adoptions disrupted as a result of children's aggressive behaviors, which included sexual acting out, physical aggression, stealing, vandalism, defiance and suicide attempts. In Rosenthal and Groze's (1990) survey of 799 parents in Oklahoma, Kansas and Illinois, acting-out and aggressive behavior, as opposed to withdrawn, inhibited behavior, were more representative of the factors related to disruption.[86] McDonald et al.'s (2001) survey of 159 parents in Kansas found that the number of a child's special needs was the factor most strongly correlated with the number of placement adjustment difficulties.[87] In a smaller study of 57 children, Rosenthal et al. (1988) discovered that boys' adoptions disrupted more than girls' and theorized that the boys' aggression and acting-out behavior was directly correlated with the disruption.[88]
In their study of intact adoptions, Howard and Smith (2001) found that parental satisfaction with their adoption experience rose in inverse proportion to the child's Behavior Problem Index score, with a

more severe score associated with the parents' reduced feeling of closeness to the child and a reduced ability of the child to give and receive affection.[89] Reilly and Platz's (2003) survey results from 249 Nevada adoptive families, with a total of 373 special-needs children, revealed that their behavior problems had the greatest impact on parental satisfaction.[90] Festinger (2001) found that a greater number of a child's behavioral, health or learning problems was the most important predictor of the number of service needs expressed by 405 parents of intact adoptions who adopted New York City foster children in 1996.[91] Leung and Erich (2002), in a study based on interviews of 52 parents in intact special needs adoptions in one state, found that a lower total behavior problem score in the child corresponded to a higher level of family functioning, as perceived by parents.[92]

Smith and Howard's (1991) comparison of disrupted and intact adoptions found that, before placement, there were "few significant differences on the presence of various behavior problems," except for "sexual acting out, which is more prevalent among the disrupted group" and the total behavior problem score was not statistically different between the two groups prior to adoptive placement. Post-placement, however, "the data indicate some intensifying of behavioral problems for children in the disrupted group and a lessening of problems for children in the consummated group."[93] They noted that "one reason (behind the finding of increased behavioral problems) might have been the high levels of stress experienced by many children because of the emotional strain of establishing permanent family attachments or struggling with attachment situations that were not working out. In contrast, there was a lessening of stress for children who were able to achieve a positive adjustment in a secure, permanent family."[94]

As Berry (1997) noted, although practitioners and therapists emphasize the importance of attachment in placing a child for adoption and post-placement therapy, there is neither a clear professional consensus of what attachment is nor the behavioral indicators of its presence or absence.[95] Given the lack of a quantitative scale for assessing the strength of attachment, most studies rely on parents' own assessments of the level of attachment. Although more research is needed, McRoy (1999) states that "it is clear that adoptive parents must be prepared to help mediate the effects of multiple placements by providing consistent, positive caregiving."[96]

PRIOR PLACEMENT HISTORY

Several researchers have concluded that prior disruption history placed a child at increased risk for a subsequent disruption.[97]

Rosenthal (1993) reported that the number of foster care placements, time spent in placements and adoption delays are disruption "predictors."[98] In Barth and Berry's study (1988), one-quarter of the children in the disrupted group had had a previous adoptive placement, compared with 5% in the non-disrupted group, and the number of previous placements increased significantly with age and the number of child-related problems.[99] In Festinger's study (1986), 23.4% of the children in the disrupted group had had a previous adoptive placement, compared with only 8.2% among the group of finalized adoptions.[100] Children in Festinger's (1986) disrupted group were also more likely to have had multiple placements of any kind (previous foster placements, group home or institution, as well as previous adoptive placements) than children in the group with finalized adoptions (82.1% versus 58.1%). On average, the number of previous placements was 2.71 for the disrupted group and 1.27 in the intact group.[101]

Goerge. et.al. (1995) found that the length of foster placement was one of the two most important predictors of disruption and displacement, but that it affects the two groups differently.[102] He found disruption rates to be highest for children who had been in care less than 2 years or over 4 years, and found displacement rates to be lower for those who had been in care less than 2 years or more than 4, and greatest among children who had been in care for 3-4 years.[103] Goerge, et al. concluded permanency planning has a positive effect on outcomes, since it appeared from his research that

children who move into their adoptive placements relatively soon after their 18-month foster care have the lowest rates of displacement.[104]

Although Rosenthal (1993) cited a 1986 study showing that time spent in previous placements increased the risk of disruption,[105] Festinger (1986) did not find the length of time between foster placement and being freed for adoption, or the amount of time spent in foster care, to be significantly different among groups whose placements disrupted or were eventually legalized.[106] More recently, McRoy, (1999) found that children in her disrupted/dissolved group had not had a significantly greater number of foster care placements than children in her intact group.[107] Rosenthal (1993) echoed that finding, noting that many children who experience disrupted adoptive placements go on to have stable, permanent adoptive families.[108]

SEXUAL ABUSE HISTORY

A number of studies have identified prior sexual abuse as a factor associated with increased risk of disruption.[109]

Smith and Howard's study (1994) analyzed data for 35 sexually abused children and 113 who had no identified history of sexual abuse.[110] They found that the disruption rate was higher in the abused group than in the non-abused group and noted that sexual abuse was associated with: more moves in care, greater behavioral difficulties, and more attachment problems or hostile acting out. [111] For some children, the sexual abuse trauma seemed to intensify their difficulties in separating from birth parents; for other children, the emotional demands of attaching to adoptive parents, such as trusting and yielding control, caused a resurgence of long-submerged sexual abuse trauma. Failure to resolve sexual abuse issues intensified behavior problems or created increased resistance to attachment, and at times created attachment difficulties for parents.[112]

Complicating the issue, Smith and Howard (1994) found that not only was sexual abuse rarely the reason for initial removal from their birth family, and often unknown to caseworkers when the child entered the child welfare system, but many of the children were not identified as sexual abuse victims until long after adoptive placements.[113] Similarly, Barth and Berry (1988) found that about one-third of the children in their California study had been sexually abused, and fewer than one-half of their adoptive parents knew about the abuse at placement.[114] Berry (1997) found of these cases, over one-half of the pre-adoptive placements disrupted and the discovery of a history of sexual abuse was strongly associated with disruption.[115]

SIBLING GROUPS

A basic tenet of child welfare best practice is placement of siblings together in both foster and adoptive homes. Researchers, however, have cited conflicting and ultimately inconclusive evidence as to whether sibling placement constitutes a risk factor or a benefit to placement success.[116] Factors that are associated with stability of placements of siblings are: the presence of biological children in the adoptive home, the number of children in the home, the age of both the adopted and biological children, and the age-order of the children – i.e., whether the adopted children are older or younger than the biological children.

Festinger (1986) noted that it is difficult to draw conclusions about the benefits of sibling placement without knowing the reasons why siblings are placed separately, which sometimes include behavioral/emotional problems.[117] Barth et al. (1988) suggested that caseworkers' judgments were instrumental in contributing to the success of the placement.[118] Rosenthal's 1993 review noted that some studies suggested that placing siblings in the same home at the same time increases risk of termination, particularly if there are other children in the home already,[119] while others indicated that it might reduce risk.[120]
Berry (1997) reported that sibling placements were no more or less stable than single-child placements, but that sibling groups placed in homes with biological children seemed to be more at-risk than those in childless homes.[121] Rosenthal's Oklahoma study (1988) found that sibling placement was associated with

increased risk of termination for younger children (age 8 and younger), but decreased risk for older children.[122] Festinger (1986) found that children placed alone had a significantly higher rate of disruption (10.7%) compared to sibling groups (5.6%), while children with disrupted placements were more likely to have siblings in other placements (20.8%) than those who were adopted (3.6%).[123] McRoy (1999), on the other hand, found that there was no significant difference in the number of separately placed siblings between the intact and disrupted/dissolved groups.[124] And, Reilly and Platz's (2003) research found that children adopted in sibling groups had more behavior problems than those adopted individually.[125]

OTHER FACTORS

ATTACHMENT TO BIRTH MOTHER

In 1993, Rosenthal noted that some studies had linked a strong attachment between child and birth mother to an increased risk of disruption.[126] Smith and Howard (1991) found that those children who were rated as strongly attached to their birth mothers were more likely to have a disrupted adoptive placement.[127] In their subsequent research (Howard & Smith, 2001), they also found that attachment problems and parents' level of closeness to children are associated with pre-placement maltreatment or adverse conditions, and noted that "attachment problems are associated with behavior problems, emotional disturbance, and learning disabilities, but not with other types of disabilities/special needs."[128] A child's difficulty to relate and attach was a risk factor consistently identified by adoptive parents. Schmidt and colleagues' (1988) interviews of 12 couples and 3 single adoptive parents whose adoptions of special needs children (aged 4-17) had disrupted found the difficulty of the children to attach to their new families was the dominant theme. Adoptive parents also reported their children were unable to "let go" of birth families.[129]

Terling-Watt's research (2001) offered some explanations. In her study of disruption and kin placements, she found continued influence of the birth parents to be the most common factor contributing to disruption. She reported that potential adoptive parents who were kin of the birth parents often found it difficult to understand the limitations of the latter and the dangers they represented to the child. The kin found it hard to set appropriate boundaries for visitation and other contacts, which led to unsolicited visits, disturbance and sometimes danger to the child.[130] Howard and Smith (2001) noted that while some practitioners have raised concerns about appropriate boundary setting being particularly difficult for grandparents.,[131] the value of appropriate, ongoing relationships with birth families, on the other hand, is one reason that kinship adoption is recognized as having clear benefits for children.[132]

PRENATAL DRUG AND ALCOHOL EXPOSURE

Barth and Miller (2000) reported that children with prenatal alcohol exposure have a higher likelihood of multiple psychiatric symptoms as adults, and adoption of these children "appears to be particularly challenging."[133] Some research has questioned the ability of prenatally drug-exposed children to form close attachments in their early years.[134] Howard and Smith (2001), in their study of intact adoptions, found that prenatal alcohol or drug exposure was a strong predictor of a high behavior problem score.[135]

However, Barth and Brooks (2002), in a study of outcomes of 121 prenatally drug-exposed children and 112 non-drug exposed children 8 years after adoption, found drug-exposed children had only modestly more difficulties in general adjustment and behavior, education and physical health than the others. They also found the adoptive parents of the drug-exposed children had adequate understanding of the difficulties and appropriate expectations, and that their commitment to and satisfaction with their adoptions were as high as those of parents who adopted non-drug-exposed children.[136] Furthermore, the researchers noted that drug-exposed children were more likely to be placed as infants, a factor associated with stable adoptions.[137]

PARENT-RELATED FACTORS ASSOCIATED WITH TERMINATION

Research conducted over the past 20 years also has focused on adoptive parent factors as indicators of termination or stability. Among the factors/characteristics addressed in this review are: expectations, experiences and parenting style; foster or kinship relationship; education and income; marital status; race; and abuse history. The most consistent indicator the studies identify is the clash between parents' expectations and the reality of the children's needs.

EXPECTATIONS AND EXPERIENCE

The dominant themes in studies that have examined adoptive parent characteristics are parents' expectations, the gap between expectations and reality, and ability or inability to bridge that gap. Many studies cite parents' unrealistic/unmet expectations of the child as associated with instability.[138] Some researchers suggest it may be unrealistic expectations, especially among more educated parents, that lead to higher termination rates.[139] Others conjecture parents' inflexibility makes them unable to adjust expectations and modify family rules to accommodate a difficult child.[140]

Results from Reilly and Platz's (2003) survey of 249 Nevada adoptive families showed that realistic parental expectations had the greatest influence on the quality of parents' relationships with their children and impact on family and marriage. More than three-quarters (77%) of parents responding to the mail survey in 2000 said the "quality of their relationship with their child was good to excellent" and two-thirds (66%) said the "overall impact of the adoption on their family was positive."[141] Valentine and colleagues (1988) interviewed 18 parents who said that although they were prepared to handle many kinds of difficulties and problems, most felt inadequate and ill-prepared to parent such extremely disturbed children.[142]

Researchers also noted that agency factors (i.e. lack of information, staff turnover, adoption preparation and transition planning) were intimately connected with parents' unrealistic expectations. A majority of the families (58%) in the Reilly and Platz's survey (2003) responded that they did not receive enough information on the child and more than a third (37%) said the child's problems were more serious than the state agency originally told them. Howard and Smith's 2001 study showed that being fully prepared for adoption is the strongest parent-related factor for predicting positive child adjustment after adoption,[143] though as Rosenthal (1993) noted, some parents harbor unrealistic expectations despite explicit preparation by social workers.[144] Schmidt et al's (1988) interviews revealed that, despite the information given to the families about the children and their needs, parents anticipated caring for less-difficult children, had confidence in themselves as parents and thought they could handle the child. Additionally, several families reported the placement process was too brief, preventing them and the children from getting used to each other, forcing their attachment to meet agency and court deadlines.[145]

Greater experience with adoption and with parenting special needs children has been correlated with reduced termination risk because it normalizes expectations as well as enhances parents' ability to manage any problems.[146] McRoy (1999) attributed her finding that foster parent adoptions were much more stable than non-foster parent adoptions in part to the fact that foster parents had prior experience with and realistic expectations of children with special needs.[147] As she explains: "With realistic expectations, there is acceptance of the child in all respects (i.e. emotional, psychological, physical, and in respect to abilities and achievement)."[148] Barth and Berry (1988), on the other hand, determined "previous adoptive experience by itself was not related to adoption stability of the current placement, even when controlling for risk."[149] A yet-to-be-explored factor arises from the finding that single adoptive parents produce more stable special needs adoptions than couples, despite accepting higher-risk children.[150]

PARENTING STYLE

Many experts have found that flexibility in family decision-making patterns may reduce the risk of disruption.[151]

Berry (1997) reported that "families that cannot tolerate the disequilibrium in the family system caused by the child's acting-out behavior and respond by imposing more rules are especially vulnerable to disruption."[152] Erich and Leung (1998), in a study based on interviews of 28 intact adoptive families with 69 special-needs children, found that well-functioning adoptive families include parents who spend time addressing familial issues, effectively solve problems, exhibit a positive future orientation and utilize available forms of support.[153] They also noted that if a father is actively involved in parenting, and able to nurture and support the mother in her role, placements are more likely to be sustained.[154] Westhues and Cohen's (1990) study of 58 Ontario two-parent families who adopted 79 special needs children from 1984-1985 illustrates the importance of adoptive fathers' involvement and active role in the family, finding a family that adopts a special needs child requires the father's active participation as well as the mother's. Additionally, both parents must be able to communicate emotions directly and appropriately.[155]

McRoy (1999) summarized attributes of parents in intact adoptions as having "more stable marriages, greater flexibility, more realistic expectations, more experience in parenting special needs children through foster care or adoption, greater commitment to the adoption and willingness to seek help."[156] In the same study, "adoptive parent commitment" was the only parenting style factor identified as a "significant difference" between intact and disrupted or dissolved adoptions.[157] Adoptive mother commitment at placement was also significantly higher in dissolved compared with disrupted adoptions, which McRoy suggests may be the reason why the mothers in dissolved adoptions proceeded through to consummation of the adoption, and tried to work on problems during the placement.[158] Similarly, Partridge and colleagues (1986) found that partners who had an equal commitment to adoption experienced fewer disruptions[159] and identified the following adoptive parent abilities and skills associated with stability: [160]

- Emotionally distancing from the child's behavior,
- Advocating for services for the child, while simultaneously drawing on the family's strengths to solve problems,
- Being flexible and relaxed, and
- Conforming expectations to the child's abilities.

FOSTER PARENT ADOPTION

In considering stability of foster care adoptions, it is important to distinguish among the three different types of placements this form of adoption encompasses:

- "Traditional" foster parent adoption occurs when foster parents eventually adopt the child in their care, though that outcome was not the initial placement plan, generally because the child's return to birth family was the permanency goal at that time. Research in the 1980s found this type of placement to have high rates of stability because it served as a "trial period" and provided time for foster parents and children to develop a relationship.
- "Legal risk" placement occurs when a child (not yet available for adoption because parental rights have not been terminated) is placed in a potentially adoptive foster home because the agency has determined adoption, rather than family reunification, is the likely permanency outcome. Legal risk placements are growing as agencies increasingly practice concurrent planning – exploring out-of-home permanency options before reunification efforts are exhausted – especially with younger children. Since age strongly ties into termination, and these placements expedite adoption, they likely will have higher stability rates.

- "Newly matched" families that begin their relationship at the "pre-adoption" stage are categorized by states as "foster parent adoptions" because they receive foster care payments while the adoption process is pending. These parents are explicitly interested in adopting foster children, not in providing temporary care, and children placed with these families are free for adoption.

As many studies have found, adoption by foster parents consistently predicted reduced risk to adoption termination.[161] Many attribute this greater stability to the longer pre-adoptive relationships between foster parent and child.[162] McRoy (1999) found that foster parent adoptions accounted for 55% of intact placements but only 15% of the disrupted/ dissolved placements. She noted that foster parents who chose to adopt children in their care seemed to have made the decision after having become emotionally attached to the children, and in a number of cases, the children expressed an interest in having the foster parents adopt them, confirming earlier studies.[163] She also found that foster parent adoptions that disrupted or dissolved seemed to have been affected by the same factors that contribute to adoption disruption and dissolution in general.[164]

In Rosenthal and colleagues' (1988) study, 41% of intact adoptive placements began as foster placements, as compared with 22% of disrupted adoptions.[165] This finding parallels Smith and Howard's (1991) finding that the proportion of stable adoptions that were foster care adoptions was greater (36%) than the percentage of disrupted adoptions that were foster care adoptions (12%).[166] Festinger (1986) also reported higher rates of stability in foster parent adoptions – 85% of the studies' stable adoptions were with foster families versus 15% with new families, while 52% of disruptions were among new families and 47% among foster families.[167] Festinger noted some significant disparities among the groups, finding that children placed with matched families had been in more previous placements (a mean of 3.4), than the children who stayed with foster parents (a mean of 1.2). Also, more children placed with matched families than with foster families were considered to have one or more problems (95% versus 75%) and had one or more moderate or severe problems (70% versus 47%).[168] Reilly and Platz (2003), on the other hand, did not find differences between foster parents who adopted and new adoptive parents in terms of their assessment of adoption outcomes like satisfaction and quality of relationship.[169]

KINSHIP ADOPTIONS

Kinship adoption is the fastest growing source of new adoptive homes for foster children, accounting for 21% of all foster care adoptions in 2000.[170] In 2001, kinship adoption rates were higher than matched adoptions, though far lower than foster parent adoptions (23% kin adoptions, 59% foster parent adoptions, and 17% non-relative adoptions).[171]

Howard and Smith (2001) analyzed differences among kinship, foster and matched intact adoptions in their 2000 study of 523 relative adoptive parents, 589 foster adoptive parents, and 183 matched adoptive parents. They found that kinship adopters were more likely to be African American or Hispanic, older, single and more likely to adopt sibling groups.[172] Children placed with relatives were placed much sooner in their eventual adoptive families than children in other households, but waited longer before their adoptions were finalized.[173] Children adopted by relatives and foster parents waited 4.8 and 4.6 years, respectively, from their first removal from biological families to adoption finalization. In contrast, children adopted by matched parents had more than a year shorter period of transition between removal and adoption (3.4 years).[174] Festinger's (2001) results were similar: children adopted by kin waited an average of 0.9 years after entry into foster care until placement in the adoptive home and an average of 5.6 years in the adoptive home before the adoption was finalized, as opposed to children adopted by non-kin, who waited an average of 1.4 and 4.4 years, respectively.[175]

Research on the stability of kinship adoptive placements is mixed. One 2004 review reported that "research suggests that placement ruptures are two and a half times less likely among kin than

among families unrelated to the child."[176] On the other hand, Terling-Watt (2001) found a disruption rate of about 50% among 875 "potentially permanent relative placements" made by the Houston child protection services from January 1993 to July 1996.[177] Among the reasons she identified for these disruptions were: inability of relatives to maintain appropriate boundaries around contact with birth parents, difficulty of children from long-term substance abusing families adapting to a more structured environment, children's psychological and behavioral problems, and relatives' advanced age and poor health, as well as unmet service needs.[178]

Still, kin adoptions have been reported as more likely than other adoption types to be rated as having highly positive outcomes.[179] Echoing other studies, Howard and Smith (2001) found that children adopted by relatives have fewer factors predictive of termination risk than children adopted by foster or matched parents, including fewer behavior problems, less moves in care, and lower incidence of physical and sexual abuse.[180] Relatives were more likely to report they knew important aspects of the child's background, particularly the child's maltreatment history.[181] On questions about overall functioning of the child, relative adopters generally gave the most positive responses, followed by foster parents, while matched adoptive parents consistently reported the highest level of problems.[182] Attachment problems were less common in relative adoptive families, with relative adopters reporting feeling closer to their children than did other types of adoptive parents.[183] Howard and Smith (2001) acknowledged that these findings leave unanswered the important question of whether relative adopters are more positive about most aspects of adoption because their children have fewer problems, or whether their children have fewer problems because they were adopted by relatives.[184]

MARITAL STATUS

Researchers appear to agree that nontraditional parents and families provide important opportunities for adoptive placement, and agencies are beginning to recognize their potential.[185] The federal government estimates that nearly a third (32%) of adoptions from foster care in 2001 were by single women (30%) and men (2%).[186] Over 40% of kinship adopters in Festinger's 2001 study were living alone with their adopted children.[187]

While a couple of studies link adoptions by single parents with increased risk, at least five others do not find any such association.[188] Most significantly, Barth and Berry (1988) found that single-parent adoptions were no more likely to disrupt, even though single parents received significantly older and more troubled children.[189] One study found that "single parent applicants have, by self-selection, a high level of emotional maturity and a high capacity for frustration, and that single-parent adopters are independent but linked to a supportive network of relatives."[190] Support of friends and extended family has been associated with adoption stability.[191]

McRoy (1999), on the other hand, found higher disruption/dissolution rates among single adoptive parents, but emphasized that this does not mean single parents cannot be good resources for special needs children, noting that agencies consider single parents as resources for boys and girls who are "riskier" – older children, those with more severe problems, minority children, and those who have been in care for a long time – for whom a more traditional family is unlikely to be found, and that better matching and preparation by agencies could lead to better qualified and prepared single adoptive parents.[192]

EDUCTION AND INCOME

Findings also conflict on the role of adoptive parents' education and income in adoption outcomes. Rosenthal (1993) identified four studies linking higher education levels to modestly increased risk of disruption,[193] and four others showing no association between education level and risk.[194] He also found four studies linking higher income level and modestly increased risk of disruption,[195] and three others showing no association between income level and risk.[196] Similarly, one study he reviewed showed an increased risk for fathers in professional occupations, while a second showed reduced risk.[197] McRoy

(1999) did not find income or education to be significant factors in predicting risk,[198] but another study found a higher education level, particularly among adoptive mothers, was a predictor of disruption risk.[199]

Barth and Berry (1988) found the disruption rate among matched adoptive parents with a college degree was more than twice as high (26%) than matched adoptive parents with a high school degree only (11%), despite the fact that more educated parents were somewhat less likely to accept a child with special needs.[200] This was not true, however, in foster parent adoptions, where children with highly educated foster parents were no more likely to suffer disruptions than ones with less educated parents.[201] There has been speculation as to the reasons for these results. Barth and Miller (2000) hypothesize that more educated parents may place heightened expectations on their children.[202]

RACE AND ETHNICITY

Study findings on adoptive parents' race and transracial families do not lend themselves to any firm conclusions. Rosenthal (1993) reported four studies that "demonstrate no association between ethnicity and disruption,"[203] though his 1988 study found "minorities were over-represented in the group with successful adoptions" in comparison to the disrupted group.[204] Partridge et al (1986) reported that placements with white parents "were less likely to disrupt," noting that marital status and child factors clouded the reliability of this finding.[205] Goerge et al (1995) found that a child's race did not have a "statistically significant" effect on adoption disruption, but Hispanic children were significantly less likely to experience displacement than children of other races.[206] Howard and Smith (2001) found that among intact adoptions, children in transracial adoptions had more behavior problems than children in same-race adoptions, although there were not significant differences on measures of satisfaction, closeness, or impact of the adoption on the family.[207]

On the issue of transracial adoptions, Berry (1997) cites a 1986 Groze study showing that they are more likely to disrupt,[208] while Partridge et al (1986) found that "children who were adopted by parents of another race were just as likely to succeed in their placements as children adopted by families of the same race."[209] In McRoy's (1999) sub-sample of 16 transracial adoptions (primarily white adoptive parents), 10 (62%) remained intact, 2 (12%) disrupted and 4 (25%) dissolved.[210] Howard and Smith's 2001 study found that Caucasian adoptive parents reported more behavior problems in their adopted children than did adoptive parents of other races.[211]

OTHER ADOPTIVE FAMILY FACTORS

SOCIAL SUPPORT

Research has associated social support with adoption stability. Rosenthal (1993) cited two studies showing the support of family and friends, as well as religious communities, enhances stability.[212] Leung and Erich (2002) cited several studies as evidence that support networks play a "vital" role in post-adoptive family functioning,[213] as well as demonstrating in their own research that the higher the support from a spouse, other adoptive parents, physicians and day care centers, the higher the level of post-adoptive family functioning will be.[214]

Berry (1997) reported "disruptions" have been found more likely to occur in families that have little social support and have fewer contacts with relatives[215] and Berry's findings show that knowing other adoptive and foster parents has been associated with stability.[216] McRoy (1999) identified support systems, including family, friends, the church and outside community involvement, to be strengths associated with stability.[217] This is echoed in Erich and Leung's finding (1998) in a long-term outcome analysis of intact adoptions that family functioning scores were significantly higher when the adoptive mother participated in religious activities.[218]

PARENT HISTORY OF ABUSE

McRoy (1999) connects parents' own history of abuse with their abuse of an adopted or foster child and subsequent termination. In her sample of 40 intact adoptions and 40 disrupted/dissolved

adoptions, 15 cases involved child-abuse allegations, 13 of which dissolved/disrupted. Of the 24 adoptive parents who reported being abused (sexual, physical, spousal, etc.) themselves, 9 (37.5%) subsequently abused their adopted or foster children.[219] McRoy noted that "this group of abusive adoptive families was not well-investigated prior to placement."[220]

PARENTAL AGE

Most studies have found that adoption stability is associated with an older adoptive parent or that adoptions by younger parents are more likely to disrupt,[221] though Partridge et al (1986) did not find parental age to be a significant risk factor.[222] Berry and Barth (1990) reported that adoptive mothers in disrupted adoptions were on average younger (37) than those in stable adoptions (44).[223] Studies have also found that adoption stability is often associated with older adoptive parents, even when the children are older at adoption.[224]

SYSTEMIC FACTORS ASSOCIATED WITH TERMINATION

Researchers have identified a number of planning and placement factors related to termination that child welfare systems must manage in order to minimize risk and improve outcomes. While there is little empirical evidence assessing what constitutes a "good match" of child and parent, research and practice have shown that adoption terminations are more likely to occur when:

- The child's or parent's needs have been overlooked in the assessment/placement process,
- Agencies have not helped parents to adjust their expectations to the child's capacities,
- Parents do not receive accurate and/or sufficient information to understand the potential challenges posed by the child, and
- Support services are not provided pre- and post- adoption.

MATCHING CHILDREN WITH PARENTS

The discrepancy between a family's idea of the child they plan to adopt, and the child they do adopt, is termed "stretching."[225] McRoy (1999) noted that since there is a large number of waiting children, workers may encourage prospective parents to "stretch" their original preferences and accept a child that the adults do not possess the skills and resources to raise. Current research indicates that adoption workers who "stretch" and/or who withhold or provide inaccurate information about the child's behavioral, emotional and physical problems may facilitate adoption in the short-term, but also create adoptions that are poorly matched and are at greater risk of later termination.[226]

In McRoy's study (1999), 87% of the disrupted adoptions and 76% of the dissolved adoptions were considered poor matches.[227] Berry (1997) noted that a good "match" is based on compatibility (not physical similarity) between parent and child, and on finding families for adoptive placements based on their ability to meet the individual needs of the child.[228]

Parents who make specific requests about the match they require may represent a disruption risk. Festinger (1986), in examining the relationship between preferences expressed and adoption outcomes, found that the average number of preferences expressed by potential adoptive parents did not differ significantly among children whose placements disrupted (a mean of 2.5) and those who were adopted (a mean of 1.7); however, in all matches where parents specified six or seven preferences, there were eventual disruptions.[229] Berry (1997) found disruptions were likely when parents did not want to adopt an emotionally disturbed child, and subsequently learned about the degree of emotional disturbance of the child placed with them.[230] Valentine and colleagues (1988) interviewed parents in disrupted placements and found half reported receiving a child with behaviors they had identified as unacceptable.[231]

Making the right match requires caseworkers to form a partnership with parents that support honest and open discussions regarding preferences and abilities, as well as the strengths and needs of the child. McRoy (1999) suggested using standardized measures and structured interviews to assess the severity of a child's behavioral problems, child's temperament and adoptive parents' expectations.[232] A pilot project to develop and test a matching tool and protocol based on McRoy's research of family and child characteristics and adoption outcomes is being conducted by the Houston Region of the Texas Department of Protective and Regulatory Services.[233] Some researchers, however, have noted that prospective parents might feel encouraged to downplay concerns about the needs or expectations of a child, or to overstate their own capabilities, in order to pursue the adoption.

INFORMATION SHARING AND COMMUNICATION

Rosenthal (1993) concluded that failure to provide adequate background information on the child might be the strongest service-associated predictor of disruption.[234] Berry (1997) underlined this point with several studies indicating adoptive parents felt they had been given little or no data about the child's problems and history, and correlating the lack of information with disruption.[235] Meezan and Shireman (1985) found foster parents who had more information were more likely to subsequently adopt a child, suggesting that honest and accurate information helps to forge a positive relationship between the agency and parents based on mutual support of the child's healthy development.[236]

In several studies, parents reported that information was not given, partially given or inaccurate, and that they felt they were deliberately misinformed.[237] Yet caseworkers sometimes report that they thought they had fully informed parents about the child's behaviors, in some cases even where the parents themselves said they had not been informed.[238] Clear communication between placement workers and potential adoptive parents is challenging. Studies have pointed to their differing perceptions regarding whether workers shared information prior to placement. Barth and Berry (1988) found only 53% of the families studied said they were told about the child's behavior before placement, while 76% of workers said they informed the adoptive parents about the child's behavior.[239] Festinger (1986) found nearly all caseworkers (93.9%) thought they gave most or all information to the families for the vast majority of children with behavioral problems, regardless of the eventual placement outcome.[240]

One study reports more positive parent responses about information sharing. Howard and Smith's (2001) study found 91% of the parents felt fully or somewhat prepared by professionals for adoption (59% and 32%, respectively). Those same parents were also positive about their children's preparation: children were rated as fully prepared for adoption in 63% of cases, and somewhat prepared in 29%. Thirty percent of the survey respondents, however, reported that caseworkers could have done additional things to better prepare the family for adoption.[241]

About one-third of the children placed for adoption in Barth and Berry's (1988) study had been sexually abused, but less than one half of the adopting families knew about the sexual abuse prior to placement. More than one-half of the same cases where the parents learned about the sexual abuse after placement subsequently disrupted.[242] Smith and Howard (1991) have highlighted the importance of specialized counseling to understand and cope with a history of sexual abuse, including educating prospective parents on the impact of abuse, determining their ability to deal with this challenging issue, and developing methods for providing appropriate treatment and support to the children and their new parents.[243]

In Schmidt et al.'s (1988) study of adoptive parent interviews, parents reported gaps in the child's history that the agency gave to them.[244] While they responded that they did not believe there was any attempt to deceive them and they would not have rejected the child before placement had they known more, they stated that detailed background information could have been helpful. The study

found a generally positive view of social workers, particularly those who offered support through all phases of the placement process. However, parents reported feeling upset when they thought caseworkers did not believe their descriptions of their child's behavior, and when workers talked with a child separately rather than including the parents in a team discussion.[245] Valentine and colleagues (1988), on the other hand, found that parents had less positive feelings about caseworkers. Some parents speculated that they did not receive accurate information because the caseworker did not know the child; others felt they were deliberately misinformed about the extent of the child's emotional and behavioral problems.[246]

FAMILY VERSUS CHILD ADVOCACY

Social workers' perceptions of their roles can be an important factor in the support they provide adoptive parents and, ultimately, in keeping the adoptive placement intact. Valentine and colleagues (1988) noted that many adoption professionals perceived themselves as primarily advocates for children. However, the authors suggested that family advocacy, rather than child advocacy, may be a more appropriate role for social workers.[247] Indeed, several researchers and other child welfare professionals have commented on the importance of considering the needs and strengths of both the child and the family in shaping a comprehensive approach to making and sustaining adoptive placements.

Valentine and colleagues (1988) state: "Parents who feel they have the support, understanding and trust of their worker may be able to expend more energy and effort toward making the placement successful than parents who feel misunderstood or unappreciated. Adoptive children who witness consistent, cooperating adults may respond positively. A family advocate may also be in a better position to consider the consequences of a stressful adoptive placement on the entire family, as well as the child."[248]

Such a perspective might also help workers respond to the pain and feelings of failure that families experience when adoptions disrupt. Workers may move quickly to remove and replace a child, seeing disruption as an interruption of the goal of permanency for the child, without providing parents the support they need to respond to disruption.

Some studies indicate workers, faced with a disrupted adoption, have a tendency to identify more with a child than the adoptive parents. Rosenthal and colleagues (1988) found that workers associated parents' characteristics more strongly than child characteristics with disruption, leading to the conclusion that workers more often associated parental failure with the disruption rather than the child's problems.[249] This finding is similar to Festinger's (1986), in which family expectations and coping problems were cited most frequently by caseworkers as the most important reason for disruption.[250] Rosenthal and colleagues (1988) theorized that perhaps caseworkers, who are still responsible for the child but not involved with the family, tended to emphasize the child's strengths and the family's weaknesses, helping them place the child with the next potential adoptive family, but may also affect their ability to be supportive of the first set of parents.[251]

AGENCY STRUCTURE AND PRACTICE

FRAGMENTATION OF RESPONSIBILITIES AND DIVISION OF SERVICES

As Berry (1997) noted, some studies have found an association between termination and multiple changes in caseworkers or divided responsibilities between different agencies.[252] In Festinger's 1986 study, she examined "service discontinuities," situations in which different workers had responsibility for preparing children and their families. She found significantly more discontinuities among placements that disrupted (37.2%) than among those that resulted in adoption (7.6%). Festinger suggested that when responsibilities for preparing a child and family were not clearly lodged with the same workers, inconsistent information may have been communicated to a child and family. She

also proposed that separation of tasks among workers meant that the child was faced with not only meeting a new family, but also a new worker.[253]

McRoy (1999) found a higher number of caseworkers per child (9.9) in disrupted and dissolved adoptions compared with intact ones (6 per child).[254] Rosenthal et al (1988) found placements supervised by the county agency with initial custody for the child, rather than by another agency, more often remained intact – 67% of the intact adoptions were so supervised, as compared with 48% of the disrupted placements.[255] In a related finding, they found lower disruption rates for Oklahoma children placed in-county (6%), compared with 13% for out-of-county placements, which involved a transfer of "responsibilities" among staff.[256] Not surprisingly, some studies reported parental complaints about lack of consistency and constant turnover of workers.[257]

PUBLIC VERSUS PRIVATE AGENCIES

Smith and Howard (1991) did not find significant differences in outcomes for adoptions by public and private agencies.[258] However, Coyne and Brown (1979) conducted a national survey of 199 agencies that placed developmentally disabled children for adoption and found distinct differences in the factors relating to success in public and private agencies. For the 99 private agencies in the sample, decisiveness was the factor most predictive of success, with leadership as an important discriminating factor. Private agency placement success was associated with "task-oriented leadership style that encourages group decision making" and "increased centralization of organizational decision making." For the 100 public agencies, only technical knowledge of permanency planning "was a significant predictor of success." In addition, larger public agencies with more developmentally disabled children and specialized adoption units were likely to be more successful. The researchers stressed that specialized training is critical for private and public agency placement success.[259]

State Data Collection Survey

INTRODUCTION AND OBJECTIVE

The goals of the State Data Collection Survey were to assess states' collection and use of foster care adoption disruption and dissolution information. As with the accompanying literature review, in this study, disruption is defined as the termination of an adoptive placement before the adoption is legally finalized and dissolution is defined as the termination of an already legally finalized adoption. Since adoption displacement most often does not lead to termination, it was not included for the purposes of the survey. Specifically, the survey was designed to:

- Determine the current capacity of state management information systems to track disruptions of adoptive placements and dissolutions of finalized adoptions, as well as factors associated with adoption stability, disruption and dissolution,
- Gather information on obstacles to tracking disruptions and dissolutions and methods used to overcome these obstacles,
- Understand how states utilize the data collected to inform practice, and
- Learn about post-adoption services specifically targeted to prevent disruption and improve adoption stability.

METHODOLOGY

Researchers sent letters to child welfare commissioners inviting them to participate in the research (Appendix B). No state declined to participate. Trudy Festinger, Professor of Social Work, Ehrenkranz School of Social Work, New York University, designed the survey instrument with input from the Adoption Institute and the Carlisle Group. The telephone survey (Appendix C) addressed state child welfare systems' information collection capacity and reporting of the following information:

- Criteria for adoptive placements,
- Annual adoptive placements and finalizations,
- Cohort disruption and dissolution data (i.e., how many children who began an adoptive placement or who had an adoption finalization in 1999 or 2000 came back into care) or the necessary data elements to count disruptions and dissolutions,
- Which party (child, parent or agency) initiated the disruption/dissolution and the reason(s),
- In the case of dissolution, whether the adoption was legally dissolved,
- Annual number of children entering care (for the first time or after a previous final discharge, and whether they were previously in an adoptive home or placement),
- Information on adoptive parents and children and how that information is used, and
- Types of pre-adoptive homes.

The telephone survey also asked open-ended questions about whether the states:

- Generated reports on disruption/dissolution (including information reported, the organization level at which the data is aggregated, and frequency and distribution of this information),

- Conducted analysis of disruption, dissolution and stability,
- Changed reporting due to ASFA,
- Encountered obstacles to counting disruptions and dissolutions and had suggestions for overcoming them,
- Learned lessons about minimizing disruption and/or dissolution,
- Changed policies/practices to address disruption and dissolution, and
- Funded services to minimize disruption and dissolution and stabilize adoption.

Aggregate and state-specific responses to the telephone survey are provided in Appendix A.

The Carlisle Group administered the survey to 15 states (Table 1) that were selected based on the following criteria:

- Representation of each of the 10 federal Department of Health and Human Services (HHS) Regions,
- A mix of urban and rural states,
- A mix of states according to population size, ranging from very small (under 1 million) to very large (over 15 million),
- A mix of state- and county-administered systems,
- Varying Statewide Automated Child Welfare Systems (SACWIS) status, including the four states with federally approved systems, and
- States with recent success in increasing the number of adoption placements from foster care.

Table 1. Characteristics of Selected States

State	Region	Administration	SACWIS Status 9/01	% Increase 1998-2000
Arizona	9	State	Completed	17
California	9	County	Operational, assessment review initiated	31
Florida	4	State	Implementation	4
Iowa	7	State	Operational, assessment review initiated	1
Illinois	5	State	Implementation	None
Massachusetts	1	State	Operational, assessment review initiated	None
Minnesota	5	County	Operational	14
Montana	8	State	Operational, assessment review initiated	30
North Carolina	4	County	Not pursuing	37
New York	2	County	Partially operational	None
Oklahoma	6	State	Completed	17
Oregon	10	State	Partially operational	10
Pennsylvania	3	County	Implementation	11
Rhode Island	1	State	Completed	None
West Virginia	3	State	Completed	14

Four surveyors[2] conducted the telephone surveys between December 2001 and February 2002. Both adoption managers and management information system staff were interviewed in order to get the most complete picture of a state's data collection capacity and usage. After the surveys were conducted, the research team sent data collection forms (Appendix D) to all 15 states regardless of whether or not state officials indicated in their interviews that the data was available. The forms asked states for the following twelve adoption outcome data elements:

1. The number of children who began an adoptive placement in 1999 who came back into foster care before the adoption was finalized,

[2] All surveyors are child welfare professionals with experience in data collection and analysis and familiar with federal Statewide Automated Child Welfare Systems (SACWIS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements.

2. Which party initiated the disruption,
3. The reasons for disruption,
4. The number of children adopted in 1998 who came back into care after their adoption was finalized,
5. Which party initiated the dissolution,
6. The reasons for dissolution,
7. The number of children adopted in 1998 who came back into care after their adoption was finalized whose adoptions were legally abrogated,
8. The number of children entering care in 2000 for the first time who were previously adopted,
9. The number of children entering care in 2000 after a previous final discharge,
10. The number of children entering care in 2000 after a previous final discharge from an adoptive home or adoptive placement,
11. The number of children entering care in 2000 after a previous final discharge who were adopted previously, and
12. The number of children entering care in 2000 after a previous final discharge who were adopted previously, and who were legally free from their adoptive parents.

Although 12 states returned the forms (North Carolina, Iowa and Oregon did not), many states were unable to supply a number of data elements. Survey and data form responses were entered into a database for analytic purposes.

SURVEY FINDINGS

Federal regulations don't require states to collect foster care adoption disruption and dissolution data. Statewide Automated Child Welfare Information Systems (SACWIS) rules require states to develop "comprehensive" child welfare data collection systems for: child welfare services; foster care; adoption assistance; family preservation, support and reunification services; and independent living programs. SACWIS regulations also require states to provide for intrastate electronic data exchange with other social service data exchange systems (e.g., Medicaid).

The Adoption and Foster Care Analysis and Reporting System (AFCARS) rules mandate that states collect case-specific data on all children in foster care, and data on all adopted children placed by the state child welfare agency and for whom the state provides adoption assistance, care, or services. Neither SACWIS nor AFCARS requires states to specifically collect foster care adoption disruption or dissolution data.[3]

A 2002 General Accounting Office (GAO) review of state implementation of the Adoption and Safe Families Act surveyed all state child welfare directors, and received responses from 46 states. Of those, about 40% provided numbers enabling the calculation of disruption or dissolution rates – 20 submitted disruption data and 21 dissolution data. Eleven -- the District of Columbia, Illinois, Maine, Maryland, Missouri, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota and West Virginia – provided both. A few other states provided less comprehensive data. For those providing data, GAO calculated average disruption rates of 5% for adoptions planned in 1999-2000, dissolution rates of 1% for adoptions finalized in those years, and foster care re-entry rates of 1% for children adopted in those years.[4]

[3] AFCARS asks whether children in the foster care system have ever been adopted, but this data element can refer to international and private domestic adoptions, in addition to previous foster care adoptions. Additionally, the information does not indicate whether the entry is a temporary displacement or a legally dissolved adoption. As such, this AFCARS element does not represent foster care adoption displacements or dissolutions.

[4] General Accounting Office, Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, but Long-Standing Barriers Remain, GAO-02-585, June 2002 at 22-23.

STATE DATA COLLECTION

In developing their data systems, states have placed a priority on tracking children in care, prospective adoptive parents and adoptive placements, and matching children with potential adoptive families. Some of these efforts have been made in the wake of ASFA and federal support for developing and implementing SACWIS. As a result of ASFA requirements, a majority of surveyed states said they made changes in their reporting systems, including what data is collected and reported (7), what reports are generated and how often (13), and which staff or managers receive the reports (10).[5]

Most of the 15 surveyed states reported they are capturing basic child welfare information in their data systems. For example, nearly all said they are capable of reporting information about pre-adoptive parents (12) and the types of pre-adoptive homes in which children are placed (13).[6] Additionally, fourteen said their systems track the number of children who entered care in 2000 and the number of adoption finalizations in 1998, though only ten provided data.[7] Fourteen states also said they could report the number of first-time entries into foster care and those who had a previous final discharge;[8] but just eight provided data for the first group, with the percentage of children ranging between 72 to 89%,[9] and seven provided information for the second, with percentages between 11 to 28%.[10]

While it appears that most surveyed states (from 12-14) are capturing basic foster care and adoption placement statistics, their capability to collect outcome data on adoption placements and adoptions varies widely. Of the 15 surveyed, most states did not or could not provide either disruption or dissolution statistics – four submitted disruption data and five dissolution data; just two submitted both. Even when outcome data is available, state officials concede the numbers may not accurately reflect disrupted and dissolved adoptions. According to state sources, systematic disruption and dissolution tracking has not been addressed for several reasons:

- Lack of common definitions for disruption and dissolution (especially for states with county-based systems),
- A perception that rates are low,
- Inadequate management information systems, and
- Failure of staff to enter data even when systems are capable of tracking these elements.

Gathering reliable dissolution data is even more difficult, states reported, than disruption data for two additional reasons:

- Adopted children often have new last names when they reenter the child welfare system and,
- Interstate and inter-county adoptions impede tracking because there is no national database to capture the information.

Even some states that reported their management systems captured placement and outcome data nevertheless failed to provide the information for this survey. This result raises questions about the accuracy of the states' characterization of their system's capacity and/or whether this information is regularly generated and reviewed to assess placement efforts.

[5] Appendix A, Table 1, Questions 23a-23c.
[6] App. A, Table 1, Questions 13, 15.
[7] Appendix A, Table 1, Questions 5, 7. See Tables 5 and 7.
[8] Appendix A, Table 1, Questions 8, 9.
[9] Table 8.
[10] Table 7.

A comparison of the Adoption Institute's survey responses with GAO's suggests that currently states maintain little reliable and comparable data on adoption stability. Six states provided data to GAO but not to the Adoption Institute: California, Illinois, Minnesota, Montana, Oregon and Rhode Island.[11] Conversely, two states – New York and Pennsylvania – supplied information for this report, but not for GAO's study.

ADOPTION DISRUPTIONS

States have varying definitions for when a foster child's placement into a home is considered an "adoptive placement" (Table 2). The definition of adoptive placement is important because disruptions refer to failures of these placements. The telephone survey asked states when a state considers a home an adoptive placement and whether certain criteria must be met.

Table 2. State Criteria for Homes to be Adoptive Placements

Criteria	# States
The family has been approved to adopt a child following an adoptive home study	14
The family has signed an adoption placement agreement or consented to adopt	10
The agency has signed an adoption placement agreement	10
The family states they want to adopt (no signature is needed)	7
The child is legally free (termination of parental rights, surrender or death)	6
An adoption subsidy agreement has been entered into by the state	3
The family has completed the adoption committee process	1
The adoptive parents have completed 30 hours of training	1
An addendum to the foster study is completed	1
An adoption assistance agreement is completed	1
Finger prints are taken	1
A child 14 and older must consent to an adoption	1
A pre-subsidy agreement is entered	1
A home study is updated	1
The child must be legally free if the adoptive family is not a foster home	1
The child's goal must be adoption	1

With regard to disruption, eight states said their data systems could report the number of children who began an adoptive placement in 1999 and then subsequently came back into foster care before the adoption was finalized.[12] Only four of the states, however, could produce the information. The states providing data on how many children with an adoptive placement in 1999 returned to care before finalization had relatively low rates of disruption: Florida (8%), Oklahoma (7%), New York (6%), and West Virginia (0%) (Table 3).

Answers to a comparable question reveal the limits and possible inaccuracies in the states' characterization of their information system capacities. States were asked whether their information system could report the number of children entering care in 2000 after a previous final discharge into an adoptive home or placement. Only four of the eight states that said they could report disruption data indicated that they captured this related information, and only two provided data.[13] The research team expected more states to be able to provide data about children entering care who had previously been in an adoptive home or placement because it does not require the more sophisticated cohort analysis discussed in the above paragraph, and asked for more recent data when their systems were presumably more advanced.

With respect to causes of disruption, only four states said they record such reasons in their systems.[14] Six states said their systems contain some data about which party (parent, child or agency) initiated the disruption and six stated they could report the number of agency-initiated

[11] California, Illinois and Montana said they could not report how many children with adoptive placements or finalized adoptions in a certain year came back into care. Oregon said it could report disruption, but not dissolution numbers, but did not provide the data. Minnesota and Rhode Island responded that they could report the data, but did not provide it. California, Minnesota, Oregon and Rhode Island said their system contained the necessary data elements to count disruptions but did not provide any of that information.

[12] Question 4. Seven of the eight states said their systems contained the necessary data elements to count disruptions. App. A, Table 1, Question 10.

[13] Appendix A, Table 1, Question 9a and Table 7.

[14] Appendix A, Table 1, Question 4c.

disruptions in response to abuse or neglect by pre-adoptive parents.[16] Few supplied any data (Table 4). New York reported prospective adoptive parents initiated more than half the disrupted placements, and agencies initiated one in four, while foster children initiated 1 in 10. Because West Virginia did not have any disruptions, it reported zero for initiation and causes of disruption. With only New York reporting numbers, it is not clear whether its experience is representative of other states.

Table 3. Disruption Rates for 1999 Adoptive Placements

State	Adoption Placements	# Disruptions[15]	Disruption Rate (%)
Arizona			
California	5851		
Florida	1288	108	8.39
Iowa			
Illinois			
Massachusetts			
Minnesota	626		
Montana			
North Carolina			
New York	3263	192	5.88
Oklahoma	1104	75	6.79
Oregon			
Pennsylvania	340		
Rhode Island	292		
West Virginia	81	0	0

Table 4. Party Who Initiated Disruptions

State	# Disruptions	Parent Initiated		Child Initiated		Agency Initiated		Abuse & Neglect
New York	192	105	55%	20	10%	49	26%	NA
West Virginia	0	0	-	0	-	0	-	0

ADOPTION DISSOLUTIONS

Table 5. Dissolution Rates for 1998 Adoptions

State	Adoptions Finalized in 1998	# Dissolutions	Dissolution Rate (%)
Arizona	401		
California			
Florida	1295		
Iowa			
Illinois	4293		
Massachusetts	1176		
Minnesota	522		
Montana	163		
North Carolina			
New York	4800		
Oklahoma	476		
Oregon			
Pennsylvania			
Rhode Island	222	12	5.4
West Virginia	268	1	0.37

As with disruptions, more states responded that their systems tracked the data than actually supplied the information and many states responded to comparable questions inconsistently. But, surprisingly, five states provided some dissolution data,[17] compared to four supplying disruption data. Two – Oklahoma and West Virginia – submitted both outcome elements.

Of the 15 states surveyed, four said that they could report the number of children who were adopted in 1998 who came back into care.[18] Only two of those four, Rhode Island and West Virginia, supplied data, and had dissolution rates of 5% and less than 1% respectively (Table 5).

Just one state, West Virginia, responded that it had information indicating who initiated the dissolution (parent, child, or agency) and submitted information.[19] But three states said they could report on the number of dissolutions initiated by the agency in response to abuse or neglect by adoptive parents, though just two, Rhode Island and West Virginia, submitted information.[20] Only

[15] While the survey requested disruptions of children placed in 1999, it is unclear whether states reported disruption numbers for the same cohort of children (those placed in 1999) or the number of disruptions that occurred during that year.
[16] Appendix A, Table 1, Questions 4a and 4b.
[17] See Tables 5 and 7.
[18] Appendix A, Table 1, Question 6.
[19] Appendix A, Table 1, Question 6a.
[20] Appendix A, Table 1, Question 6c.

West Virginia said it recorded reasons other than abuse and neglect.[21] Additionally, when asked whether they could determine the number of adoptions that were legally abrogated for children who returned to care, four states replied that their systems had that capacity, though only Rhode Island and West Virginia supplied the information (Table 6). [22]

Table 6. Party Who Initiated Dissolution

State	# Dissolutions	Legally Dissolved	Parent Initiated	Child Initiated	Agency Initiated	Abuse & Neglect
Rhode Island	12	1	-	-	-	-
West Virginia	1	0	1	0	0	0

But when the dissolution question was posed a different way, more states responded affirmatively. When surveyors asked states if they could report the number of children in 2000 entering care who had been previously discharged and adopted, six states said they could,[23] but only four – Massachusetts, Oklahoma, Pennsylvania, and West Virginia – provided data.[24] Of all previous discharges, the percentage entering care from adoption ranged from 1 to 3%. While five states said they could identify children entering care in 2000 from a previous final discharge who were legally free from adopted parents,[25] only two provided numbers (Table 7). There is more to say about Table 7 in terms of states capacity to provide data. For example, about half the states reported the number of children who reentered care after a previous final discharge from the child welfare system.

Table 7. Dissolution Rates for Children Entering Care in 2000

State	Children Entering Care	Previous Final Discharges Entering Care		Previous Final Discharges Entering Care From Adoptive Home/Placement of All Previous Discharges		Previous Final Discharges Entering Care From Adoption of All Previous Discharges		# Legally Free
		#	%	#	%	#	%	
Arizona	4734							
California	39951	7828	19.59%					3
Florida								
Iowa								
Illinois	5342	944	17.67%					
Massachusetts	7209	1743	24.18%			48	2.75%	
Minnesota	10684							
Montana	1673							
North Carolina								
New York	15898	3497	22.00%	78	2.23%			
Oklahoma	6398	1434	22.41%			35	2.44%	
Oregon								
Pennsylvania	11587	3240	27.96%			46	1.42%	
Rhode Island								
West Virginia	2540	289	11.38%	1	0.35%	9	3.11%	0

Oklahoma, Pennsylvania, and West Virginia also reported how many first time entries in 2000 were previously adopted (Table 8).[26] These numbers presumably include private domestic and international adoptions, since they are first time entries only. Those rates were between 1 to 2%.

[21] Appendix A, Table 1, Question 6d.
[22] Appendix A, Table 1, Question 6b.
[23] Table 1, Question 9b.
[24] Six states said they could report, and two provided data, for previous final discharges entering care from an adoptive placement or home. Appendix A, Table 1, Question 9a, Table 7.
[25] Appendix A, Table 1, Question 9b.
[26] See Appendix A, Table 1, Question 8a.

Table 8. First Time Entries into Foster Care 2000					
State	Children Entering Care	First Time Entries of Children Entering Care		Previously Adopted of First Time Entries	
		#	%	#	%
Arizona	4734	4003	84.56%		
California	39951	32123	80.40%		
Florida					
Iowa					
Illinois	5342	4398	82.33%		
Massachusetts	7209	5466	75.82%		
Minnesota	10684				
Montana	1673				
North Carolina					
New York	15898	12401	78.00%		
Oklahoma	6398	4882	76.30%	108	2.21%
Oregon					
Pennsylvania	11587	8346	72.03%	89	1.07%
Rhode Island					
West Virginia	2540	2251	88.62%	41	1.82%

STATES' USE OF DATA

The survey revealed that even when states collect adoption-related information, they do not necessarily use it to improve practice. While 12 of the 15 surveyed states have information about families interested in adopting foster children, only eight use that information to support matching children with potential adoptive parents.[27] On the other hand, all 15 states responded that they could report information about children in foster care needing adoptive homes and share this information with pre-adoptive parents.[28]

Even though eight states said they tracked disruption data and four said they tracked dissolution data, only five responded that they produced reports on disruption and dissolution.[29] Additionally, just five reported conducting more in-depth analysis of the dynamics of adoption stability, disruption and dissolution.[30] Only Florida said it did both. Eleven of the 15 states reported funding services or programs designed to minimize the risk of disruption or dissolution, and twelve reported funding services or programs designed to support adoptive families to ensure stable adoptions.[31]

STATES WITH THE MOST ROBUST DATA AND REPORTING SYSTEMS

Of the 15 states surveyed, only one – West Virginia – supplied all 12 requested adoption outcome data elements. Oklahoma and New York provided four, while Pennsylvania and Rhode Island submitted three. Three other states supplied two figures, two provided one and six produced none (Table 9). Given the small number of surveyed states that supplied requested data, there is insufficient information to generalize about common state system characteristics associated with robust information management capacity. It should be noted though that the state providing the most information, West Virginia, is state administered, has a completed SACWIS systems and increased adoption placements 14% from 1998 to 2000.

[27] Appendix A, Table 1, Questions 13 and 13a.
[28] Appendix A, Table 1, Questions 14-14a.
[29] Appendix A, Table 1, Question 16.
[30] Appendix A, Table 1, Question 22.
[31] Appendix A, Table 1, Questions 26-27.

Table 9. State Outcome Reporting and Select Characteristics				
State	Administration	SACWIS Status Sept. 2001	% Increase 1998-2000	Adoption Outcome Data of Possible 8 Elements
Arizona	State	Completed	17	0
California	County	Operational, assessment review initiated	31	2
Florida	State	Implementation	4	1
Iowa	State	Operational, assessment review initiated	1	0 (did not respond to request)
Illinois	State	Implementation	None	1
Massachusetts	State	Operational, assessment review initiated	None	2
Minnesota	County	Operational	14	0
Montana	State	Operational, assessment review initiated	30	0
North Carolina	County	Not pursuing	37	0 (did not respond to request)
New York	County	Partially operational	None	4
Oklahoma	State	Completed	17	4
Oregon	State	Partially operational	10	0 (did not respond to request)
Pennsylvania	County	Implementation	11	3
Rhode Island	State	Completed	None	3
West Virginia	State	Completed	14	12

STATE VERSUS COUNTY BASED SYSTEMS

Whether a child welfare agency is state- or county-administered is not a predictor of the availability of automated adoption outcome data. While most of the states providing the most data elements are state-based systems, four of the states not providing any data are also state-administered. Although it might seem logical that data collection would be more efficient in a state-administered system because it would obviate the need for county systems coordination, surveyed states demonstrate that this is not necessarily the case. Nonetheless, some state- and county- administered systems present unique coordination problems due to different operating platforms and vendors and a lack of common definitions and data elements and coordinated data collection. Assessments of how states work with counties to collect data, information technology capacity, and system design are beyond the scope of this project, but are topics that merit further exploration.

SAWCIS VERSUS NON-SAWCIS SYSTEMS

Two of the states with completed[32] SACWIS systems, Oklahoma and West Virginia, were able to provide some to all of the data requested. However, SACWIS status is not a good indicator of data availability as some states with completed SACWIS systems, like Arizona and Rhode Island, provided little or no information. In some cases, it is possible that states collect the information, but staff either was unfamiliar with the system's data capacity or simply did not retrieve the data from their system.

ADOPTION BONUS AWARD WINNERS

There appears to be no connection between recent state adoption increases, and thus bonuses,[33] and the availability of outcome data. In fact, some of the states with the greatest increases, such as Montana and Arizona, were not able to provide any requested outcome data, while some states without increases provided some data elements.

STATES WITH SPECIALIZED ADOPTION UNITS

Because there has been speculation that specialized adoption units are associated with better child-parent matches and more stable adoptions, thereby minimizing disruptions and dissolutions, the

[32] "Completed" means that the system has received federal approval.

[33] Due to a variation in starting points, or baselines, for measuring increases in adoptions, some states (e.g., Massachusetts) had already doubled adoptions prior to the baseline dates and were, therefore, ineligible for an incentive award.

survey asked states if they had specialized adoption units. Eight had specialized adoption or permanency caseworkers, and an additional four said some offices or counties had adoption units (Table 10). Thus, 12 of the 13 responding states had at least some form of specialized adoption staff.

Table 10. States with Specialized Adoption Units

State	Specialized Adoption Units
Arizona	Yes, specialized workers represent child.
California	Yes, though no noticeable difference in effectiveness between counties with specialized units and those without
Florida	Yes
Iowa	No response
Illinois	Yes, recently implemented
Massachusetts	Yes
Minnesota	County based system: large counties have specialized units, small counties do not
Montana	5 permanency planning specialists statewide (1 per region) who are assigned after goal becomes adoption or guardianship
North Carolina	No response
New York	Yes, specialized adoption units work with the child when the goal is adoption or parental rights are terminated
Oklahoma	Yes, beginning in January 1999
Oregon	Some offices, primarily larger ones, have specialized adoption units
Pennsylvania	County based system; most counties do not have specialized caseworkers, but larger counties may
Rhode Island	No, all cases are handled by family services units
West Virginia	Yes, specialized caseworkers represent child

SUMMARY OF FINDINGS

Of the 15 child welfare systems, eight reported in the telephone survey that they collect data on foster care adoptive placement disruptions and six reported that they collect data on adoption dissolutions. Of the states reporting capacity to collect data, many were unable or unwilling to provide the information on the data-collection forms for this survey. Only four states provided disruption data, while five supplied dissolution data; just two submitted both. The four states that reported disruption information had low rates – ranging from 0 to 8.4% -- for adoptive placements in 1999. Dissolution rates were similarly low – 0.4% to 5.4%; this range includes percentage dissolutions of 1998 adoptions and of children entering care in 2000.

State child welfare agency officials noted, and an analysis of the data reveals, an important caveat to the information reported: questionable data integrity. Moreover, a comparison between the Adoption Institute's survey responses and research by the General Accounting Office suggests that states maintain little reliable and comparable data on adoption stability. Further, it is unclear whether states reported cohort data as requested (numbers for children placed in 1999 and adopted in 1998) or just the numbers of placements and adoptions that occurred during those years.

Unfortunately, it is not clear to the research team whether this reported information represents accurate numbers of disrupted and dissolved adoptions. Officials from states that tracked this information questioned their own data's quality and reliability during interviews and attributed their inability to report accurate statistics to:

- A lack of common definitions of disruption and dissolution,
- Inadequate management information systems, and
- Failure of overworked social work field staff to collect and/or enter the data.

Our research also indicates there is no clear association among characteristics of child welfare systems and data collection. For instance, whether child welfare systems are state- or county-based, have completed Statewide Automated Child Welfare Systems, or have been awarded adoption bonuses, is not associated with systematic disruption and dissolution data collection.

In our interviews, state officials reported that there is a widely held agency perception that disruption and dissolution rates are low, and that improving data collection is therefore not a priority. On the other hand, they also stressed the importance of and need to expand post-adoption services. For these reasons, state managers expressed a reluctance to divert staff time and resources from these areas in order to implement more rigorous methods for calculating and identifying disruptions and dissolutions.

Because the states in this survey were selected in part because of their success with increasing adoptions or development of new data management systems, it appears unlikely that a survey of all 50 states would yield results that provide a richer picture of disruptions and dissolutions. The costs of such a study would outweigh the likelihood of increasing the knowledge base about the stability of pre-adoptive placements and adoptions from foster care.

Conclusions and Implications

RECOMMENDATIONS TO IMPROVE ADOPTION STABILITY

Researchers have identified the following best practices and systemic improvements to promote adoption stability.

MATCHING, PREPARATION AND EDUCATION

✶ *Strengths-based assessments should be used to match parents and children.*
Agencies have reached out in recent years to recruit non-traditional families for adoption, thereby creating more permanent homes for foster children. Berry (1997) noted that families previously considered "risky," such as those with single, foster, low-income or less-educated parents, have better stability rates than average. She argues that an emphasis on matching the parent's strengths (including flexible expectations, older age and social support networks) to an individual child's needs will increase the probability of adoption stability.[260]

✶ *Tools and protocols should be developed to help social workers communicate and match children with appropriate adoptive families.*
McRoy (1999) has developed an assessment tool based on research findings about the family and child characteristics associated with certain adoption outcomes. The Houston Region of the Texas Department of Protective and Regulatory Services is piloting and evaluating the tool from 2001 to 2006. It may prove promising in supporting more appropriate matches of children and families, and minimizing the potential for disruptions.[261]

✶ *Foster and adoptive parent training programs, such as Model Approach to Partnerships in Parenting (MAPP) and Parents' Resource for Information, Development and Education (PRIDE), should be used more extensively.*
MAPP and PRIDE are well-known curricula for preparing and educating prospective foster and adoptive parents about the issues they may face. The trainings provide a structured environment allowing adoptive parents to share experiences and expectations with other adoptive parents. The interaction in these groups helps adoptive parents form more realistic expectations of their adopted children and serves as a support network.[262] The group also gives social workers, in some cases, a chance to get to know prospective parents and to assess their abilities as parents.

✶ *Child welfare systems should explore dual licensing of foster and adoptive families.*
Since foster parents are the largest cohorts of adopters (59% in 2001), some child welfare systems provide dual licensing, in which families are licensed for both foster and adoptive placements. This practice can speed up the adoption process and limit the time children spend in temporary care.

✶ *Public agencies should establish policies for comprehensive information disclosure and ensure adherence in practice.*
Policies requiring full disclosure of available children's health, social and behavioral information – current and historical – enable better matches and can help prevent some disruptions and dissolutions. In order to implement this policy, however, states must develop procedures for routinely collecting and maintaining comprehensive information as a case management function. Documentation responsibilities include obtaining background and ongoing information from multiple sources (family members, foster parents, teachers, doctors, etc.), having portable health records that move with the foster child, and recording observations and possible triggering events and

experiences that explain a child's behaviors and attitudes. Suggested preparation of adoptive parents could range from books and classes about special needs children and counseling on specific problems such as sexual abuse, to copies of the child's educational, medical, and case records, full disclosure of birthparent history, as well as reports on the child from significant others, and group meetings with the child's current caretaker.[263]

SUPPORT SERVICES

✶ *Public agencies should better support parents adopting children with a history of sexual abuse and other histories of extensive trauma.*

Smith and Howard's (1994) study points to the need for (1) timely, thorough sexual abuse assessments by caseworkers throughout the child's stay in care, (2) improved information sharing between parents and caseworkers, and (3) the availability and accessibility of appropriate post-adoption support services, especially counseling.

✶ *Temporary stays in residential treatment programs should be available without adoptive families relinquishing the child to the child welfare system.*
Providing access to residential care, which provides respite for parents and treatment for the child, may help sustain and stabilize an adoption. Given their histories, it is unrealistic to believe some adopted foster children will not need periods of more intense treatment, and the price of obtaining such treatment should not be losing permanent families, yet another loss and trauma.

✶ *Assistance with educational issues should be available to children and families.*
As some researchers found in their studies, educational assistance is a substantial need of many adoptive parents of former foster children. Educational advocacy teams, for example, can help families determine how to best help their children in school. Tutoring services are often necessary to help children "catch up" after years of attending different schools as they moved between biological families and foster care. Moreover, parents benefit from access to support groups and counseling in bridging the gap between their expectations and the reality of the educational problems experienced by their children.

✶ *Provision of post-placement support and continued contact with professionals who will assist in identifying and advocating for needed services is critical to reducing adoption instability.*
Caseworker support and availability may encourage families to confront problems early, before they escalate toward disruption. Communication between families and caseworkers should be respectful to create trust, so both parties can voice concerns, ask for and offer, support.

SYSTEMS CHANGE

✶ *Agencies should assure that specialized adoption training is available to staff.*
Agencies should train and support their staff members in recognizing signs of distress and managing tendencies to overstate the strengths of the adoptive family. Caseworker awareness of family and child needs, in conjunction with a thorough understanding of the adoption process, could substantially decrease adoption termination risk.

Child welfare agencies should contract with specialized adoption units and maintain caseworkers' assignments to families.

Because specialized adoption caseworkers and continuity of workers are associated with stability, public agencies should provide, either directly or through contract with other agencies, staff who are trained and skilled in adoption practice to facilitate adoptive placements and post-placement

supervision. Caseworkers should be available to support families from the initial placement through finalization and beyond. Additionally, care should be given to avoid turnover of cases or to have workers assigned to cases far from their workplaces.

✶ *Agencies should develop collaborative relationships with their Medicaid departments.*
Child welfare agencies should collaborate with state and local Medicaid offices. Four out of five relative adopters in Howard and Smith's (2001) study depended on Medicaid to pay for their children's medical care, as do a majority of foster home and matched adopters.[264] Festinger (2001, 2002) also noted access to Medicaid services as a barrier to continuation of counseling.[265]

✶ *Medicaid departments should address the shortage of doctors, dentists who accept payments.*
Parents report difficulty getting medical care for their children because few doctors and dentists accept Medicaid payments. Limits on the number of therapy visits and lack of reimbursement for collateral contacts for children also place undue stress on families. Creative agreements and enhanced funding could help alleviate this problem. At the same time, child welfare agencies need to keep careful records of medical and dental visits and treatments for the children in their care, which can be shared with foster and adoptive families.

✶ *The federal government should establish uniform definitions of adoptive placement, disruption, displacement and dissolution, require state child welfare agencies to adhere to them, and collect and provide longitudinal information as part of AFCARS reporting.*
Such requirements would offer a more precise, large-scale and long-term way of analyzing, understanding and comparing stability and disruption rates and associated factors – and thereby improve the prospects that adoptions will succeed.

FUTURE RESEARCH

Goerge and his colleagues (1995) noted that the complexity of children's movement through the child welfare system into adoption requires researchers to choose how to conceptualize and study adoptive populations.[266] For example, some view pre-legalization and post-legalization as distinguished by nothing more than a legal technicality. Others see legalized adoption and adoptive placement as profoundly different. Adding to the complex dynamic is the transition from foster care placement to adoptive placement, even when the foster parent is the one who adopts. Indeed, to a child, any placement or status change may be experienced as a disruption.

To the extent that researchers utilize administrative data, their ability to reliably document current and past experience will be limited by the child welfare agencies' policies, practices and data collection methods.[267] Variations in common definitions, for example, such as when a placement becomes a pre-adoptive placement and even the definition of disruption and dissolution, hinder research efforts to compare practices, outcomes and experiences nationally. Researchers and practitioners with guidance from federal policy makers should utilize standard definitions of placement, disruption, displacement and dissolution in order to make comparisons across study populations and effectively evaluate positive interventions. Furthermore, they should develop research protocols for longitudinal studies of adoptive placements and adoptions to assess how placements and children fare over time, and should establish standard protocols so that factors associated with termination and stability are analyzed in all cases.

Other suggestions for future research topics include:

- Interviews with adopted children about their experiences, what makes an adoption succeed and the causes of disruption. The Search Institute conducted an extensive project in the early 1990s of adolescents adopted as infants and is currently performing a follow-up study.

- Legal risk adoptive placements, and practices that may be needed to support their stability.
- More large-scale studies of outcomes when foster parents adopt older children.
- Stability of sibling adoptions, and factors that maximize successfully placements together.
- Quantitative and qualitative measures that predict how to best match children and parents.
- Agency structure and professional practices that best support successful foster care and adoption outcomes.
- Sophisticated, longitudinal studies that follow a large, diverse group of child welfare adoptive families from adoptive placement for an extended period of time in order to more fully analyze the factors contributing to adoption stability and instability.

CONSISTENT THEMES BETWEEN SURVEY FINDINGS AND LITERATURE

Significantly, state officials surveyed for this report identified many of the same reasons for adoption instability and remedies to improve stability as researchers cited in their studies. Therefore, it seems that there is general consensus among practitioners and the leading researchers about some of the problems contributing to disruption and dissolution, as well as some of the recommendations for promoting more stable adoptions.

- Most states accept disruptions and dissolutions as somewhat inevitable, perceive the problem to be relatively small, and therefore do not consider it a priority that requires immediate attention.
- States indicated that they should conduct careful family assessments to improve the matching process.
- Many states reported that a primary reason adoptions disrupt is because parents may have unrealistic expectations and thus cannot handle their adoptive child's behaviors.
- A couple of states identify kinship adoptions as more stable and therefore an area where they should focus attention.
- A few states are using MAPP or PRIDE training for foster and adoptive parents.[34]
- Most states said that post-adoption support services and specialized adoption staff are important to help minimize disruptions and promote adoption stability.
- A few states recognize the need for mental health services for adopted foster children to enhance adoption stability.

CONCLUSIONS

Research from the 1980s and 1990s estimates disruption rates at around 5% to 27%, displacement rates at around 1% to 8%, and dissolution rates at 1% to 2%. The rates for all three groups have generally declined. Differing study populations, definitions of "disruption" and special needs and survey techniques, however, make it hard to compare study findings and draw broad conclusions. In general, the literature indicates that termination rates over time have been relatively low.

Over the past three decades, researchers have identified key factors associated with stability and termination, including:

- Children's age, mental health and behavioral issues,
- Children's prior foster care history,
- Parents' expectations and parenting skills,

[34] More may actually be using these programs but did not offer that information during the interviews.

- Parents' relationship to children (foster, kin or "matched" adoptive parents),
- Agencies' matching of children with parents,
- Agencies' capacity to inform, guide and support adoptive families.

In addition, studies generally recognize the value of single parents and other "non-traditional" families, leading to policies that have expanded the pool of potential adoptive parents to include those with the resources, support and patience to nurture a child with special needs.

While it appears that most surveyed states (ranging from 12-14) are capturing basic foster care and adoption placement statistics, their capability to collect outcome data on adoption placements and adoptions varies widely. Even when outcome data is available, state officials concede that the numbers may not accurately reflect disrupted and dissolved adoptions in their states. Some states that reported their management systems captured placement and outcome data nevertheless failed to provide the information for this survey. As a result, questions arise about the accuracy of the states' characterization of their system's capacity and/or whether this information is regularly generated and reviewed to assess placement efforts.

One fundamental lesson from research and practice over the past 25 years is that some risk is inevitable, even necessary, in finding the right adoptive family for foster children. However, even a small number of dissolutions and disruptions must be taken seriously because of the devastation it creates not only for the child, but for families and adoption workers. Findings from research must be understood within the context of the complexity of the adoption experience and should not be oversimplified. For instance, while adoptive parents may have unrealistic expectations of their children prior to placement, this does not recognize the extreme lengths that many parents go to sustain their parental commitment to some children with complex and challenging needs. Most importantly, while improvements in practice based on research findings are opportunities to reduce termination rates, they are at the same time, an opportunity to improve the quality and stability of the adoption experience for children and parents that experience similar strains but manage to remain in intact families.

References

Barth, R.P. (1988). Disruption in Older Child Adoptions. *Public Welfare, 46* (1) (pp. 23-29).

Barth, R.P. (1993). Revisiting the Issues: Adoption of Drug-Exposed Children. The Future of Children, Vol. 3., No. 1, Spring 1993, 167-175, available at http://www.futureofchildren.org/usr_doc/vol3no1ART13.PDF.

Barth, R.P. (1997). The Value of Special Needs Adoptions. In R.J. Avery, Ed., *Adoption Policy and Special Needs Children* (pp. 171-203). Westport, CT: Auburn House.

Barth, R.P., *What Works in Permanency Planning: Adoption*, What Works in Child Welfare, edited by Kluger, M.P., Alexander, G., and Curtis, P.A., CWLA Press, Washington, D.C., 2000.

Barth, R.P. & Berry, M. (1988) *Adoption and Disruption: Rates, Risks and Responses.* New York: Aldine de Gruyter.

Barth, R.P. & Berry, M. (1991). Preventing adoption disruption. *Prevention in Human Services 9* (1), 205-222.

Barth, R.P., Berry, M., Carson, M., Goodfield, R., and Feinberg, B. (1986). Contributors to Disruption and Dissolution of Older-Child Adoptions. *Child Welfare, LXV* (4), July-August.

Barth, R.P., Berry, M., Yoshikami, R., Goodfield, R., and Carson, M. (1988). Predicting Adoption Disruption. *Social Work, 33* (3) (pp. 227-233).

Barth, R.P. & Brooks, D. (1997). A longitudinal study of family structure and size and adoption outcomes. *Adoption Quarterly, 1*, 1, 29-56.

Barth, R. P. & Brooks, D. (2002). Outcomes for Drug-Exposed Children Eight Years Post-adoption. In R.P. Barth, D. Brodzinsky, & M. Freundlich (Eds.), *Adoption of drug-exposed children.* Washington, DC: Child Welfare League of America.

Barth, R.P., Courtney, M.E., Berrick, J.D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services, pathways and placements.* Hawthorne, NY: Aldine.

Barth, R.P. & Miller, J.M. (2000). Building Effective Post-Adoption Services: What is the Empirical Foundation? *Family Relations*, Vol. 49, No. 4 (pp. 447-455).

Barth, R.P., Gibbs, D.A., and Siebenaler, K. (2002). *Assessing the Field of Post-Adoption Service: Family Needs, Program Models and Evaluation Issues, available at http://aspe.hhs.gov/hsp/post-adoption01/case-study/.*

Bass, C. (1975). Matchmaker-matchmaker. Older child adoption failures. *Child Welfare, 54*, 505-512.

Benson, P.L., Sharma, A.R. and Roehlkepartiain, E.C., *Growing Up Adopted: A Portrait of Adolescents and their Families,* The Search Institute, 1994.

Berry, M. & Barth, R.P. (1990). A Study of Disrupted Adoptive Placements of Adolescents. *Child Welfare*, Vol. LXIX, Number 3, May-June (pp. 209-225).

Berry, Marianne. (1997) Adoption Disruption. In R.J. Avery, Ed., *Adoption Policy and Special Needs Children* (pp. 77-106). Westport, CT: Auburn House.

Cole, E.S. (1997). The Adoption of Older Children. R.J. Avery, Ed., *Adoption Policy and Special Needs Children* . Westport, CT: Auburn House.

Coyne, A. & Brown, M.E. (1986). Agency Practices in Successful Adoption of Developmentally Disabled Children. *Child Welfare*, Vol. LXV, No. 1 (January-February) (pp. 45-51).

Elbow, M. & Knight, M. (1987). Adoption Disruption: Losses, Transitions, and Tasks. *Social Casework, 68,*546-552.

Emlen, Arthur (1976). *Barriers to planning for children in foster care.* Portland, OR: Regional Research Institute for Human Services, Portland State University.

Erich, S. and Leung, P. (1998) Factors Contributing to Family Functioning of Adoptive Children with Special Needs: A Long Term Outcome Analysis, *Children and Youth Services Review 20*, 135-150.

Festinger, T. (1986). *Necessary Risk: A Study of Adoptions and Disrupted Adoptive Placements*. Washington, D.C.: Child Welfare League of America.

Festinger, T. (1990). Adoption Disruption. In D.M. Brodzinsky & D.M. Schechter (eds.), *The Psychology of Adoption* (pp. 201-219). New York, Oxford University Press.

Festinger, T. (2001). *After Adoption: A Study of Placement Stability and Parents' Service Needs*. New York: New York University Shirley M. Ehrenkranz School of Social Work, with support from the New York City Administration of Children's Services.

Festinger, T. (2002). *After Adoption: Dissolution or Permanence*, Child Welfare, Vol. LXXXI, No. 3, available at http://www.aecf.org/publications/pdfs/cwla1.pdf.

General Accounting Office, Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, but Long-Standing Barriers Remain, GAO-02-585, June 2002.

Goerge, R. M., Howard, E. C., Yu, D., & Radomsky, S. (1995). *Adoption, Disruption, and Displacement in the Child Welfare System, 1976-95*. Chicago: The Chapin Hall Center for Children at the University of Chicago. Funded by the U.S. Department of Health and Human Services, Administration for Children and Families.

Groze, Victor (1996). *Successful Adoptive Families, A Longitudinal Study of Special Needs Adoption*. Westport, CT: Praeger. (Groze 1996)

Howard, J.A & Smith, S.L. (2001*). The Needs of Adopted Youth: A Study of Illinois Adoption Assistance Families*. Illinois: Illinois State University Center for Adoption Studies. Funded by the Illinois Department of Children & Family Services. The study has recently been published and can be obtained: Howard, J.A. & Smith, S.L. (2003). *After adoption: The needs of adopted youth.* Washington, DC: Child Welfare League of America.

Howe, D. (1997). Parent-reported problems in 211 adopted children: Some risk and protective factors. *Journal of Child Psychology and Psychiatry, 38*(4), 401-411.

Leung, P. and Erich, S. (2002) Family functioning of adoptive children with special needs: Implications of familial supports and child characteristics. *Children and Youth Services Review, 24*, 11, 799-816.

Macintyre, J., *Adoption Disruption: Recent Studies in the U.S. and Canada*, Adoption & Fostering, Vol. 13, No. 4, 1989.

McDonald, T.P., Propp, J.R., and Murphy, C.K. (2001). The Post Adoption Experience: Child, Parent, and Family Predictors of Family Adjustment to Adoption. *Child Welfare, 80* (1), pp. 71-94.

McRoy, R.G. (1999). *Special Needs Adoptions: Practice Issues.* New York: Garland Publishing, Inc.

Partridge, S., Hornby, H., & McDonald, T. (1986). *Learning from Adoption Disruption: Insights for Practice*. Portland, ME: University of Southern Maine Center for Research and Advanced Study.

Reilly, T., Platz, L. (2003). *Characteristics and Challenges of Families Who Adopt Children with Special Needs: An Empirical Study*. Children and Youth Services Review 25(10), pp. 781-803.

Rosenthal, J.A. (1993), Outcomes of Adoption of Children with Special Needs, The Future of Children, Vol. 3., No. 1, Spring 1993, 77-88, available at http://www.futureofchildren.org/usr_doc/vol3no1ART5.PDF.

Rosenthal, J.A. and Groze, V. (1990). Special-Needs Adoption: A Study of Intact Families. *Social Services Review,* September, 1990.

Rosenthal, J.A. & Groze, V. (1992) *Special Needs Adoption: A study of Intact Families*. NY: Praeger.

Rosenthal, J. A. & Groze, V. K. (1994). A longitudinal study of special-needs adoptive families. *Child Welfare, 73* (6): 689-706.

Rosenthal, J.A., Schmidt, D., & Conner, J. (1988). Predictors of Special Needs Adoption Disruption: An Exploratory Study. *Children and Youth Services Review*, Vol. 10 (pp. 101-117).

Schmidt, D. M., Rosenthal, J.A., & Bombeck, B. (1988). Parents' Views of Adoption Disruption. *Children and Youth Services Review*, Vol. 10 (pp. 119-130).

Smith, S.L. & Howard, J.A. (1991). A Comparative Study of Successful and Disrupted Adoptions. *Social Service Review*, Vol. 65, (2) (pp. 248-265).

Smith, S.L. & Howard, J.A. (1994). The Impact of Previous Sexual Abuse on Children's Adjustment in Adoptive Placement. *Social Work,* Vol. 39 (5) (pp. 491-501).

Smith, S.L. & Howard, J.A. (1994). *The adoption preservation project*. Normal, IL: Illinois State University.

Smith, S.L. & Howard, J.A. (1999). *Promoting Successful Adoptions: Practice with Troubled Families.* Thousand Oaks, CA: Sage.

Smith, S.L., Howard, J.A. & Monroe, A.D. (1998). An analysis of child behavior problems in adoptions in difficulty. *Journal of Social Science Research, 24* (1-2), 61-84.

Terling-Watt, Toni. (2001). Permanency in Kinship Care: An Exploration of Disruption Rates and Factors Associated with Placement Disruption. *Children and Youth Services Review, 23(2)*, 111-126.

Testa, Mark (2004). When Children Cannot Return Home: Adoption and Guardianship, Children, Families, and Foster Care, *The Future of Children*, Winter 2004, available at http://www.futureofchildren.org/usr_doc/tfoc1401_115.pdf.

Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child and Family Social Work, 7*, 23-33.

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, AFCARS report, Preliminary FY2001 Estimates as of March 2003 (8) available at http://www.acf.dhhs.gov/programs/cb/publications/afcars/report8.pdf.

Valdez, G.M., &McNamara, J.R. (1994). Matching to prevent adoption disruption. *Child and Adolescent Social Work Journal, 11*, 391-403.

Valentine, D., Conway, P., & Randolph, J. (1988). Placement Disruptions: Perspectives of Adoptive Parents. In *Infertility and Adoption: A Guide for Social Work Practice*, (pp. 133-153). Haworth Press.

Valentine, D., Randloph, J., and Conway, P., *Review of the Literature on Adoption Disruptions: An Ecological Perspective*, unpublished, University of Wyoming, 1987 or 1988.

Westhues, A. & Cohen, J.S. (1990). Preventing disruptions of special-needs adoptions. *Child Welfare LXIX* (2) (pp. 141-155).

Appendix A

Summary of Telephone Survey Results

Table 1: Aggregate and State-Specific Responses to Telephone Survey Questions

Survey Question	Total Yes	Total No*	AZ	CA	FL	IA	IL	MA	MN	MT	NC	NY	OK	OR	PA	RI	WV
Q3. Can your data management system report the number of children in foster care who began an adoptive placement in 1999?	11	4	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y
Q3a, if 1999 data not available, can your data system report 2000?	0	4	N				N			N					N		
Q4. Can your data system report how many of the children who began an adoptive placement in 2000 came back into foster care before the adoption was finalized?	8	7	N	N	Y	Y	N	UK	Y	N	N	Y	Y	Y	N	Y	Y
4a. Does your data system contain information indicating whether the disruption was initiated by the parent, the child or the agency?	6	9	NA	Y	N	N	NA	N	Y	NA	NA	Y	Y	Y	NA	N	Y
Q4b. Can your data system report the number of disruptions that were initiated by an agency in response to abuse or neglect by pre-adoptive parents?	6	9	NA	Y	N	Y	NA	N	N	NA	NA	N	Y	Y	NA	Y	Y
Q4c. Are the reasons for disruption recorded in your data system?	4	11	NA	Y	N	N	NA	N	Y	NA	NA	N	Y	N	NA	N	Y
Q5. Can your data management system report the number of children from foster care whose adoption was finalized in 1998?	14	1**	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Q6. Of children adopted, can your data system report the number of children who came back into care after their adoption was finalized?	4	11	Y	N	N	N	N	N	Y	N	N	N	N	N	N	Y	Y
Q6a. Does your data system contain information indicating whether the dissolution was initiated by the parent, the child or the agency?	1	14	UK	UK	NA	N	NA	NA	UK	NA	NA	NA	NA	NA	NA	N	Y
Q6b. Of children returned to care after adoption, can your system determine the number whose adoptions have been legally abrogated?	4	11	Y	N	NA	N	NA	NA	Y	NA	NA	NA	NA	NA	NA	Y	Y

Survey Question	Total Yes	Total No*	AZ	CA	FL	IA	IL	MA	MN	MT	NC	NY	OK	OR	PA	RI	WV
Q6c. Can your data system report number of dissolutions that were initiated by agency in response to abuse or neglect by adoptive parents?	3	12	Y	N	NA	NA	NA	NA	N	NA	NA	NA	NA	NA	NA	Y	Y
Q6d. Are the reasons for dissolution, other than abuse and neglect, recorded in your data system?	1	14	N	UK	NA	NA	NA	NA	N	NA	NA	NA	NA	NA	NA	N	Y
Q7. Can your data system report the number of children who entered care in 2000?	14	1	Y	Y	Y	Y	Y	Y	UK	Y	Y	Y	Y	Y	Y	Y	Y
Q8. Of those who entered in 2000, can data system report the number who entered care for the first time?	14	1	Y	Y	Y	Y	Y	Y	UK	Y	Y	Y	Y	Y	Y	Y	Y
Q8a. Of first entries into care, can your data system report the number of children previously adopted?	3	12	N	Y	N	UK	N	N	NA	N	N	N	Y	N	N	UK	Y
Q9. Can your data system report the number of children who in 2000 entered after a previous final discharge?	14	1	Y	Y	Y	Y	Y	Y	UK	Y	Y	Y	Y	Y	Y	Y	Y
Q9a. From an adoptive home or placement?	6	9	N	N	N	UK	N	N	UK	N	Y	Y	Y	Y	N	Y	Y
Q9b. Adopted previously?	6	9	Y	Y	N	UK	N	N	UK	N	N	N	Y	Y	N	Y	Y
Q9b. If adopted previously, is there data on whether child is legally free from adoptive parents?	5	10	Y	Y	NA	NA	NA	NA	UK	NA	NA	NA	N	Y	NA	Y	Y
Q10. Does your system contain necessary data elements to count disruptions	8	7	N	Y	Y	UK	N	N	Y	N	N	Y	Y	Y	N	Y	Y
Q13. Can your data system report information about pre-adoptive parents	12	3	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	Y	Y
Q13a. If Yes, is this information used to support matching children with potential adoptive parents	8	7	Y	N	Y	Y	NA	Y	Y	Y	NA	N	N	N	NA	Y	Y

Survey Question	Total Yes	Total No*	AZ	CA	FL	IA	IL	MA	MN	MT	NC	NY	OK	OR	PA	RI	WV
Q14. Can your data system report information about children in foster care needing adoptive homes?	15	0	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Q14a. If Yes, is this information about the child being placed shared with pre-adoptive parents?	15	0	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Q15. Can your information system report the types of pre-adoptive homes in which children are placed?	13	2	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Q16. Are reports produced regarding adoption disruptions and/or dissolution	5	10	N	Y	Y	N	N	N	N	N	N	N	Y	Y	N	Y	N
Q22. Does your agency conduct more in-depth analysis of the dynamics of adoption stability, disruption, and or dissolution?	5	10	N	N	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	N
Q23a. Has your agency made any changes to collecting and reporting data as a result of ASFA?	7	8	Y	N	Y	N	N	Y	Y	N	N	N	Y	Y	N	UK	Y
Q23b. Has your agency made any changes to the types and frequency of reports as a result of ASFA?	13	2	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Q23c. Has your agency made any changes to the staff/managers who receive and utilize reports as a result of ASFA?	10	5	Y	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Y	N
Q26. Does your state fund any services or programs designed to minimize the risk of adoption disruption and dissolution?	11	4	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	N	Y	Y
Q27. Does your state fund any services or programs designed to support adoptive families to ensure a stable adoption?	12	3	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y

* Responses categorized as NO include NA (not applicable) and UK (Unknown - respondent did not know the answer).

** California indicated that this information could be reported for FY2001.

Appendix B: Letter to Commissioners

November 19, 2001

Jay G. Lindgren, Jr.
Director
Department of Children, Youth, and Families
610 Mount Pleasant Avenue
Providence, RI 02908-1935

Dear Mr. Lindgren:

You have been selected to participate in an important research project. With funding from the David & Lucile Packard Foundation, the Evan B. Donaldson Adoption Institute is conducting a study of disruption and stability of adoptions from foster care. Since the passage of the 1997 Adoption and Safe Families Act, there has been an increased focus on adoptions and a need for a more thorough understanding of the factors associated with disruption and stability. An important component of this initiative is interviewing public child welfare agencies about the state of current capacity, practice and knowledge so that we can formulate and advance a policy agenda that will support your important work. We are surveying, via telephone interviews, 15 states selected to provide a range of experiences, perspectives, and challenges. The goals of the survey are:

1) To determine the current capacity of state management information systems to count and track disruptions of adoptive placements and dissolutions of finalized adoptions as well as the factors associated with adoption stability, disruption, and dissolution.
2) To gather information on obstacles encountered in trying to track adoption disruptions and dissolutions and to learn about ways of overcoming these obstacles.
3) To understand how your agency utilizes the data collected to manage its adoption responsibilities and to inform practice.
4) To learn about your post-adoption services that are specifically targeted to improve adoption stability.

The telephone interviews will take place over the next month and will take approximately 30 minutes to complete. The range of questions will likely require that we speak with managers of your adoption program, information systems, and data/management analysis. A member of the survey team will call these managers directly to schedule an interview.

If you have any questions about this initiative, please do not hesitate to call me at 212-269-5080, ext. 12. Thank you in advance for your support.

Sincerely,

Executive Director

Appendix C: Survey Instrument

The Evan B. Donaldson Adoption Institute Disruption and Dissolution Survey

State: _____ Date: _____ Time: _____ AM PM

My name is _____. I am calling from the Evan B. Donaldson Adoption Institute, a not-for-profit organization in NYC. We are conducting a survey of 15 selected states regarding adoption disruption and dissolution. We have recently written to the Commissioner of _____ (state) about this survey.

The telephone survey will take approximately 30 minutes to complete. There may be some questions that are better answered by someone other than you – we hope that you will let us know if that is the case.

Is this a convenient time or would you prefer that I call at another time?

Prefers Date _____ Time: _____ AM PM

Even if survey is being scheduled for future date, please fill out form below before hanging up.

Name of person interviewed:

Person's title or position:

Agency:

Address:

Telephone number:

E-mail:

Name of person interviewed:

Person's title or position:

Agency:

Address:

Telephone number:

E-mail:

TELEPHONE INTERVIEW

State: _____ Date: _____ Time: _____ AM PM

Before we start the interview, I would like to describe the main goals of the survey:

1) To determine the current capacity of state information management systems to count and track disruptions of adoptive placements and dissolutions of finalized adoptions.

2) To obtain any available data on the number of disruptions and dissolutions and possible reasons that children return to foster care.

3) To gather information on obstacles encountered in trying to track adoption disruptions and dissolutions, and to learn about ways of overcoming these obstacles.

4) To understand how your agency utilizes the data collected in order to manage its adoption responsibilities.

5) To learn about your state's post-adoption support services.

I won't ask you for any data during the telephone interview. After the interview, however, I'll send you a follow-up form to collect any data your agency has on disruptions or dissolutions. The form will only request computerized data --- nothing from case files.

All answers will be confidential; details of responses from states will not be identified publicly.

Now let's begin the survey.

First, I'm going to ask you some questions about children in adoptive placements (sometimes called pre-adoptive placements) or adoptive homes prior to finalization.

1) When does _____ (state) call a home an adoptive placement?

2) Do any of the following criteria have to be met in order for a home to be called an adoptive placement?

	Yes	No	
a.	___	___	the family has been approved to adopt a child following an adoptive home study
b.	___	___	the family has signed an adoption placement agreement or consent to adopt
c.	___	___	the agency has signed an adoption placement agreement
d.	___	___	the family states they want to adopt (no signature is needed)
e.	___	___	child is legally free (tpr, surrender, death)
f.	___	___	adoption subsidy agreement has been entered into by the state

g. Any other criteria?

3) Can your data management system report the number of children in foster care who began an adoptive placement (or pre-adoptive home) in 1999? Yes ____; No ____

GO TO a

a. **If 1999 data are unavailable, ask**: Can your data management system report the number of children in foster care who began an adoptive placement (or pre-adoptive home) in 2000? Yes ____; No ____ **GO TO Q. 5 intro**

If Yes, substitute 2000 for 1999 in Q4.

4) Can your data management system report how many of the children who began an adoptive placement (or were placed in a pre-adoptive home) in 1999 (2000) came back into foster care before the adoption was finalized? Yes ____; No ____

GO TO Q. 5 intro

If neither 1999 nor 2000 is available, ask about their current capacity to collect this data and indicate the year when it began.

If the answer to 4) is Yes:

Now I'm going to ask a series of questions about children who began an adoptive placement (or were placed in a pre-adoptive home) in 1999 (2000) but came back to care prior to finalization… that is, the placement disrupted.

a. Does your data system contain information indicating whether the disruption was initiated by the parent, the child, or the agency?

Yes	No	
____	____	the parent?
____	____	the child?
____	____	the agency?

b. Can your data system report the number of disruptions that were initiated by an agency in response to abuse or neglect by pre-adoptive parents?

Yes ____; No ____

c. Are the reasons for disruption, other than abuse and neglect, recorded in your data management system? (We are not asking about information in case files that's never entered in the data management system).

____ Yes, usually

____ Yes, sometimes

____ Yes, rarely

____ No (GO TO Q. 5 intro)

If Yes in c: Can your system report the three main reasons children returned to care from their 1999 (2000) adoptive placement? Yes ____; No ____

[*Note to Interviewer: ask what the three main reasons are. We will use follow-up data request to answer this question precisely*.]

Now I'm going to ask some questions about the post-adoption period…

5) Can your data management system report the number of children from foster care whose adoption was finalized in **1998?** Yes ____; No ____

GO TO a.

a. **If 1998 data are not available ask:** Can your data management system report the number of children from foster care whose adoptions were finalized in **1999**?

Yes ____; No ____

GO TO Q. 7 intro

If the state has 1999 data only, substitute 1999 for 1998 when asking questions 6 and 6a – 6g. Please indicate here which data are being reported: 1998 ____; 1999 ____

If neither is available, ask about their current capacity to collect this data and indicate the year when it began (e.g. 2000, 2001).

6) Of the children adopted in 1998 (1999) can your data management system report the number of children who came back into care after their adoption was finalized?

Yes ____; No ____

GO TO Q. 7 intro

a. Does your data system contain information indicating whether the return to care after finalization was initiated by the parent, the child, or the agency?

Yes	No	
____	____	the parent?
____	____	the child?
____	____	the agency?

b. Of children returned to care after a 1998 (1999) adoption, can your data management system determine the number whose adoptions have been legally dissolved or abrogated? Yes ____; No ____

c. Can your data system report the number of dissolutions that were initiated by the agency in response to abuse or neglect by adoptive parents?

Yes ____; No ____

d. Are the reasons for dissolution, other than abuse and neglect, recorded in your data management system? (We are not asking about information in case files that's never entered in the data management system).

____ Yes, usually

____ Yes, sometimes

____ Yes, rarely

____ No (GO TO Q. 7 intro)

If Yes in d: Can your system report the three most common reasons children returned to care from their 1998 (1999) adoptions?

Yes ____; No ____

[*Note to Interviewer: ask what the three main reasons are. We will use follow-up data request to answer this question precisely*.

Now some questions about children <u>who entered</u> foster care in _____ (state) in 2000….

7) Can your data system report the number of children who entered care in 2000?

Yes ____; No ____

GO TO a

a. **If 2000 data are unavailable, ask:** Can your data system report the number of children who entered care in 2001? Yes ____; No ____ **GO TO Q.10**

If Yes, substitute 2001 for 2000 in Q8&9.

8) Now, of those who entered in 2000—can your data system report the number who entered care for the **first time**? Yes ____; No ____

If Yes in 8), of first entries into care, can your data system report the number of children previously adopted? Yes ____; No ____

9) And… can your data system report the number of children who in 2000 entered after a **previous final discharge**? Yes ____; No ____

If yes in 9), of those previously discharged, can your data system report the number who had been:

a. In an adoptive home or placement? Yes ____; No ____

b. Adopted previously? Yes ____; No ____

If adopted previously, does the system have data on whether child is legally free from adoptive parents (tpr, surrender, death)?

Yes ____; No ____

Note to Interviewer: Please indicate the first and last months of the state's fiscal year.

We are very interested in any ideas you have regarding obstacles to obtaining data on adoption disruptions and dissolutions.

10) Does your data information system include the necessary data elements to count disruptions? Yes ____; No ____

[Note to interviewers: if respondent does not mention the following common obstacles, please ask about them specifically: data not recorded by field staff, fuzzy definitions of pre-adoptive/adoptive home, some information (e.g. reasons) are recorded in narrative not as discreet data elements.]

a. **If Yes,** do other obstacles exist to counting disruptions:

b. **If No,** what do you see as the main obstacles to this state's ability to count disruptions:

c. **If obstacles are mentioned in a or b:** Do you have any suggestions for a remedy?

And, a few questions about dissolutions:

If this state is not able to collect dissolution data:

11) What do you see as the main obstacles to this state's ability to count dissolutions:

[Note to interviewers: if respondent does not mention the following common obstacles, please ask about them specifically: child's name changed at adoption makes systems match difficult/impossible, agency practice for workers to not ask families if child is adopted, prohibitions in state law, child adopted in another state or county, historical data not available via automated system.]

12) Do you have any suggestions for a remedy?

Related to the questions above, we'd like to know about your systems ability to report information related to adoption stability and disruption.

13) Can your data management system report information about pre-adoptive parents, such as age, education level, special needs that the parents feel equipped to handle?

Yes _____; No _____

a. If Yes, is this information used to supporting individual matching of children with potential adoptive parents? Yes _____; No _____

14) Can your information management system report information about children in foster care needing adoptive homes, such as age, special educational needs, behavioral health issues?

Yes _____; No _____

a. If Yes, is information about the child being placed shared with pre-adoptive parents? Yes_____; No_____

15) Can your information management system report the types of pre-adoptive homes in which children are placed: i.e., unrelated pre-adoptive, kinship, or foster placement?

Yes _____; No _____

Using Data to Manage

Now that we've discussed the data that is recorded in your information management system, we'd like to ask some questions about how this data is reported and utilized.

16) Are reports produced regarding adoption (a) disruptions and/or (b) dissolution?

Yes _____; No_____ (if No, go to Q 22)

[If Yes] I'd like to ask you some questions about the specific reports produced.

[**Note to Interviewer**: Please use the matrix to record responses so that we can crosswalk the attributes of each report produced.]

17. Report Subject	18. Org. Level Covered	19. Frequency	20. Recipients	21. How Generated

17. What subjects are addressed in these reports?

The number of adoptions that disrupt

The number of adoptions that are dissolved

The reasons that contributed to the disruption and dissolution

Other topics

18. At what organizational level is the data aggregated or reported?

Case specific

Worker specific

Unit specific

Local Office Management Report

Regional Management Report

Statewide Management Report

19. How frequently are the reports produced?

Monthly

Quarterly

Annual

Other

20. To whom are the reports distributed?

Caseworkers

Local Office Managers

Program Managers

State-level senior managers

Commissioner/Director

Other

21. How are the reports generated?

System-generated standardized reports

Standard, ad-hoc, or customized reports produced by local office managers

Standard, ad-hoc, or customized reports produced by a central office unit. Please describe unit.

Other. Please describe.

22) Does your agency conduct more in-depth analysis of the dynamics of adoption stability, disruption, and/or dissolution? Yes _____; No_____

a. Is this done by an internal unit, an affiliated academic group, a contracted researcher, or another group?

b. Please describe the type of analysis your agency has done recently.

[**Note to Interviewer**: If state contact describes any formal / "published" reports that address adoption stability, disruption, and/or dissolution, please ask them to send a copy to us c/o the Evan B. Donaldson Institute, 120 Wall Street, 20th floor, NYC, NY 10005, Attn: Anne Carlton. Could be interesting supplements to the professional literature.]

23) Has your agency made any changes in the following reporting processes as a result of ASFA requirements:

	Yes	No
a.	_____	_____ Collecting and recording data
b.	_____	_____ Types and frequency of reports
c.	_____	_____ Staff / managers who receive and utilize reports

If Yes, please describe:

24) What are the most important lessons that your agency has learned regarding minimizing the number of adoptions that disrupt or are dissolved?

25) Has the agency's understanding of risk factors for adoption disruption and dissolution affected its policies and practices? Have you identified trends? Have you implemented programs? Have you modified processes? Please describe.

26) Does your state fund any services or programs designed specifically to minimize the risk of adoption disruption and/or dissolution?

Yes ____; No____

If Yes, what are they?

27) Does your state fund services or programs designed specifically to support adoptive families to ensure a stable adoption?

Yes ____; No____

If Yes, what are they?

28) What sources of information and expertise has your agency used to inform its policies and practices with regards to adoption disruption and dissolution?

29) Who else should we talk we can tell us about adoption stability, disruptions, etc? (This could be someone in state government, outside government, in academia, an advocacy group, and/or service provider – someone with some experience/expertise.)

Appendix D: Follow-Up Data Form

Follow –Up Data Form

The Evan B. Donaldson Adoption Institute Disruption and Dissolution Survey: Follow-up Data Request

State: _____

Name of person completing form:

Person's title or position:

Agency:

Address:

Telephone number:

E-mail:

As a follow-up to the phone survey you recently completed, we are sending this data request on adoption placements, disruptions and dissolutions. We are only requesting information which you indicated in the phone survey was available in from your data system. Please skip the questions that are marked "NA" as we have already determined that your data system does not capture this information.

Thank you for your time in filling out this data request.

You can return completed forms either by email or hardcopy.

Please email the completed form to me at:

Please mail hardcopy forms to: Anne Carlton, Evan B. Donaldson Adoption Institute, 120 Wall Street, 20th floor, NYC, NY 10005.

Adoptive Placements and Disruptions Data:

Please fill out the applicable data, ignoring questions marked with NA:

Number of children in foster care who began an adoptive placement (or pre-adoptive home) in 1999:	
If 1999 data unavailable, the number of children in foster care who began an adoptive placement (or pre-adoptive home) in 2000:	
How many of the children who began an adoptive placement (or were placed in a pre-adoptive home) in 1999 (2000) came back into foster care before the adoption was finalized?	

Of the children who came back into foster care before the adoption was finalized:

How many of these disruptions were initiated by the parents?	
How many of these disruptions were initiated by the child?	
How many of these disruptions were initiated by the agency?	
How many disruptions were initiated by an agency in response to abuse or neglect by pre-adoptive parents?	

Please list the three most common reasons children returned to care from their 1999 (2000) adoptive placement, and the number of disruptions that were caused for these reasons:

Disruption Reasons	Number of Disruptions

Post-Adoption and Dissolutions Data

Number of children from foster care whose adoption was finalized in 1998:	
If 1998 data are not available: the number of children from foster care whose adoptions were finalized in 1999:	
Of the children adopted in 1998 (1999), the number of children who came back into care after their adoption was finalized:	
How many of these returns were initiated by the parents?	
How many of these returns were initiated by the child?	
How many of these returns were initiated by the agency?	

Of the children who came back into foster care after finalization

Of children returned to care after a 1998 (1999) adoption, the number whose adoptions have been legally dissolved or abrogated:	
How many dissolutions were initiated by an agency in response to abuse or neglect by pre-adoptive parents?	

Please list the three most common reasons children returned to care from their 1999 (2000) adoptions, and the number of dissolutions that were caused for these reasons:

Dissolution Reasons	Number of Dissolutions

Data on Children <u>who entered</u> foster care in 2000.

Number of children who entered care in 2000:	
Of those who entered in 2000—the number who entered care for the first time?	
Of <u>first</u> entries into care, the number of children previously adopted?	
Number of children who in 2000 entered care after a previous final discharge:	
Of those previously discharged, the number who had been in an adoptive home or placement:	
Of those previously discharged, the number who had been adopted previously:	
Of the children adopted previously who entered care in 2000, how many are legally free from adoptive parents (tpr, surrender, death)?	

Endnotes

[1] Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272.
[2] See McRoy, 1999, p. 6 (citing McKenzie, 1993); Berry, 1997, p. 77; Goerge et al., 1995, p. 2; Barth et al., 1986, pp.359-360).
[3] Rosenthal, 1993, pp. 78-79 (citing Festinger, 1986, pp. 2-3, Cohen, 1984, and Boyne et al., 1984).
[4] Id. p. 79.
[5] Goerge et al., 1995, p. 6.
[6] Goerge et al., 1995, p.7.
[7] Goerge et al., 1995. pp. 15, 17.
[8] Barth, 1997, pp.195-198.
[9] Berry, 1997, pp. 94-102.
[10] Barth & Miller, 2000, p.447 (citing Berrick, Barth, Needell, and Johnson-Reid 1998); Barth, 1997, pp. 175-176;Triseliotis, 2002, pp. 24-27.
[11] Barth, 1997, p. 198;Triseliotis, 2002, pp. 31-32; Testa 2004, p. 124. From 1997 to March 2002, only 2% of Illinois kin guardian arrangements with post-permanency support dissolved, however.
[12] Adoption and Safe Families Act of 1997, P.L. 105-89.
[13] Adoption Promotion Act of 2003, P.L. 108-145.
[14] Years are federal fiscal years. U.S. Department of Health and Human Services, The AFCARS Report 8, March 2003, http://www.acf.dhhs.gov/programs/cb/publications/afcars/report8.pdf.; U.S. Department of Health and Human Services, Administration for Children & Families, HHS Awards Adoption Bonuses, HHS NEWS (Sept.10, 2001), available at http://www.acf.dhhs.gov/news/press/2001/adoption.html; U.S. Department of Health and Human Services, Children's Bureau, Adoptions of Children with Public Child Welfare Agency Involvement By State: FY 1995-FY 1999 (revised May 18, 2001), available at http://www.acf.dhhs.gov/programs/cb/dis/adoptchild.htm.
[15] U.S. Department of Health and Human Services, The AFCARS Report 8, March 2003, http://www.acf.dhhs.gov/programs/cb/publications/afcars/report8.pdf.
[16] Howard & Smith, 2001, p. 2.
[17] See Goerge, 1995, p. 3; McRoy, 1999, p. 4; Festinger, 2001, pp. 2-3; Festinger, 2002, p. 517; Groze, 1996, pp. 2-3.
[18] Goerge et al., 1995, p. 2.
[19] For example, in the earlier literature, Barth et al. (1988) show awareness of the distinction between disruption and displacement/dissolution, although they use the term "disruption" to describe both (pp. 227-228); Smith & Howard (1991) differentiate clearly between disruption before finalization, and finalized adoptions (pp. 248-253); and Festinger (1986) is exceptionally precise in her definition of disruption of placement before finalization (pp. 8-9).
[20] McRoy, 1999, p. 4 (citing Barth & Berry, 1988, Glidden & Pursley, 1989, and Hornby, 1986 as studies that used the term "disruption" for all placements that end with the child's return to the agency, before or after consummation); Berry, 1997, p. 78 (noting that many studies do not differentiate between "disruption" before or after consummation); Rosenthal, 1993, pp. 78-79 (using the term "disruption" in his own review to mean termination prior to legal finalization, but noting that, in his sources, exact definitions differ from study to study); Goerge et al., 1995, p. 3 (citing Barth et al., 1988, Barth & Berry, 1991, Berry & Barth, 1990, McDonald et al., 1991, and Zwimfer, 1983, as reports that studied the disrupted and displaced populations as one, as though there were no significant difference between them).
[21] Goerge et al., 1995, p. 3 (citing Groze, 1986, Rosenthal et al., 1988, Smith & Howard, 1991, and Westhues & Cohen, 1990 as reports that study either the disrupted or the displaced population); Festinger, 2002, p. 518 (citing McDonald, Propp, & Murphy, 2001, as one of only two studies that study displacements and dissolutions separately).
[22] Goerge et al., 1995, p. 5; Festinger, 2002, pp. 517-518.
[23] Rosenthal, 1993, p. 78-79, (acknowledges that sources are imprecise in their definitions of disruption); Berry, 1997, p. 77 (distinguishes between "disrupted" and "failed" adoptions, and goes on to summarize "disruption" rates while noting that many of her sources do not differentiate between disrupted, displaced and dissolved adoptions); Festinger, 2001, pp. 2-3 (summarizing literature reviews of rates and correlates, but noting that sources may not differentiate between "disruption" pre- and post legal adoption).
[24] See Goerge et al., 1995, p. 3.
[25] See Rosenthal, 1993, p. 77; Howard & Smith, 2001, p. 1; Groze, 1996, p. 23.
[26] McRoy, 1999, p. 18 and Berry, 1997, p. 77, take 3 years or older as a baseline for "special needs"; Rosenthal, 1993, p. 77, takes 4 years or older; Festinger, 1986, p. 6, takes 6 years or older, Howard & Smith, 2001, p. 1, note that there is a wide variety state by state in qualifications to receive subsidy, ranging from birth for minority children in some states to age 12 for white children in some states.
[27] See Smith & Howard, 1994, focusing on sexually abused children only.

[28] Groze, 1996 (statewide Iowa, predominantly rural); Festinger, 2001 and 2002 (New York City only); McRoy, 1999 (statewide Texas); Goerge et al., 1995 (statewide Illinois, 52.3% from Cook County); Smith & Howard, 1994 (statewide, Illinois); Howard & Smith, 2001 (statewide Illinois).
[29] Rosenthal, 1993, p. 79; Berry, 1997, p. 78; Howard & Smith, 2001, p. 94.
[30] Goerge et al., 1995, p. 4.
[31] Goerge et al., 1995, pp. 4-5.
[32] Goerge et al., 1995, pp. 5, 7.
[33] Goerge et al., 1995, p. 7.
[34] Goerge et al., 1995, p. 7.
[35] Groze, 1996, p. 2, cited four studies published in the 1980's in reporting disruption rates ranging from 7-60%, but provided that "the most commonly used estimate is that about 15% of adoptions disrupt," citing Barth & Berry, 1988.
[36] The estimates are based on data received from 17 states for fiscal year 1999, 2 states for calendar year 1999, 18 states for fiscal year 2000 and 2 states for calendar year 2000. General Accounting Office, 2002, pp. 22-23.
[37] Id., pp. 22-23.
[38] Goerge et al., 1995, p. 3 (citing Groze, 1986, Westhues & Cohen, 1990, McDonald et al., 1991, Festinger, 1986, Barth et al., 1988, and Berry & Barth, 1990).
[39] Berry, 1997, p. 78 (citing Boyne et al., 1984, Barth & Berry, 1988, Partridge et al., 1986, Festinger, 1990, Urban Systems Research and Engineering, 1985, and Groze, 1986).
[40] Barth & Miller, 2000, p. 447 (citing Barth & Berry, 1988; Partridge et al., 1986; Urban Systems Research and Engineering Inc., 1985, Goerge et al., 1996). Barth & Miller themselves use "disruption" as a collective term without differentiating between disruption, displacement and dissolution.
[41] Triseliotis, 2002, pp. 24-26.
[42] Goerge et al, 1995, p. 5.
[43] Festinger, 2001, p. 2
[44] E.g. Festinger, 2001 and 2002; McRoy, 1999.
[45] Testa 2004, p. 123. Reported that according to AFCARS, 1.5% of entries into foster care between FY1998-2000 and 2.6% in 2001 were entries of an adopted child, with the increase attributable to fewer overall foster care entries.
[46] General Accounting Office, 2002, pp. 22-23, the estimates are based on data received from 17 states for fiscal year 1999, 2 states for calendar year 1999, 18 states for fiscal year 2000 and 2 states for calendar year 2000.
[47] Groze, 1996, pp. 2-3 (citing Barth, 1988, Rosenthal et al., 1988, Schaffer & Lindstrom, 1990).
[48] Id. p. 26.
[49] McDonald et al., 2001, p. 80.
[50] Howard & Smith 2001, p.24.
[51] Goerge, 1995, p. 5.
[52] Festinger, 2001, pp. 15-16.
[53] Testa, 2004, p. 123.
[54] Robert Goerge, telephone interview, December 2002.
[55] Groze, 1996, pp. 2-3.
[56] Festinger, 2002, pp. 526-528.
[57] General Accounting Office, 2002, pp. 22-23. The estimates are based on data received from 17 states for fiscal year 1999, 2 states for calendar year 1999, 18 states for fiscal year 2000 and 2 states for calendar year 2000.
[58] Goerge et al, 1995, 7, 15, 17.
[59] Festinger, 2001, p. 16.
[60] Id.
[61] Barth et al, 1988, p. 229.
[62] Festinger, 1986, p. 12. Festinger started by assuming that most disruptions would occur within twelve months of placement (pp. 6-7) and her data on adoptive placements that had lasted between twelve and twenty-four months was somewhat unreliable (p. 12).
[63] Smith & Howard, 1991, p. 253.
[64] Smith & Howard, 1991, p. 260.
[65] McRoy, 1999, p. 44.
[66] Id., p. 53.
[67] Rosenthal, 1993, p. 79 (citing Rosen, 1977, Kadushin & Seidl, 1971, Nelson, 1985, Boneh, 1979, Groze, 1986, Rosenthal et al., 1988, Boyne et al.,1984, Barth & Berry, 1988, Berry & Barth, 1990.`and Lahti, 1982); Berry, 1997, p. 80, (citing Barth & Berry, 1988, Block, 1981, Boneh, 1979, Boyne et al., 1984, Festinger, 1986, Kadushin & Seidl, 1971, Partridge et al., 1986); Barth & Miller, 2000, p. 449, (citing Barth & Berry, 1991, Festinger, 1986, Goerge et al., 1996, Groze, 1986, Partridge et al., 1986, Smith & Howard, 1991, and Urban Systems Research & Engineering, 1985); McRoy, 1999, pp. 31, 39.
[68] Goerge et al., 1995, p. 10.
[69] Id., p.13.

[70] Triseliotis, 2002, pp. 24-26.
[71] McRoy, 1999, pp. 31, 39.
[72] Berry & Barth, 1990, p. 213. Defined as "placements in which the family returns the child to the agency or ceases to assume responsibility for the child."
[73] Berry & Barth (1990), p. 214.
[74] Id, p. 214.
[75] Barth & Miller (2000) p. 449.
[76] Howe, 1997, p. 402.
[77] Berry & Barth, 1990, p. 214, 222.
[78] Groze, 1996, p. 43.
[79] Festinger, 2001, p. 21.
[80] Howard & Smith, 2001, pp. 38-39.
[81] Id., p. 39.
[82] Rosenthal, 1993, p. 80..
[83] Berry, 1997, p. 81 (citing Pardeck, 1983, Boneh, 1979, Partridge et al, 1986, Barth & Berry, 1988, Smith & Howard, 1991, Valentine et al., 1987); Rosenthal & Groze, 1990, p. 478; Barth & Miller, 2001, p. 449 (citing Barth & Berry, 1991, Partridge et al, 1986, Smith & Howard, 1994, Smith, Howard & Monroe, 1998).
[84] McRoy et al., 1999, pp. 63-64.
[85] Festinger, 1986, p. 32-33.
[86] Rosenthal and Groze, 1990, p. 475.
[87] McDonald et. al, 2001, p. 86.
[88] Rosenthal et al 1988, p.115.
[89] Howard & Smith, 2001, pp. 32, 35.
[90] Reilly & Platz, 2003.
[91] Festinger, 2001, p. 24.
[92] Leung & Erich, 2002, p. 812.
[93] Smith & Howard, 1991, p. 256.
[94] Smith & Howard, 1991, pp.256-257.
[95] Berry, 1997, p.82.
[96] McRoy, 1999, p. 249.
[97] Rosenthal, 1993, p. 79 (citing Barth & Berry, 1988 and Boyne et al., 1984); Berry, 1997, p. 80 (citing Barth & Berry, 1988, Groze 1986 and Partridge et al., 1986); McRoy, 1999, pp. 8-9 (citing Groze, 1986, Barth & Berry, 1988); Festinger, 1986, p. 23.
[98] Rosenthal, 1993, p. 81 (citing Festinger, 1986, Kagan & Reid, 1986, Rosenthal et al., 1988, Boneh, 1979).
[99] Barth & Berry, 1988, pp. 92-93.
[100] Festinger, 1986, p. 23.
[101] Festinger, 1986, p. 22.
[102] Goerge et al., 1995, p. 13.
[103] Goerge et al., 1995, pp. 12-13.
[104] Goerge et al., 1995, p. 12.
[105] Rosenthal, 1993, p. 81 (citing Kagan & Reid, 1986).
[106] Festinger, 1986, p.24.
[107] McRoy, 1999, pp. 65-67, Smith & Howard, 1991, found similar results.
[108] Rosenthal, 1993, p. 79 (citing USRE, 1985 and Rosenthal et al., 1988).
[109] Rosenthal, 1993, p. 81; Berry, 1997, p. 91 (citing Barth & Berry, 1988); Groze, 1996, 99, pp. 80-81 (citing Schmidt, 1985, Smith & Howard, 1991, Rosenthal & Groze, 1992); McRoy, 1999, p. 8 (citing Rosenthal, 1993) and p. 76.
[110] Smith & Howard, 1994, pp. 491-492 (citing Minshew & Hooper, 1990, Schmidt, 1985, Partridge et al., 1986, Smith & Howard, 1991, Borgman, 1984, Friedrich, 1988, Kohan et al., 1987).
[111] Smith & Howard, 1994, pp. 493-4954.
[112] Smith & Howard, 1994. p. 499.
[113] Smith & Howard, 1994. p. 496.
[114] Barth & Berry, 1988, 108.
[115] Berry, 1997, p. 91.
[116] Rosenthal, 1993, p. 81 (citing Barth & Berry, 1988, Boyne et al., 1984, Urban Systems Research & Engineering, 1985, Festinger, 1986, Rosenthal et al., 1988, Boneh, 1979, and Lahti, 1982); Berry, 1997, p. 82 (citing Festinger, 1986, Boyne et al., 1984, Groze, 1986, Barth & Berry, 1988); Groze, 1996, p. 57 (citing Kadushin & Seidl, 1971, Boneh, 1979, Boyne et al., 1984, Festinger, 1986, Barth et al., 1988, Barth & Berry, 1988, Rosenthal et al., 1988).
[117] Festinger, 1986, p. 25.
[118] Barth et al, 1988, p. 230.

[119] Rosenthal, 1993, p. 81 (citing Barth & Berry, 1988, Boyne et al., 1984, Urban Systems Research & Engineering, 1985 and Boneh, 1979).
[120] Rosenthal, 1993, p. 81 (citing Festinger, 1986, Boyne et al., 1984, and Rosenthal et al., 1988); Festinger, 1986, p. 25; Groze, 1996, p. 77.
[121] Berry, 1997, p. 82.
[122] Rosenthal et al., 1988, p.112. The author's study used a sample of 391 adoptive placements made by the Oklahoma Department of Human Services between January, 1982 and September, 1985. The authors define disruption as the breakdown of an adoptive placement before finalization.
[123] Festinger, 1986, p. 25.
[124] McRoy, 1999, p. 65.
[125] Reilly & Platz , 2003.
[126] Rosenthal, 1993, p. 81 (citing Smith & Howard, 1991); Schmidt et al., 1988, p. 125.
[127] Smith & Howard, 1991, p.258.
[128] Howard & Smith, 2001, p.35.
[129] Schmidt et al, 1988, p.123-125.
[130] Terling-Watt, 2001, pp. 118-121.
[131] Howard & Smith, 2001, p. 57.
[132] Howard & Smith, 2001, p. 57.
[133] Barth & Miller, 2000, p. 449.
[134] Barth & Brooks, 2002, p. 28 (citing Gittler & McPherson, 1990 and Moore and Camarda, 1993).
[135] Howard & Smith, 2001, p. 41.
[136] Barth & Brooks, 2002, pp. 52-53.
[137] Barth & Brooks, 2002, p. 53.
[138] Rosenthal, 1993, p. 81 (citing Unger et al., 1981, Barth & Berry, 1988, Festinger, 1986, Gill, 1978, Kadushin & Seidl, 1971, Nelson, 1985); Berry, 1997, p. 87 (citing Smith & Sherwen, 1984 and Cohen, 1984) and p. 102; Groze, 1996, p. 11 (citing Partridge et al., 1986, Rosenthal et al., 1988; Urban Systems Research & Engineering, 1985); McRoy, 1999, p. 9 (citing Westhues & Cohen, 1990), and pp. 71 and 78; Barth & Miller, 2000, p. 449 (citing Brodzinsky et al., 1998 and Quinton et al., 1998).
[139] Barth & Miller, 2000, p. 449.
[140] Berry, 1997, p. 87.
[141] Reilly & Platz, 2003.
[142] Valentine et al, 1988, p. 143.
[143] Howard & Smith, 2001, p. 46.
[144] Rosenthal, 1993, p. 81.
[145] Schmidt et al, 1988, p. 125.
[146] McRoy, 1999, p. 78; Partridge et al., 1986, pp. 7-9.
[147] McRoy, 1999, pp. 84-88.
[148] McRoy, 1999, p. 71.
[149] Barth & Berry 1988, p. 127.
[150] Berry, 1997, p. 102 (citing Barth & Berry, 1988).
[151] Rosenthal, 1993, p. 81 (citing Kagan & Reid, 1986, Rosenthal et al., 1988 and Lahti, 1982), Groze, 1996, p. 11 (citing Boneh, 1979 and Cohen, 1984), Berry, 1997, p. 87 (citing Cohen, 1984 and Sack & Dale, 1982); McRoy, 1999, p. 71.
[152] Berry, 1997, p. 87.
[153] Erich & Leung 1998, p. 148.
[154] Berry, 1997, pp. 87-88 (citing Westhues and Cohen, 1990).
[155] Westhues and Cohen, 1990, pp. 149-150.
[156] McRoy, 1999, p. 78.
[157] McRoy, 1999, p. 67.
[158] McRoy, 1999, p. 54.
[159] Partridge et al, 1986, p.7.
[160] Partridge et al, 1986 p. 11.
[161] Rosenthal, 1993, p. 81 (citing Barth & Berry, 1988, Festinger, 1986, Coyne & Brown, 1985, Rosenthal et al., 1988, Smith & Howard, 1991), McRoy, 1999, p. 83 (citing Barth & Berry, 1988, Festinger, 1986, Nelson, 1985).
[162] McRoy, 1999, p. 83 (citing Barth & Berry, 1988); Rosenthal et al., 1988, p. 111; Festinger 1986, p. 26.
[163] McRoy, 1999, p.92; see also Barth & Berry, 1997, p.229..
[164] McRoy, 1999, pp. 91-92 (children in disrupted/dissolved foster parent adoptions were significantly older at the time of removal and placement; had been in more prior placements; and were more likely to have experienced physical, sexual and emotional abuse than the children in the intact foster adoption sample. They had strong attachments to their birthfamilies, and in some cases, previous foster families. The emotional stability of all the adoptive parents in this group was also an issue).

[165] Rosenthal et al, 1988, p. 111.
[166] Smith & Howard, 1991, pp. 255, 256.
[167] Festinger, 1986, p. 27.
[168] Festinger, 1986, p. 26.
[169] Reilly & Platz, 2003.
[170] Mark Testa, "When Children Cannot Return Home: Adoption and Guardianship," Children, Families, and Foster Care, "The Future of Children," 119-120, Winter 2004, http://www.futureofchildren.org/usr_doc/tfoc1401_115.pdf.
In Howard & Smith's study, 39% of the adoptions were by kin, and in Festinger's 2001 study, 49.4% of the adoptions were by kin. See Howard & Smith, 2001, p. 6 and Festinger, 2001, p. 17.
[171] AFCARS Report #8, Preliminary FY2001 Estimates, 6, March 2003.
[172] Howard & Smith, 2001 p. 62-63.
[173] Howard & Smith, 2001, p. 66.
[174] Howard & Smith, 2001, p. 66-67.
[175] Festinger, 2001, p. 20.
[176] Testa 2004, p. 124 (citing.Children and Family Research Center, Displacements from Permanence, University of Illinois at Urbana-Champaign, March 2003)
[177] Terling-Watt, 2001, p. 123.
[178] Terling-Watt, 2001, pp. 118-123.
[179] Howard & Smith, 2001, p. 60 (citing Rosenthal & Groze, 1992).
[180] Howard & Smith, 2001, p. 67.
[181] Howard & Smith, 2001, p. 67.
[182] Howard & Smith, 2001, p. 71.
[183] Howard & Smith, 2001, p. 70.
[184] Howard & Smith, 2001, p. 91.
[185] Berry, 1997, p. 84; McRoy, 1999, p. 4 (citing Sandmaier & Family Service of Burlington County, 1987); Cole, 1997, pp. 43-44.
[186] AFCARS Report #8, Preliminary FY2001 Estimates, 6, March 2003. (30% of foster care adoptions were by single females and 2% by single males).
[187] Festinger, 2001, p. 17.
[188] Rosenthal, 1993, p. 81, McRoy, 1999, p. 96.
[189] Berry, 1997, p. 84, (citing Barth & Berry, 1988).
[190] Berry, 1997, p. 84 (citing Branham, 1970).
[191] Berry, 1997, p. 88 (citing Feigelman & Silverman, 1984, Barth & Berry, 1988).
[192] McRoy, 1999, pp. 96, 101-102.
[193] Rosenthal, 1993, p. 80 (citing Barth & Berry, 1988, Festinger, 1986, Urban Systems Research & Engineering, 1985 and Rosenthal et al., 1988).
[194] Rosenthal, 1993, p. 80 (citing Boyne et al., 1984, Partridge et al., 1986, Bourguignon, 1989 and Smith & Howard, 1991).
[195] Rosenthal, 1993, p. 80 (citing Barth & Berry, 1988, Partridge et al., 1986, Rosenthal et al., 1988 and Groze, 1986).
[196] Rosenthal, 1993, p. 81 (citing Gill, 1978, Partridge et al., 1986 and Smith & Howard, 1991).
[197] Rosenthal, 1993, p. 81 (citing Boneh, C., Disruptions in Adoptive Placements: A Research Study, Massachusetts Department of Public Welfare, 1979; Westhues and Cohen).
[198] McRoy, 1999, p. 67.
[199] Barth & Miller, 2000, p. 449.
[200] Barth & Berry, 1988, p. 94
[201] Barth & Berry, 1988, p. 94.
[202] Barth & Miller, 2000, p. 449.
[203] Rosenthal, 1993, p. 81 (citing Barth & Berry, 1988, Festinger, 1986, Boyne et al., 1984, and Smith & Howard, 1991).
[204] Rosenthal, 1988, p. 109.
[205] Partridge et al., 1986, p. 8.
[206] Goerge et al., p. 15.
[207] Howard & Smith, 2001, p. 38.
[208] Berry, 1997, p. 85 (citing Groze, 1986).
[209] Partridge et al., 1986, p. 8.
[210] McRoy, 1999, p. 121-122.
[211] Howard & Smith, 2001, p. 46.
[212] Rosenthal, 1993, p. 81 (citing Barth & Berry, 1988 and Smith & Howard, 1991).
[213] Leung & Erich, 2002, p. 803 (citing Nelson, 1985, Kagan & Reid, 1986, Jones, 1979, Gill, 1978, and Tremitiere, 1979).
[214] Leung & Erich, 2002, p. 812.
[215] Berry, 1997, p. 88 (citing Feigelman & Silverman, 1984 and Barth & Berry, 1988).
[216] Berry, 1997, p. 88 (citing Barth & Berry, 1988).

[217] McRoy, 1999, p. 71.
[218] Erich & Leung, 1998, pp. 147-48.
[219] McRoy, 1999, p. 154.
[220] McRoy, 1999, p. 161.
[221] Berry, 1997, p. 83 (citing Barth & Berry, 1988 and Groze, 1986); Rosenthal, Schmidt and Conner, 1988, p.107; Barth & Miller, 2000, p. 449 (citing Berry & Barth, 1990, Groze, 1986, Urban Systems Research and Engineering, 1985).
[222] Barth & Miller, 2000, p. 449 (citing Partridge et al., 1986).
[223] Berry and Barth, 1990, p. 214.
[224] Rosenthal, Schmidt and Conner, 1988, p.107; Berry, 1997, p.83.
[225] Barth & Berry, 1988, pp. 112-113, citing Nelson, 1985.
[226] McRoy, 1999, p.137; Valdez & McNamara, 1994, p. 395; Berry, 1997, pp. 92-93 (citing Barth & Berry, 1988 and Nelson, 1985).
[227] McRoy, 1999, p. 128.
[228] Berry, 1997, p. 92.
[229] Festinger, 1986, pp. 26-27.
[230] Berry, 1997, p. 93.
[231] Valentine, et al 1988, p. 140.
[232] McRoy, 1999, pp. 137-138 (citing Valdez & McNamara, 1994).
[233] Ruth McRoy interview, January 2002.
[234] Rosenthal, 1993, p. 81.
[235] Berry, 1997, pp. 90-91 (citing McInturf, 1986, Belkin, 1988, Barth & Berry, 1988, Nelson, 1985, Bass, 1975, USRE, 1985 and Pardeck, 1983).
[236] Berry, 1997, p. 95, citing Meezan and Shireman, 1985.
[237] Berry, 1997, p. 91 (citing Barth & Berry, 1988); Schmidt et al., 1988, pp. 126-127; Valentine et al., 1988, pp. 140-141.
[238] Berry, p. 91 (citing Barth & Berry, 1988); Festinger, 1986, p. 32.
[239] Berry, 1997, p. 91 (citing Barth & Berry, 1988).
[240] Festinger, 1986, p. 32.
[241] Howard & Smith, 2001, p.10.
[242] Barth & Berry, 1988, p. 108.
[243] Smith & Howard, 1991, p. 262.
[244] Schmidt et al, 1988, p. 126.
[245] Schmidt et al, 1988, p. 126-127.
[246] Valentine et al., 1988, p. 140-141.
[247] Valentine et al., 1988, p. 150.
[248] Valentine et al., 1988, p.150.
[249] Rosenthal et al, 1988, pp. 110-111.
[250] Festinger, 1986, p. 40.
[251] Rosenthal et al, 1988, p.116.
[252] Berry, 1997, p. 88 (citing Festinger, 1986, Partridge et al., 1986); Barth & Miller, 2000, p. 449 (citing Ward, 1997); Rosenthal et al., 1988, p. 113.
[253] Festinger, 1986, p. 37.
[254] McRoy, 1999, p. 62.
[255] Rosenthal et. al, 1988, p. 113.
[256] Rosenthal et al, 1988 p. 113.
[257] McDonald et al., 2001, p. 85; Howard & Smith, 2001, p. 54.
[258] Smith & Howard, 1991, p. 259.
[259] Coyne & Brown, 1979, pp. 47-48.
[260] Berry, 1997, pp. 94-95.
[261] Berry, 1997, pp. 85-87; McRoy, 1999, p. 93 (citing Gardiner, 1987 and Mica & Vosler, 1990).
[262] Barth interview, 2002.
[263] Berry, 1997, pp. 90, 95 (citing Partridge et al, 1986); Howard & Smith, 2001, pp. 51-53; Smith & Howard, 1991, pp. 258, 261-262.
[264] Howard & Smith, 2001, p. 72, 20.
[265] Festinger, 2001, p. 32; Festinger, 2002, p. 529.
[266] Goerge et al, 1995, p. 3.
[267] Goerge et al, 1995, p.3.