

Foster Care and Adoption

GLOSSARY

Direct-consent adoption

The instance in which birth parents identify, before the birth, the person(s) to whom they will release the child for adoption.

Foster care

Temporary full-time care of children by person(s) other than their parents.

Michigan Adoption Resource Exchange (M.A.R.E.)

An organization that tracks adoption-eligible permanent court and state wards with special needs, produces a monthly photo book and maintains a Web site featuring children in state care who are awaiting adoption, and recruits families for children with special needs.

Open adoption

The instance in which the biological and adoptive parents know one another and may maintain some form of contact after the adoption.

Relative care/adoption

The care or adoption of a child by an adult who, by marriage, blood, or adoption, is the child's relative (e.g., grandparent, sibling, step sibling, uncle, aunt); also called kinship care/adoption).

Special-needs children

Children who have physical, emotional, or mental impairments often resulting from abuse or neglect.

Voluntary-release adoption

The instance in which a child's birth parents release the child to a private adoption agency, and s/he is adopted from the agency.

BACKGROUND

Foster Care

When children must be removed from their own home, the state may place them temporarily in family foster care. Foster care can be necessary for various reasons, such as when a child's family is unable or unwilling to provide minimum care and supervision, when there are safety concerns attributable to abuse or neglect, or when parental rights are terminated.

During the 1960s, growing awareness of child abuse/neglect led to (1) public financial support for children in foster care and (2) mandates that various professionals who have contact with children (e.g., doctors, teachers) must report suspicions of abuse/neglect to the authorities. The latter led to increased knowledge of instances of abuse/neglect and resulted in more children being placed in foster care. Nationwide, the most recent data say that on September 30, 1999,

- 568,000 children were in foster care,
- 118,000 children awaited adoption,
- 171,000 victims of child maltreatment had been placed in foster care during the previous year, and
- 1,100 children died as a result of maltreatment (22 in foster care).

In the 1980s state policy—through federal funding incentives and legislation enacted to comply with federal requirements—was to make a “reasonable effort” to keep children with their families, avoiding the necessity of foster placement when possible and shortening the length of stay when it was not. When children could not be safely returned to their family, states were encouraged (as they are now) to facilitate the children's adoption. For several years, family preservation and reunification took precedence over other child-welfare concerns, but this has changed in light of (1) too many instances of continued maltreatment and even death among children returned to their family and (2) harm done to children languishing in the foster-care system, which frequently involves a child being in a number of foster-care placements.

In Michigan, the landmark report of the Children's Commission (Binsfeld Commission, 1995) and the annual reports of the state Office of Children's Ombudsman scrutinized the workings of the Michigan child-welfare system and proposed changes that led to a considerable body of legislation making the safety and best interests of children (often preservation of the family unit) the primary goals of the system. Among the changes that affect foster care are reforms that

- allow the state to more rapidly sever parental rights in egregious cases of sexual and psychological child abuse and make these children available for adoption as quickly as possible;
- waive some foster-home licensing requirements, to enable sibling groups to be placed together;
- give parents of abused children priority for substance abuse treatment;

FOSTER CARE AND ADOPTION

- revise the duties of the foster-care review boards, requiring them to examine the history of children in foster care in each county, monitor progress made toward fulfilling their *permanency* plans (a plan, prepared by the state Family Independence Agency [FIA] caseworker when a child is placed in foster care, to achieve permanent placement for the child), and hear appeals of proposed placement changes;
- require an attorney to be available to act on behalf of a child who is the subject of a child-protection or guardianship proceeding;
- require that foster parents be given prior notice of proposed placement changes (unless the child is endangered), provide for review-board investigation of proposed changes, with a court hearing if necessary, and require foster parents to be given all pertinent reports;
- provide foster parents with medical and education records on children in their care; and
- furnish each child in the welfare system with a portable “medical passport” to facilitate ongoing care.

In 1998 the FIA began intensive caseworker education that includes specific training on foster care, kinship care, and adoption. More recently, the FIA and the State Court Administrative Office have jointly sponsored similar training for judges, attorneys, court personnel, and additional FIA staff.

Since 2000 the family court must conduct a permanency planning hearing within one year after the FIA first files a petition to terminate parental rights; if the parent is found to have abused the child, parental rights may be terminated immediately and the hearing must occur within 28 days after the petition. The court must then review the progress of the child towards permanency every 90 days.

In 2000 about 19,500 Michigan children were in 8,201 licensed foster-care homes and 3,422 kinship homes. Foster parents receive a basic-care allowance of \$14 a day for children aged birth–12 and \$17.30 for older children; additional funds are paid for medically fragile children. To date, the recent budget cutting does not affect funds for foster care or adoption.

The 2000 FIA Supervising Agency “report card” on the FIA and private child-placing agencies finds that the average length of time from termination of parental rights to adoption is about 13 months for children aged under 14 and about 24 months for older children. About 46 percent of children in foster care have had more than one caseworker, and 5 percent have had four or more.

Among the several nonprofit organizations concerned with foster-care issues are the three large groups listed here.

- The Michigan Foster and Adoptive Family Association promotes communication, cooperation, and coordination among people involved with the child-welfare system. A major focus is on recruiting, retaining, and educating foster and adoptive families. The association works closely with the FIA to find homes for special-needs children.
- The Michigan Federation of Private Child and Family Agencies is a statewide organization of nonprofit, private, charitable agencies that serve children, youth, and families through foster care, residential care, adoption, and other services. The federation advocates for policies and legislation that protect children and strengthen families.
- The Child Welfare League of America, a national organization of 1,100 public and private nonprofit agencies, develops and promotes federal programs and policies to protect children, especially those who are abused/neglected, and strengthen families.

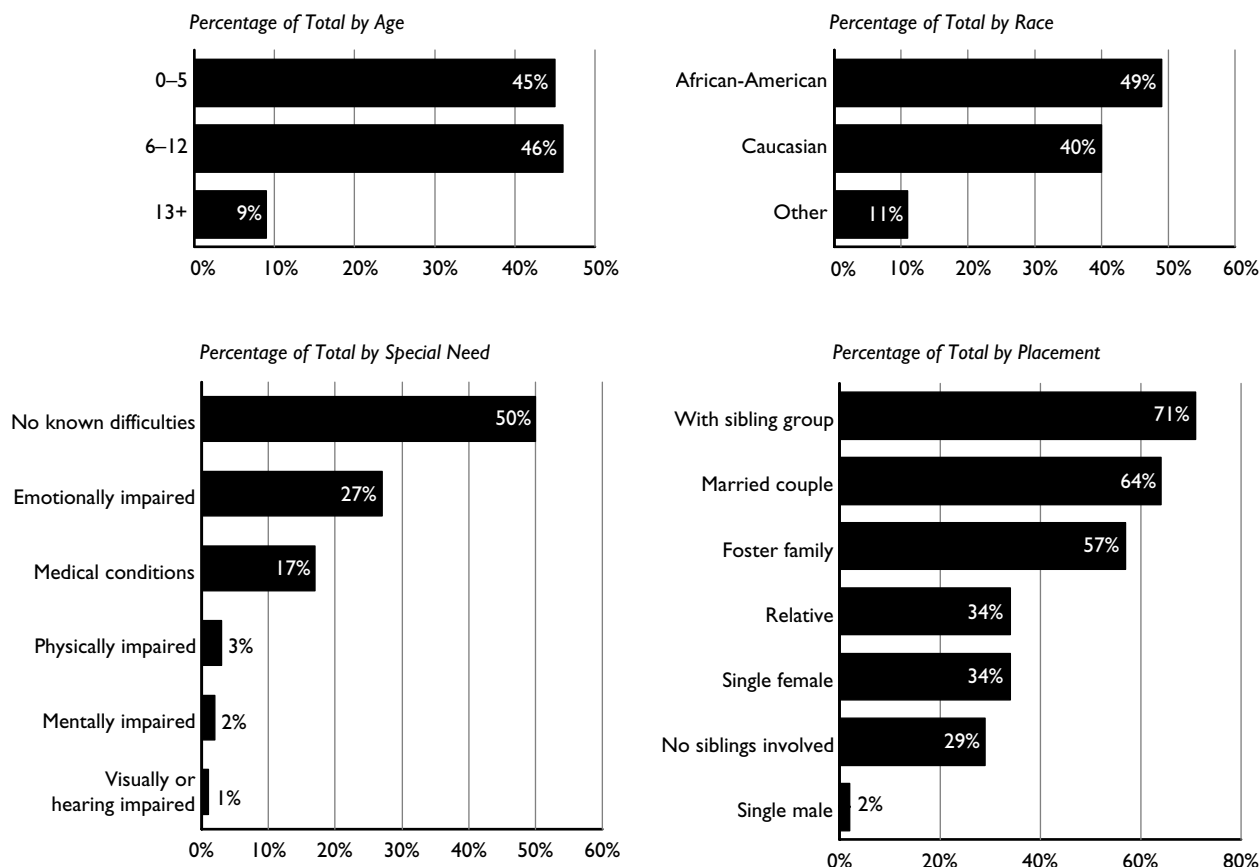
Adoption

The various kinds of adoption are defined in the glossary. In 1999, 36,000 children were adopted nationwide—64 percent by their foster parents, 15 percent by relatives, and 21 percent by nonrelatives—and 10,000 more were waiting.

The number of Michigan adoptions climbed appreciably after (1) passage of the federal Adoption and Safe Families Act in 1997, which provides funding incentives to states for increasing adoptions; (2) further federal legislation that prohibits delaying or denying foster or adoptive placement on the basis of the child’s or foster/adoptive parent’s race or ethnicity; and (3) the passage in Michigan of the “Binsfeld legislation,” which, among other measures, makes it easier than before to terminate parental rights and begin the adoption process. From 1997 to 1999, Michigan adoptions rose by 18 percent, or nearly 330 children (due in part to enabling foster parents to adopt more quickly than before and also to increased publicity about available children); this qualified the FIA for nearly \$1 million in federal awards, more than half of which the FIA passed on to adoption agencies for post-adoptive services.

In Michigan in fiscal year 2000–01, more than 2,900 adoptions were finalized, of which more than half were placed by private agencies. Exhibit 1 presents the statistical breakdown of these 2,900 children.

EXHIBIT I. Characteristics of Michigan Adoptions, FY 2000–01 (2,900 total)



SOURCE: Family Independence Agency, AFCARS Adoption Reporting System.

In its March 2002 monthly issue, the Michigan Adoption Resource Exchange, which promotes the adoption of state wards with physical, mental, or emotional problems, lists 427 children available for adoption. Exhibit 2 presents the statistical breakdown of these children.

Michigan, which allows an income tax credit for adoption expenses, is among the leaders in placing special-needs children in permanent homes.

Michigan law permits certain information to be released to and about an adopted adult (that is, an adopted child who has reached adulthood).

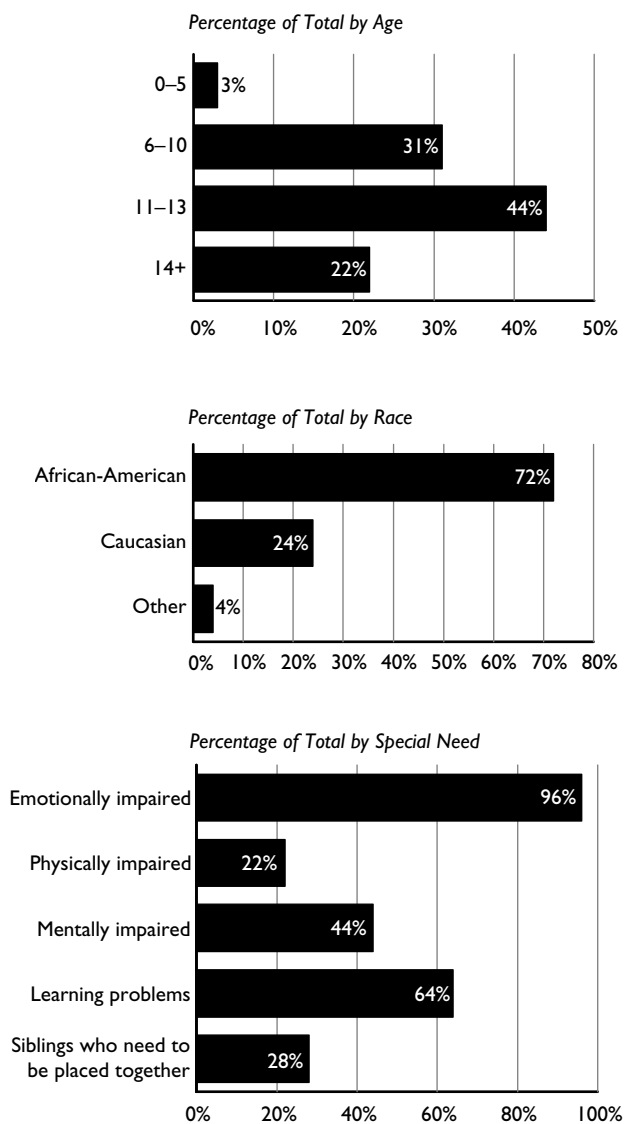
- An adopted adult, his/her direct descendants (if s/he is deceased), an adoptive parent, a birth parent, or a birth sibling may obtain *nonidentifying* information, such as medical history, about an adoptee’s birth parent(s).

- An adopted adult may receive *identifying* information on his/her birth parents and siblings through the FIA’s Central Adoption Registry, if the parties have filed statements of consent.
- Birth parents and siblings may receive an adopted adult’s *identifying* information if s/he provides written consent through both the agency and court that completed the adoption.

DISCUSSION

With the shift to measuring child welfare by the yardstick of safety, permanency, and well-being for the child, all decisions concerning placement in foster care or adoption are guided by the best interest of the child. This emphasis exacerbates an already severe shortage of foster families. Of particular difficulty is placing special-needs children, minorities, older children, and sibling groups of two or more.

EXHIBIT 2. Characteristics of Michigan Special-Needs Children Available for Adoption, March 2002 (427 total)



SOURCE: Michigan Adoption Resource Exchange.

The foster-home shortage is aggravated by the proliferation of two-income families, the mounting number of single-parent homes, a rise in substance abuse, the aging of current foster parents, and the many foster parents who adopt their charges (60–70 percent) and drop out of the foster-care network.

Eighty percent of foster-home placement changes occur at the request of the foster parents, who cite the fatigue and complexity of caring for special-needs children, the

lack of adequate support and training for their role, financial reimbursement that does not always cover care, and the sometimes poor relationship between families and social workers. These placement changes mean that the children involved—frequently those who most need stability—are being shuttled from one placement to another.

Meeting the needs of foster parents and children is considered crucial to retaining capable foster parents and promoting placement permanency. Pending legislation (HB 5242) would establish foster- and adoptive-care resource centers. For foster parents, the centers would coordinate much-needed respite care for them, assist them in obtaining daycare for their charges, and help agencies to retain foster parents. Other measures pending would

- prohibit removal of a child from a relative’s home, unless the child is at risk of harm, while the relative is petitioning for custody (HB 4858);
- require the state to support several focus groups in which current and former foster children would provide firsthand input about the effect of foster-care policy on their lives (HB 5484); and
- require the FIA to provide the same level of financial and other support for relative care as for foster care (HB 5292).

For adoptive parents, the resource centers would address the need for more post-adoption support that was borne out by a 1999 statewide survey of 638 adoptive families involving 1,350 adopted children. Nearly one of four families report needing post-adoption services it did not receive, including counseling and support groups for parents, children, and adolescents, respite care, and such education support as tutoring. More than one-third of the families report facing a behavioral emergency (e.g., an arrest) with one or more of their adopted children and finding nowhere to go. Half of the families did use available post-adoption support and report that special education services are the most helpful, followed by support groups for parents and psychological counseling. In 2000, new federal and state funds addressed some of these needs.

Other measures pending relating to adoption would make it a misdemeanor to intentionally misidentify a man as a biological father in order to deceive in an adoption proceeding and prohibit consideration of age in prospective adoptive parents.

One area that concerns child-welfare advocates is the need for more spending for subsidies to parents of adopted special-needs children. The subsidy currently is \$14–33 a day, depending on the child’s age and need at adoption, and is

locked in—regardless of whether the child's problems diminish or worsen—until the child is aged 18. Because Michigan has been successful in securing adoptive homes for these children, subsidy spending has risen steadily, to \$161 million in 2001; the subsidy caseload was more than 20,400 at the end of 2001 and is expected to exceed 24,000 by 2003. Supporters of at least maintaining the subsidy, if not raising it, make two points: (1) A subsidy is necessary to achieve a permanent home for many children because of the expense of raising a special-needs child (60 percent of families who adopt a special-needs child have an annual income under \$40,000); and (2) many special-needs children are adopted by their foster parents, and if the adoption subsidy falls below or becomes more uncertain than the foster care subsidy, these families will opt not to adopt. Some suggest that part of the expense of raising the subsidy could be offset by lowering or terminating it for parents of children whose medical, physical, or emotional problems have diminished or disappeared before they reach 18.

Similarly, care by relatives is a desired option for children needing out-of-home placement, but only under certain conditions are kinship homes paid the same amount as licensed foster homes. Some relatives of modest means are willing to care for a child but unwilling to go through the process of becoming a licensed foster home, which involves numerous training hours, background checks, and sometimes housing alterations.

See also Children's Early Education and Care; Domestic Violence; Youth at Risk.

Research on this policy topic was made possible by a grant from The Skillman Foundation.

FOR ADDITIONAL INFORMATION

Child and Family Services Administration
Michigan Family Independence Agency
235 South Grand Avenue, 5th Floor
P.O. Box 30037
Lansing, MI 48909
(517) 335-6158
(517) 335-6177 FAX
www.michigan.gov/fia

Child Welfare League of America
440 First Street N.W., 3d Floor
Washington, DC 20001
(202) 638-2952
(202) 638-4004 FAX
www.cwla.org

Michigan Adoption Resource Exchange
330 West Michigan Avenue
P.O. Box 6128
Jackson, MI 49204
(800) 589-6273
(517) 783-6273
(517) 783-5904 FAX
www.mare.org

Michigan Federation of Private Child and Family Agencies
309 North Washington Square, Suite 011
Lansing, MI 48933
(517) 485-8552
(517) 485-6680 FAX
www.michfed.org

Michigan Foster and Adoptive Family Association
2450 Delhi Commerce Drive, Suite 10
Holt, MI 48842
(517) 694-1056
(517) 694-3092 FAX
www.mfapa.org