

# BEST PRACTICES: FAILED ADOPTION

What to do when adoptions disrupt or dissolve?

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# INCREASING ADOPTION SUCCESS

How do we achieve permanence for kids in child welfare?

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# Rates and Risk Factors of Failed Adoption

## Rates

- 11%-35% of adoptions fail
  - 10-25% before legalization (disruption)
  - 1-10% after legalization (dissolution)

## Risk Factors

- Child Factors
- Adoptive Family Factors
- Agency Factors

# Child Factors

- Age of child (older child = higher risk of disruption)
- Emotional and behavioral issues or physical disabilities
- Strong attachment to birth mother
- Complicated contact with birth families
- Histories of sexual or emotional abuse
- Histories of lack of supervision/environmental neglect
- 2-3 siblings placed together = higher risk of disruption
- 4+ siblings placed together = lower risk of disruption
- Longer time spent in out-of-home care = less risk of disruption
- If in residential or group home during out-of-home care = less chance of disruption
- White children lower disruption rates than African-American children

# Adoptive Family Factors

- Being new or matched parents rather than the child's foster parent or relative placement
  - Relative placement = lower risk of disruption
- Lacking social support, particularly from relatives
- Having unrealistic expectations of child
- Adoptive mother with more education
- Older aged parents realizing they lack energy, flexibility, physical ability to meet high level of needs
- Death of one adoptive parent

# Agency Factors



- ❑ Inadequate or insufficient information on the child and child's history
- ❑ Inadequate adoptive parental preparation, training, and support
- ❑ Staff Discontinuities (i.e. different workers responsible for preparing the child and family)
- ❑ Having multiple caseworkers involved with the case
- ❑ Not providing sufficient services post-adoption

# A Judge's role in increasing adoption success: (or when adoptions fail)



- Know the risk factors
- Ask the right questions
- Gather the information needed
- Decide the best next steps
- Advise the Child Welfare agency

# Best Practices



## **(1) Know your population**

- (2) Recognize the high level of services needed (particularly mental health services)
- (3) Focus on the child's best interests
- (4) Focus on the adoptive family's best interests
- (5) Engage caregivers/providers who have active relationships with the child without judgment or bias
- (6) Recognize possible relational/legal outcomes
- (7) Focus on the needs of the re-adoptive family, if necessary

# Know the Population



- Foster children are very different children to parent
- They have unique needs and require unique parenting skills.
- Adoption failure compounds these children's needs.

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# Recognize the High Level of Services Needed

- Adoptive families often state the main barriers to success:
  - ▣ (a) Lack of information about where to go for services
  - ▣ (b) Cost of services
- Services often needed include assessment, intensive therapeutic services, support groups for children and parents, 24-hour crisis intervention, case management and advocacy services, and limited cash assistance, among others.

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# Focus on the Child's Best Interests



- **HEALTHY RELATIONSHIPS ARE GOOD FOR KIDS!**  
THE MORE LONG-TERM HEALTHY RELATIONSHIPS  
IN A CHILD'S LIFE, THE BETTER
- Relationships are a process
- Starting and stopping relationships/visits/contacts/therapists/etc. are significant for the child's experience and need careful planning, transitioning, and processing.

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# Focus on the Adoptive Family's Best Interests

- Adoption of high needs kids does not lead to a typical family.
- Prepare families for hard, demanding, and draining relationships.
- Pre-define “success”
  - Help families predict future bumps in the road
  - Give access to supports at times of bumps
  - Teach how/when/where to ask for help
  - Encourage reliance on the child's active providers
  - Encourage reliance on family service providers

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# Engage Caregivers/Providers who have Active Relationships with the Child

- See past the initial refusal of adoptive parents and engage the parents in the process.
- Connect families with professionals to determine their true maximum capacity, establish if reached capacity or if additional support or resources can open more room.
- If tapped, professionals can help family reach decision, begin grieving, address self-blame.
- If adoption fails, family can embrace “letting go” of child rather than “casting out” of child.
- Kids do better when those they know support them.

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# Recognize Possible Legal Outcomes



- (a) Adoptive family dissolves rights, stays involved with child with State support, supports alternative placement for child or has child return to adoptive home
- (b) Adoptive family informally places child with family member without legal transfer in custody
- (c) Adoptive family finds another family willing to adopt child (family-to-family adoption)
- (d) Adoptive family seeks relinquishment and re-adoption through private adoption agency

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# Focus on the Re-Adoptive Family's Needs

- Address Risk Factors
- Take previous child and family needs and multiply them significantly
- Provide more services to address needs
- **GOAL:**
  - ▣ Keep new environment feeling as safe and stable as possible for child.
  - ▣ Keep child connected with significant HEALTHY relationships.

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# Assumptions:



- Foster kids are just kids
- Adoptive families are typical families
- Adoptive families can and should function like other families in society
- If adoption is not working, someone is to blame: kid or parent

# References/Links

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- Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care, North American Council on Adoptable Children, 3 (July 2007), <http://www.nacac.org/adoptalk/postadoptpaper.pdf>.

# Factors for Toby

## What's in the vignette?

- High level of services needed: academic, behavioral, relational
- Introduction of a new baby: most professionals could identify the predictable negative response and increased stress for family as time to seek preparatory and ongoing family supports.
- Family feels afraid for their physical safety and the safety of the new baby.
- Sense that Toby's aggressive behaviors are purposeful/intentional (sign of higher chance of dissolution).
- Adoptive mother reaching her breaking point = unable to consider trying another strategy or intervention. Is Toby's mother at this point?
- Increased intensity, pervasiveness, entrenchment within family dynamics (these dynamics exist in many typical families with less intensity).

# Factors for Toby

## What's not in the vignette?

- Services accessed or attempted by family
- The family's view of child = over-pathologized, unable to improve, connected to negative label or diagnosis (appropriate or not) – lack of education/support/information/professional support
- Status of marital relationship = issues around adoptive child/difficulty parenting often leads to separation/divorce and further decreases resources and support (often family has concerns regarding survival of marriage)
- Dynamic between Toby and parents = often see rigid power struggles/oppositional roles from both parties

# Questions You Might Ask

- How do we preserve the resiliency of adopted kids?
- How do we put more preventative services in place and fund them?
- How do we support kids in having long-term relationships?
- How do we keep adoptive families connected to appropriate services and supported by trained professionals?
- How often does the biological family have continued access to a child post-adoption?
  - ▣ Training for relative/adoptive families should address establishing safe boundaries and relationships between the child and the birth parents, contact can be positive, particularly if boundaries are clear and healthy.