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THIS REPORT

Entitled, "Minority Adoptions," this study was conducted to assess current practices by adoption agencies to increase the rate of adoption by minority group families and to identify obstacles existing to such efforts.

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EXECUTIVE SUMMARY

PURPOSE

An inspection was initiated at the request of the Office of Human Development Services (OHDS) to assess current practices by adoption agencies aimed at increasing adoptions by minority group families and to identify existing obstacles to such efforts.

BACKGROUND

In response to Federal legislation (the Adoption Opportunities Act of 1978 and the Adoption Assistance and Child Welfare Act of 1980) and concern for the number of children waiting for adoption, OHDS launched an active campaign in the early 1980's to increase the adoption of special needs children who include minority, handicapped and/or older children, and sibling groups. Adoption was seen not only as specially beneficial to these children but also as less costly in general than foster care. This view was supported by available evidence presented in a 1984 Office of Inspector General inspection report and by recent OHDS figures projecting that adoptive placements rather than foster care placements would have saved Federal and State governments $74.7 million in maintenance costs for 1986 alone.

The OHDS campaign and the pioneering efforts of specialized minority and special needs agencies have demonstrated two things: (1) many special needs youngsters who were thought to be unadoptable, could be adopted; and (2) families from minority communities could be recruited for adoption by aggressive agencies. The OHDS, aware of concerns about obstacles to adoptions by minority families, requested this study.

METHODOLOGY

Site visits were made to five metropolitan centers in four States and the District of Columbia (D.C.). Discussions were held with public and private agency staff, minority applicants and adoptive families, community representatives, and State adoption agency officials. Minority families were primarily selected by agencies from their applicants who had successfully adopted or were waiting to adopt. Statistics on foster care and adoption for the last 5 years were requested. The OHDS requested that this study exclude middle-sized and smaller cities, and include only blacks and Hispanics as minorities. The five metropolitan centers contained an estimated 27 percent of the black and Hispanic foster children in the country and the five States (including D.C.) contained an estimated 40 percent of these children nationwide.
FINDINGS

1. *Most agencies serving substantial numbers of black and hispanic foster children have incorporated special techniques.*

These techniques for recruiting and matching minority families with waiting children were developed by OHDS demonstration grants and pioneering agencies. They include outreach to minority communities, media stories featuring individual children, flexible hours and policies, and employment of minority staff.

2. *Most minority families reported predominantly positive experiences in trying to adopt a child.*

Thirty-three out of 37 (89 percent) adoptive and waiting families reported they were satisfied or very satisfied with the last agency they went to. Most families, however, had complaints about their experiences with other agencies, some workers or with parts of the process.

3. *A mismatch exists between the types of children waiting and the preferences of waiting families.*

In agencies visited, the number of relatively older and handicapped minority children exceeded the number of young minority children under 4 years of age (by nearly three to one). The older and handicapped children exceeded the number of waiting minority families willing to consider them (by four and a half to one).

4. *Foster parents are a valuable resource for minority adoptions.*

Seven agencies reported from 40 percent to 80 percent of all adoptions were with foster parents. The average was 61 percent, which underlines the importance of foster parent resources for minority adoption efforts.

5. *Obstacles to minority adoptions were reported.*

Obstacles which deter some minority families from adopting include agency practices (e.g., preference for couples), traditional attitudes of some workers, and misconceptions and fears (e.g., a belief that "you have to be rich").

6. *There is a lack of systematic data.*

Lack of systematic data at national, State and local levels on foster children, waiting families and adoptive placements, is likely to deter effective planning and management of foster care and adoption programs, including minority adoption efforts.
7. Existing activities were noted as best practices.

Best practices noted include formal interagency coordinating mechanisms; personalized presentations of specific older and handicapped minority children to potential parents; use of adoptive parents, and celebrities who themselves were adopted, as role models; and practices encouraging and utilizing single parent and foster parent adoptions.

CONCLUSIONS

1. Adoption agencies are finding minority parents for many minority children waiting to be adopted, but not enough who are willing to adopt the many who are older and handicapped.

2. While there is agreement about many of the obstacles to recruiting and matching more minority families, there is a divergence of views on how to overcome these obstacles.

3. A number of positive developments have emerged: minority community organizations have helped to raise the level of public awareness of the problem; a Department of Health and Human Services Advisory Committee on Adoption and Foster Care Information has reported on how to strengthen national data systems; OHDS figures support the view that millions of government dollars could be saved if foster children were adopted; and the Interagency Task Force on Adoption, established by the President, has issued a report on what Federal, State and local actions are needed to overcome barriers to adoption.

COMMENTS ON DRAFT REPORT

Written comments were received from the Assistant Secretary for Human Development Services and the Assistant Secretary for Planning and Evaluation (ASPE). These comments are included in the Appendix. We have incorporated most of the comments in the final text of this report.
INTRODUCTION

PURPOSE

This inspection was initiated at the request of the Office of Human Development Services (OHDS). The request was based on OHDS’ concerns about the efficacy of agency efforts to recruit and match minority families with minority foster children waiting to be adopted. The purpose of the inspection was to assess current practices by adoption agencies aimed at increasing the rate of adoptions by minority group families and to identify existing obstacles to such efforts.

BACKGROUND

The last decade has seen a major change in the way that adoption agencies operate. Agencies now aim at helping to place foster children with adoptive families, often from minority communities, instead of helping childless white families to adopt.

Sparked by Federal legislation (the Adoption Opportunities Act of 1978 and the Adoption Assistance and Child Welfare Act of 1980) and concern for the number of children waiting for adoption, the OHDS launched an active campaign in the early 1980s to increase the adoption of special needs children who include minority, handicapped and/or older children, and sibling groups. This campaign and the pioneering efforts of specialized minority and special needs agencies have demonstrated two things: (1) that many special needs youngsters who were thought to be unadoptable, could be adopted; and (2) that families from minority communities could be recruited for formal adoption by aggressive agencies.

In reporting these advances, the Inspector General in a 1984 inspection report entitled Adoption Assistance noted that adoption was universally viewed as less costly than foster care. Available studies and data from 11 States strongly supported this view. Reported savings resulting from adoptions in the 11 States averaged 44 percent of foster care costs. Moreover, OHDS has projected that Federal and State maintenance costs for adoption would have been $38.3 million less in 1985 and $74.7 million less in 1986 than the actual costs of foster care in those years (See OHDS’ Child Welfare Research Notes #6, April 1984).

However, the OIG report also noted major obstacles to recruiting parents for special needs children, many of whom are minority children. Based on the finding that 56 percent of children listed on adoption exchanges were minority children (see Study of Adoption Exchanges by Westat., Inc. 1986), it can be estimated that $41.8 million could have been saved if all obstacles to adopting these minority children listed on exchanges could have been removed.
METHODOLOGY

Site visits were made to five metropolitan centers in four States and the District of Columbia (D.C.) which have large numbers of black and/or Hispanic foster children waiting to be adopted. These included Detroit, Washington, D.C., Los Angeles, Miami, and New York City (NYC). The OHDS requested that this study exclude middle-sized and smaller cities from the sample of sites and include only blacks and Hispanics as minorities. The five States (including D.C.) contained an estimated 40 percent and the five cities an estimated 27 percent of the black and Hispanic foster children in the country. This was not a comparative study of minority and non-minority experiences.

One or two private agencies in each city were selected from agencies which did not pioneer or specialize in minority adoptions. Eight private agencies and five public agencies were visited, for a total of 13 agencies. Three private agencies specializing in minority adoptions were also visited to broaden our understanding of the special techniques under study.

In each city, discussions were held with agency administrators, foster care and adoption workers, and minority applicants and adoptive families, both individually and in groups. Families were selected by agencies and included individuals who had successfully adopted or were waiting to adopt, but none who had dropped out or been rejected by the agency. Discussions were also held with representatives of community organizations in each city, and with officials of four State adoption agencies.

Thirty-nine individual families (applicants or adoptive parents), 43 agency workers, 22 local administrators, 14 Federal officials, 13 State officials and 11 community representatives were contacted. Of the 39 individual families, 77 percent were black and 23 percent Hispanic, 65 percent were married and 35 percent single, and their average age was 39 years. Sixty-nine percent of the 39 families had successfully adopted. This includes 13 percent who were waiting to adopt again. Thirty-one percent were waiting for their first adopted child.

Discussions were also held with four groups of adoptive parents and applicants, totaling another 42 individuals. One group included mostly individuals who had dropped out or had been rejected by an agency. All of the above discussions were held in person, except those with State officials and 20 families who were contacted by phone. A total of 184 respondents were contacted.
I. Most adoption agencies serving many minorities have incorporated special techniques.

Minority families who want to adopt are primarily served by urban public agencies, private agencies under purchase-of-service contracts with these public agencies and some private agencies which either specialize in or do many minority adoptions. These agencies often do not charge fees and, in particular the public agencies, generally serve the harder-to-place, older and more handicapped minority children, for whom subsidies are frequently available. Many other private agencies, however, serve primarily white children, often healthy infants, and generally charge fees. This study focused on 13 public and private agencies in large cities serving substantial proportion of black and, in some cases, Hispanic foster children. The percent of minority children ranged from 53 percent to 95 percent with an average of 67 percent.

Nearly all the agencies reported utilizing most of the special techniques, developed by OHDS demonstration grants and pioneering agencies, for recruiting and assisting minority applicants to adopt. In utilizing various combinations of these practices, however, agencies varied considerably in the frequency and intensity of their efforts such as:

- Publicizing agency activities in minority media, especially newspapers, as well as in the general media.
- Using the media to feature specific waiting minority children in newspaper columns or TV spots. "Children sell themselves," respondents reported.
- Sponsoring special activities designed to bring waiting children and potential adoptive families together, including adoption fairs, parties and festivals.
- Sending staff out to speak to minority organizations, especially black churches.
- Keeping flexible hours for applicants. About half said they were available on both evenings and weekends and the other half reported evening hours.
- Responding quickly, openly and sensitively to initial phone inquiries and to later questions. In agencies serving mostly minority children, minority applicants are typically seen more quickly and studied sooner than white applicants, who might be put on a waiting list or referred to another agency.
Providing some post placement and post adoption services to help families and children adjust and to prevent disruptions (during initial placements) and dissolutions (after finalization). Among the most common services were social worker counseling, referral for mental health counseling of parents and/or child, and adoption and foster parent support groups. Such peer groups provide critical support to many parents throughout the adoption process. Post placement services is an area ripe for the development and dissemination of models.

Most of the minority-oriented agencies have also incorporated special approaches to hiring and training of staff. In 6 of 12 (50 percent) minority-oriented agencies providing such data, the majority of staff was black and in a seventh the majority of staff was Hispanic. Several agencies, though, said they lacked enough black staff. This included one private agency which reported no black staff.

Seven of 11 (64 percent) responding agencies reported that most of their adoption staff had some formal training in minority adoption methods or cultural sensitivity. While most public agencies had specially trained staff, only half of the private agencies did.

II. Most minority families reported positive experiences in general, but had specific complaints.

_Eighty-nine percent of minority families expressed general satisfaction with their most recent agency experiences._

Families were asked how satisfied they were in general with the agency where they adopted or were trying to adopt. Thirty-three of 37 families (89 percent) asked said they were either very satisfied (51 percent) or satisfied (38 percent). Their favorable responses were based on the outcome and/or the process of trying to adopt. None of them had been turned away by their last agency.

Twenty-seven of the 39 (69 percent) families had successfully adopted. They were primarily satisfied because they had adopted the kind of child they wanted from the agency. Typical of comments from both public and private agency adoptive families were the following:

"I'm completely satisfied with the agency that gave me my baby. Our infant was given to us fast and we got what we wanted."

"I'm ecstatic. My daughter is 3 years above in school and my boy is a quick learner."
Both adoptive and waiting families attributed part of their satisfaction to the way some workers handled parts of the adoption process. This process starts with intake (usually on the telephone) and proceeds through orientation to home study to initial and final placement and then to post placement. Among aspects of the process these families liked best were the friendly, warm reception they received at intake and orientation. They liked the use by some agencies of adoptive parents as part of the orientation team. They also liked the ability of their worker to answer their questions and to keep them informed throughout the process. Some were pleased that it did not take many years to adopt like they thought it would. One waiting applicant summed up the reasons many of those still waiting were satisfied:

"So far it hasn't really been that long. She keeps calling me to tell me what's happening. I have no problems. I don't have to keep calling her to find out. She calls me and that's good."

However, three quarters of the families had complaints about their experiences with other workers or agencies.

Families in this study, reacting like respondents in many opinion surveys, gave a positive view of the subject in general and negative views of some specific aspects. Families were asked a number of questions which gave them an opportunity to voice dissatisfactions or complaints about their experiences. These included questions about what they did not like about how the agency treated them, whether they found any workers to be especially helpful, why they went to more than one agency (if they did), and whether they thought the home study should be done differently.

In response, 28 of 37 (76 percent) responding applicants cited one or more complaints about other workers or agencies. Most complaints about other workers centered on poor communication by workers such as not keeping in contact, withholding information or not making the applicant feel comfortable. About 20 percent of applicants said they had been made to feel uncomfortable at certain private agencies or by particular workers because of their race. While only 5 of the 39 (13 percent) applicants said they preferred a worker of the same race, 44 percent agreed that some workers have attitudes that are "too white middle class."

Nearly half of the minority applicants approached two or more agencies before selecting one. Their experiences with other agencies were often negative. Seven (18 percent) of 38 families were so dissatisfied that they gave up on an agency or felt like giving up the idea of adopting altogether.

While all but one of the 39 families would recommend their last adoption agency to their friends, 18 or nearly half of them said they would advise friends to stay away from certain other agencies. Those with negative advice were two and a half times more likely to be critical of private agencies than of public agencies. Some of these private agencies served relatively few minority children, while others served more such children but had policies and/or staff seen as traditional. Common complaints about private agencies were that they charge fees.
and/or do not make the applicant feel welcome. The smaller number who complained about public agencies cited overworked staff or the unavailability of younger healthy children.

III. Children wait because families want younger, healthy children.

* A serious mismatch exists between the types of children waiting and the children preferred by families. *

Agencies were asked for data on the age, sex and handicapped status of foster children waiting to be adopted by families other than their foster parents, and on the characteristics of children such families were willing to consider. Data provided by 11 agencies at the time of our study (Summer, 1987) show that:

- Children waiting to be adopted by families other than their foster parents are likely to be over 3 years of age (71 percent), handicapped (59 percent) and males (59 percent).

- In dramatic contrast, families are likely to want infants or toddlers under 4 years old (52 percent) and healthy children (92 percent). These differences are shown in Table 1 below.

- The most startling mismatch involves handicapped children. There are five times as many physically or mentally handicapped children as there are families who will consider them. This mismatch occurs in eight of nine agencies with handicapped children. The degree of handicap was not specified.

Also, there are nearly twice as many children over 11 years old waiting than there are families waiting for this age group. The numbers of waiting children and waiting families varied widely because the agencies differed with respect to the size of their foster care population and the length of their list of waiting families, if any.
TABLE 1

Characteristics of Waiting Children and of Children Whom Waiting Families Will Consider*

<table>
<thead>
<tr>
<th>Waiting Children Are:</th>
<th>N</th>
<th>%</th>
<th>Families Will Consider Children Who Are:</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 3</td>
<td>45</td>
<td>29%</td>
<td></td>
<td>105</td>
<td>52%</td>
</tr>
<tr>
<td>4 - 11</td>
<td>78</td>
<td>50%</td>
<td></td>
<td>81</td>
<td>40%</td>
</tr>
<tr>
<td>12+</td>
<td>32</td>
<td>21%</td>
<td></td>
<td>17</td>
<td>8%</td>
</tr>
<tr>
<td>(155)</td>
<td></td>
<td></td>
<td>(203)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy</td>
<td>64</td>
<td>41%</td>
<td></td>
<td>186</td>
<td>92%</td>
</tr>
<tr>
<td>Handicapped</td>
<td>91</td>
<td>59%</td>
<td></td>
<td>17</td>
<td>8%</td>
</tr>
<tr>
<td>(155)</td>
<td></td>
<td></td>
<td>(203)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy</td>
<td>91</td>
<td>59%</td>
<td></td>
<td>24</td>
<td>12%</td>
</tr>
<tr>
<td>Girl</td>
<td>64</td>
<td>41%</td>
<td></td>
<td>43</td>
<td>21%</td>
</tr>
<tr>
<td>Either</td>
<td>155</td>
<td>--</td>
<td></td>
<td>136</td>
<td>67%</td>
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</table>

* Based on data provided by 11 agencies

The mismatch affects waiting time and recruitment policy.

The mismatch described above also has repercussions for how long different categories of children and of applicants have to wait for an adoptive placement. We found black children generally wait longer than whites from the time they are free for adoption to the time of their initial placement. How much longer depends on the child’s age and handicap. We asked agencies to estimate how long healthy infants and 10-year-old boys with emotional problems have to wait (on the average) to be adopted, once they are free for adoption. Table 2 below shows the average of estimates by 11 agencies for these two age groups by race and ethnicity. The estimates were based on agency experiences.

The average time a healthy white infant reportedly would have to wait was about 2 1/2 weeks; a healthy black infant would wait 3 months. For a 10-year-old boy with emotional problems, the average time the child would wait was about 10 months for whites and 20 months for blacks. The waiting time for Hispanic children was closer to that for the white children. At four of nine agencies the time for Hispanics would exceed the time for whites and at four others it would be the same as that for whites. Although the study did not systematically obtain data on sibling groups, it was suggested by some agency officials that, in the case of sibling groups, the wait could be longer for all categories in Table 2.
Many families interested in infants have to wait, since there are many more families waiting for children under 4 years than there are children in this age group. In our own sample, however, families who adopted children under 4 years only had to wait an average of 11 months, slightly less than the 13 month average wait by those adopting children 4 and older. Explanations for this unexpected finding include the possibilities that families selected by agencies for us to talk with included many who adopted relatively quickly, that waiting lists at these agencies were relatively short, or that some families who had adopted older children had originally waited for a younger child.

The waiting lists caused by the backlog of families waiting for infants and toddlers affects how actively agencies recruit more families. An agency administrator expressed the views of several others when she said:

"We don't do a lot of recruitment because we have a waiting list Advertising is good because it keeps names of agencies before the public; it's bad because it means longer waiting lists. It can be a 3 or 4 month wait before a home study is begun. We try to keep them involved during the wait, but it's hard. However, families wanting older children we get to right away."

**Approaches to finding enough families for the handicapped and older children.**

On the average, 6 out of every 10 minority waiting children at agencies visited are handicapped and only 1 out of every 10 families recruited is willing to consider a handicapped child. Similarly, 7 of 10 children are over 3 years and only 5 in 10 families are interested.

Agencies are using several approaches to finding more minority families for the handicapped and older children: (1) convincing more waiting minority families interested in healthy children to consider a handicapped child; (2) targeting recruitment efforts on reaching more
families willing to consider handicapped children; or (3) increasing generalized recruitment of minority families.

At the present time, many agencies use a combination of persuasion and targeting, in addition to foster parent adoptions. Persuasion has two drawbacks: some families complain about agencies pushing them too hard to take a handicapped child, and such stretching of a family’s tolerance sometimes results in a disrupted adoption. Targeting appears to have more advantages. By featuring in the media individual children whose handicaps are described, families willing to consider these particular handicaps are recruited. Even if they do not end up adopting the particular child, they are often brought into the agency’s pool of waiting families and may consider another handicapped child. Although some agencies occasionally increase general recruitment efforts as well, this runs the risk of producing longer waiting lists.

In discussing the backlog of minority children in foster care, some agency officials and families talked about the causative role of family breakdown among the socio-economically disadvantaged, many of whom are minority families, and problems in the foster care system which impede timely resolution of cases either through reunification with birth parents or early adoptive placement. Some respondents stressed long-term approaches to reducing the backlog of children waiting for adoption. Suggestions included increasing efforts to prevent breakdown in minority families and to achieve reunification of such children in foster care, improving socio-economic conditions of minority families and streamlining court procedures for terminating parental rights at an earlier age.

IV. Foster parents are a valuable resource for minority adoptions.

The encouragement of foster parent adoptions is especially valuable in placing minority children, including older and handicapped children for adoption. State laws generally give first preference to foster parents who wish to adopt after a given period of time in foster care has elapsed. Such preference was required in the four States we visited, but not in Washington, D.C. Many of these adoptions involve physically or emotionally handicapped children whom the foster parent has grown to know and love.

A high rate of foster parent adoptions has become the norm in recent years. With the advent of State adoption subsidies in the 1970’s and Federal subsidies in 1981, States began to reverse their policies against foster parent adoptions. One effect of these subsidies, if not the sole intent, was to make it financially possible for many foster parents to adopt. This effect is reinforced by the IV-E provision that subsidies can be given to adoptive parents who have "significant ties" to a IV-E eligible child, without first trying to find adoptive parents who require a subsidy. By 1984, the OIG found that 14 of 17 States had an estimated foster parent adoption rate of at least 50 percent for special needs children. In the present study, we found that, in the seven reporting agencies with minority foster parents, adoptions by foster parents averaged 61 percent, with a range from 40 to 80 percent. All agencies told us they encouraged foster parent adoptions.
Although reported rates for foster parent adoption continue to be high, just how high these rates really are depends on how foster parent adoptions are defined and on which adoptions are included in the base on which the rate is calculated. For example, some agencies' high rates may result from including in their foster parent count, adoptive parents who are temporarily classified as foster parents at the time of their initial adoptive placement. Some agencies may also include a large number of "at-risk" adoption cases (i.e., cases in which foster children are placed with families for adoption with the likelihood but not the assurance that the child will become free).

V. Obstacles to more minority adoptions were cited.

Three types of obstacles to minority adoptions were most often cited: agency practices, staff attitudes, and community misconceptions and fears. Other studies have reported that agency practices and staff attitudes, have been identified as obstacles to adoption by nonminority parents as well.

AGENCY PRACTICES - While not aimed at minorities, some agency practices may negatively affect minority applicants. For example, Census Bureau reports show that blacks and Hispanics are more likely than whites to be low-income, have crowded housing, and be single. Therefore, the policies of many agencies which may be reasonable in general, tend to be obstacles to some black and Hispanic applicants. These policies include the following:

**Charging Fees**
Many private agencies charge the applicant a fee for adopting, in addition to the usual legal fees. Fees were cited by respondents as a major obstacle to blacks because of their sensitivity to the negative historical association with buying and selling babies.

**Preference for Couples**
Nearly all agencies said they prefer couples over single parents, especially for infants. Although these agencies will often accept singles for older children, and even give such applicants preference if indicated by the needs of the child (e.g., a sexually-abused girl who could better relate to a single mother), some single applicants felt discriminated against; and others had heard that being single made it harder to adopt. One applicant complained:

"*Because I'm single, I feel uneasy and untrusting because they wouldn't give a child to me unless two-parent families pass him by. If they suggest a child to me, I wonder why? I should be able to get a normal child just like everyone else."*

While most applicants, both single and married, want healthy infants, 40 percent of the single applicants listed on the Black Registry in Detroit expressed willingness to consider a handicapped child compared to only 17 percent of married registrants. Also, 32 percent of singles were willing to consider a child 8 years and older compared to eight percent of married.
**Explanation of Subsidies**

Twenty-four (63 percent) of 38 applicants said that the availability of subsidies was not explained to them. Families from private agencies were much more likely than those from public agencies to say this. Although private agencies are less likely than public agencies to have children eligible for subsidies, some do. In fact, at least four of the eight private agencies provided subsidies to some families. Agencies must make a diligent effort to find a family who does not require a subsidy to adopt a special needs child eligible for a Federal subsidy under Title IV-E. However, a means test is not required for receiving a Federal subsidy or, in most cases, a State subsidy for a special needs child.

Since the availability of a subsidy is an important incentive to adopt, publicizing this minimally or not at all may result in losing an applicant or deterring others from applying. A few respondents reported that some foster parents were fearful of losing financial support for their child if they adopt. A few recommended higher subsidies.

**Policies Related to Income**

Agencies do not have minimum income requirements. However, the applicant must be able to manage within their means. While agencies reported no formal policies regarding the acceptability of AFDC recipients as adoptive parents, 4 out of 11 agencies visited did not accept applicants on AFDC. Placements with AFDC recipients varied from 2 percent to 25 percent of all placements at six agencies making such placements. One agency had no information on AFDC recipients.

The requirement that every member of the applicant's immediate family have a medical exam, while necessary, is a problem for low-income families without health insurance. This was perceived as a hardship when agencies or the State do not help defray the costs.

Providing sufficient living space for another child is reportedly difficult for families without the resources to expand their existing space or to move. According to agency administrators in New York City and Detroit, these problems are exacerbated in their cities where there are serious housing shortages.

**STAFF ATTITUDES** - Although most applicants found one or more adoption workers who were especially helpful, they also had experienced or heard about other workers who were not. Families reported specific kinds of attitudes on the part of adoption workers that can discourage minority applicants. These included attitudes that are considered insensitive, superior and rigid. One applicant said "The social worker was condescending. She was insensitive about infertility." Another observed that "Social workers are so used to dealing with a certain type of people, like lower-educated, that they talk down to all people and don't even know it."

Also mentioned were workers who were too persistent in trying to get families to take children they did not want. Some applicants felt that children with serious handicaps were being presented to them against their wishes. While most applicants said they were told everything
about the children, some felt they were not told enough. In one instance, the applicant said she had to ask whether or not the child had AIDS. There is increasing concern, on the part of applicants and staff alike, about the later effects of AIDS on those children who test positive for AIDS-related antibodies and about whether any health care costs would be covered by medical subsidies.

Some applicants said that some workers were insensitive to the feelings of minority applicants. A few applicants felt they were scrutinized more closely than whites. A specific complaint made by about 10 percent of families was that some workers are overly concerned about matching the skin color of a black child to that of the adopting parents.

COMMUNITY MISCONCEPTIONS AND FEARS - There was general agreement among most families and staff that black and Hispanic communities often do not know about formal adoptions. While such communities are aware of informal adoptions within the extended family, several respondents reported there is a stigma to agency adoption among some minority residents. One reason appears to be an aversion to the idea of paying money for babies. In describing obstacles to helping black families adopt, an adoptive mother pointed to a perception that some black people have about adoption: "Those that do adopt don’t tell anyone. They’re insecure."

Among the myths and fears which deter others from inquiring about adoptions are a number of mistaken beliefs. Many reportedly believe that adoption costs a lot and that one must have a "good" income and a "good" education, live in a "fancy" neighborhood, and cannot work if single. Some are said to believe that an adopted child must be kept even when the problems are too much to handle. This is a deterrent because of the fears expressed, even by some applicants, of taking on someone else’s problem and becoming economically and socially handicapped by adopting a handicapped child.

VI. There is a lack of systematic data.

For local, State and Federal agencies to plan and manage effective child care programs, including strategies for recruiting and matching families with waiting foster children, it is important to maintain accessible data files over time on characteristics of foster children, family applicants and adoptive placements. Such data are also necessary for measuring progress. There is, however, a lack of such data at all levels.

The National Adoption Exchange and various regional and State exchanges were found by some of the agencies visited to be useful in recruiting and matching families with waiting children. Historically, however, these exchanges were not designed to serve, nor do they serve planning and management purposes for national or State programs on foster care and adoption. The only national data system on foster care and adoption is voluntary. Known as the Voluntary Cooperative Information System (VCIS) and operated by the American Public Welfare Association with a grant from OHDS, the system is limited in several important ways: data
from one or more States is missing on virtually all data elements; the data elements are often defined differently by the States; and there are no data for counties and cities. There are 32 data elements plus additional sub-elements. They include such items as the race/ethnicity and age of children in substitute care free for adoption, and of those in non-finalized adoptive home placements.

When four State agencies (excluding D.C.) were asked to provide 1986 statewide statistics on foster children and adoptions, all four could provide data on only a few items such as the number of children in foster care and the number of finalized adoptions. The number of States that could give breakdowns by race and ethnicity varied from two to three depending on the item. Moreover, only one of the State agencies could provide any statistics on persons applying for adoption.

While 13 local agencies (including D.C.) provided some 1986 data elements requested, no more than eight agencies could provide data on most of the elements on foster children and adoption. Fewer than half could provide data on adoption applicants. Moreover, for each data element reported for children, at least several agencies could not provide racial and ethnic percentages. Also, the number of agencies able to provide data decreased for each proceeding year going back to 1982.

The OHDS has been aware of the lack of systematic data and has taken steps to address the problem. As far back as 1986, it founded the National Center for State Courts to develop a plan for a National Adoption Information System. As a result of the Omnibus Budget Reconciliation Act (OBRA) of 1986, an HHS Advisory Committee on Adoption and Foster Care, under the direction of OHDS' Administration for Children, Youth and Families, has recommended to the HHS Secretary ways to meet the need for national data on adoption and foster care. The Secretary is required to propose to Congress by July 1988 a mandatory national data collection system.

VII. Existing activities were noted as best practices

FORMAL INTERAGENCY COORDINATING MECHANISMS - These have the affect of increasing communication and cooperation among various public and private agencies and reducing competition. Examples include:

- interagency committees which meet regularly to share information about waiting children and families among public and private agencies in the area. Examples are KINSHIP in Detroit and the Adoption Committee in New York City; and
- the Black Family Registry is an innovative effort to involve agencies in Detroit in listing all black applicants on a central registry for use by all agencies.
PERSONALIZED PRESENTATIONS OF SPECIFIC CHILDREN TO POTENTIAL ADOPTIVE PARENTS - This practice is generally accepted as one of the more effective techniques of finding parents for minority children who are hard-to-place. Such presentations are made in the following ways:

- regular newspaper columns which often feature older minority children with physical or mental problems (e.g., "A child is waiting" column in the Sunday Detroit News, which includes children selected through interagency discussions at monthly KINSHIP meetings);

- photo-listings of children by State and regional adoption exchanges, appealing pictures by professional photographers hired by agencies, and videos of children for use on TV or at community meetings; and

- adoption parties, fairs, festivals, and other events to which potential parents are invited to meet and get to know individual children.

USE OF ADOPTIVE PARENTS AND CELEBRITIES WHO WERE ADOPTED, AS ROLE MODELS - Many agencies involve adoptive or foster parents as role models in the course of recruitment and training activities. Occasionally, agencies involve famous personalities who have been adopted, in recruitment efforts. An example is the Annual Adoption Fantasy Festival for Latino Kids and the Black Adoption Festival, both in Los Angeles. At recent festivals, Ricardo Montalban and Ben Vereen each participated as adopted persons.

ACTIONS TO SENSITIZE AND STRENGTHEN STAFF - Efforts to reach out to and attract minority applicants have been facilitated by agency actions to sensitize and strengthen staff. Specific actions have included hiring minority administrators and recruitment specialists, and providing special training in minority adoption methods and cultural sensitivity. Examples include the following:

- About half of the agencies visited have hired minority administrators for their adoption units. By going beyond the worker level, these private and/or public agencies in Detroit, District of Columbia and New York City have created an image of an agency concerned and committed to placing minority children.

- Most agencies assign adoption workers to multiple tasks including some recruiting. Because of the crisis nature of adoption work, recruitment often has to wait. Three public and one private agency have assigned one or two persons as recruitment specialists. They concentrate on recruitment and have reportedly strengthened agency efforts to bring in minority families.

- Three of the five public agencies reported that State training opportunities were utilized for training their staff in minority cultures and adoptions. The
other agencies with specialized training -- two public and two private -- used community groups or outside consultants. One in New York City was especially pleased with the multi-cultural training received by her staff from the local Association of Black Social Workers and the Committee for Hispanic Children and Families.

PUBLICIZING THE AVAILABILITY OF SUBSIDIES - One of the keys to increased minority and other special needs adoptions over the last 7 years has been the use of adoption subsidies and medical assistance funded by the Federal and State governments under the Title IV-E Adoption Assistance program and by State governments for children not eligible for IV-E. Several agencies appear to have consistently told applicants about the availability of such subsidies. Also, some adoption exchange photo-listings routinely indicate when a subsidy is available. Even if the particular child might not qualify for a subsidy or the family may not need one at that time, the information may be appropriate for a subsequent adoption or be helpful to another potential applicant.

ENCOURAGING AND UTILIZING SINGLE PARENT ADOPTIONS - Single parent families are increasingly recognized as a valuable resource for adoption agencies to utilize more extensively. While some agencies do not accept single parents and some are just beginning to get the word out that singles can adopt, others have been approving a substantial number of single parents (despite their general preference for couples) and publicizing their policy of accepting single applicants. Agencies in Los Angeles, Detroit, D.C. and New York report that anywhere from 19 to 50 percent of their adoptions were with single parent families. The public agency in the District of Columbia has recently established a support group for single adoptive parents.

ENCOURAGING FOSTER PARENT ADOPTIONS - The majority of adoptions at most agencies visited were with foster parents. The value of these parents as a resource was underlined in a recent study by Westat, Inc. (Adoption Services for Waiting Minority and Non-minority Children) which found that agencies which made better use of foster parents were more likely than agencies that did not, to be as successful in finding adoptive homes for minority as for non-minority children.

To facilitate the transition of families from foster care to adoption status, several agencies developed special mechanisms. One established an adoption resource team in which adoption workers provide technical assistance to foster care workers who reportedly tend to be more oriented to handling immediate crises than to long-range planning. At a second agency, foster care workers request consultation from an adoption worker if the foster parent is unsure whether to adopt. Another way of encouraging foster parent adoptions is advocating "fost-adopt" or "at-risk" adoptions by foster parents. Such placements are made with the understanding that termination of the child’s parental rights is very likely but not assured.

LOCAL ADVOCACY GROUPS AS WATCHDOGS AND EDUCATORS - A unique role is played by various local groups advocating on behalf of families trying to adopt as well as
children waiting to be adopted. They counsel families who are unsure or discouraged, refer them to appropriate agencies and negotiate with local and State agencies for improvements in the system. They also help to educate the minority communities about adoptions. Examples of such groups are Room For One More, a project of the Ward African Methodist Episcopal Church in Los Angeles and the Council on Adoptable Children (COAC) in New York City. New York State is attempting to work cooperatively with COAC and statewide advocacy groups to utilize the inevitable tensions for creative purposes.
CONCLUSIONS

1. Adoption agencies have made substantial progress towards addressing the needs of minority children waiting to be adopted.
   - Available techniques are being used effectively to recruit minority families and to match them with younger, healthier foster children.
   - There has also been considerable progress in finding families for some of the minority foster children who are older and handicapped.

2. Agencies have not yet succeeded in recruiting enough minority families for the many waiting minority children who are older and handicapped.
   - Our data show that minority foster children have remained in foster care longer than white children. As a result, such children are likely to be disproportionately represented among the older, more handicapped foster children.
   - Black couples have reportedly adopted at a higher rate than comparable white couples (see Child Welfare Notes #3, Children’s Bureau, Department of Health and Human Services, 1984), but there are still not enough black families who are willing to take the older or handicapped black child.

3. While there was agreement among respondents about many of the obstacles to recruiting and matching more minority families, there was a divergence of views on how to overcome these obstacles.
   - It was generally agreed that some agency policies, the lack of sufficient minority and trained staff, and certain minority community attitudes create obstacles to finding parents willing to take an older or handicapped black child.
   - It was also agreed that socio-economic hardships disproportionately affect minority families and make it harder for them to keep their children out of foster care. These hardships also contribute to a higher proportion of female-headed households, AFDC mothers, and low-income families among minority communities.
   - There was also general consensus that agencies should intensify recruitment efforts targeted at minority families interested in specific older and handicapped children and expand support services for families during and
after the adoption process.

- There was no consensus, however, on how to recruit enough minority families to adopt the hardest-to-place waiting children. Some recommended reaching out more to the single family, the low-income family, and to some welfare families. Others recommended additional incentives to adopt, such as Federal tax deductions for adoption expenses, new financial or other rewards, or increased subsidies.

- Still others stressed longer term actions which give high priority to: preventing minority family breakdown and reunifying foster children with their birth families; expediting the flow of children through foster care with a streamlined court process for terminating parental rights at an earlier age; and/or improving the socio-economic conditions of minority families.

4. A number of positive developments have emerged:

- Major organizations in the minority community have helped to raise the level of awareness among public officials, the media and the public of the problems of waiting minority children.

- The administration and staff of many public and private agencies are committed to placing minority children.

- Under the management of OHDS' Administration for Children, Youth and Families, an HHS Advisory Committee on Adoption and Foster Care Information, mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1986, has submitted to the Secretary of HHS its recommendations on how to strengthen national data systems.

- Data developed by OHDS support the view that adoption is more cost effective than foster care and would save Federal and State governments millions of dollars.

- The Interagency Task Force on Adoption, established by the President, has issued a report on what Federal legislation and State and local actions are needed to overcome the barriers to adoption.
COMMENTS ON DRAFT REPORT

The complete comments on the draft report received from the Assistant Secretary for Human Development Services and the Assistant Secretary for Planning and Evaluation (ASPE) are attached.

Almost all the comments were found to be helpful and have been incorporated or otherwise addressed in the text of this report. One suggestion, however, was made that the cost to a potential adoptive family of getting medical exams for all family members should not be described as an obstacle to minority adoptions. In this instance, we did not change the finding since we simply reported what respondents perceived as obstacles.
TO: Richard P. Kusserow
   Inspector General

FROM: Assistant Secretary
       for Human Development Services

SUBJECT: The Inspector General’s Draft Report on Minority Adoptions

First, thank you for a job well done. Your draft report on minority adoptions provides substantive information and analysis that will enhance our efforts in this area in the future. We appreciate your help and hope that our comments on your draft report will be of some assistance as you prepare your final report.

In addition to various minor improvements (which we have indicated in the marked-up attached text), we have six larger concerns regarding the Office of the Inspector General (OIG) draft report.

First, in the fourth paragraph on page 1 of the Executive Summary, the report alludes to the "sensitive climate" that surrounds interracial adoptions and "provides the context" for the study. We believe that the true context for the study is the Adoption Opportunities Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, and especially the very active Office of Human Development Services (OHDS) campaign in the 1980s to increase adoptions of special needs children. In the absence of any data in the draft report on interracial adoptions, we suggest that this paragraph either be deleted or significantly revised.

Second, in the last paragraph on page iii and the last paragraph on page 17, the draft report refers to the President’s Task Force on Adoptions. This task force has already made its report and the two subject paragraphs should be revised to reflect this.

Third, the OIG finding on a lack of data on waiting families and children reported on pages iii, 12, and 13, makes no reference to or acknowledgement of the National Adoption Exchange, an OHDS-funded project to bring together families and waiting children who live in different geographical areas. Did the OIG inspection uncover any use by adoption agencies of local, State, or national adoption exchanges? In any case, we believe that the Voluntary Cooperative Information System (VCIS) is not a source of data for recruiting families or placing children and, thus, it is not clear why VCIS is discussed in this section of the report.
Regarding the more general OIG finding of a lack of systematic data on adoptions, we ask that the final report show that we are aware of this problem and that we are already moving to improve the situation. Our ongoing efforts in this area include:

- A 1986 grant to the National Center for State Courts to establish a National Adoption Information System that provides information on all adoptions;
- The Advisory Committee on Adoption and Foster Care Information has outlined the steps necessary to develop a national database on foster care and adoptions and thus has provided a framework for forthcoming regulations in this area; and
- OHDS has submitted a data collection form to OMB for clearance that would provide considerably greater information on children being supported by title IV-E funds under the Social Security Act.

Fourth, the demographic data presented in Table 1 on page 6 appears to be incomplete and therefore may be misleading. Our previous research indicates that a relatively high percentage of minority adoptions require placements with sibling groups, that sibling groups are more difficult to place than individuals, and that sibling groups may be an obstacle to minority adoptions. Did the OIG inspection find any data on the impact of sibling groups on minority adoptions?

Fifth, it is not clear whether the data on waiting times presented in Table 2 on page 7 includes children already adopted or only children waiting. A footnote clarifying the data base may be appropriate because children waiting are by definition harder to place and inclusion of children already adopted would probably shorten average waiting times.

Sixth, in the third paragraph on page 11, the OIG describes the usual medical exam requirement as an obstacle to minority adoptions. The Tax Reform Act of 1986 (Pub. L. 99-154) amended title IV-E of the Social Security Act to require States to reimburse parents for the nonrecurring expenses involved in adopting a special needs child. These medical exams may now be reimbursed by State agencies under this law. More to the point, this requirement may be an obstacle, but to describe it as such begs the question: if a family has no health insurance and no money for medical exams, then can they really afford to be adopting a child? We suggest that this requirement may be a valid criterion and should not be described as an obstacle to minority adoptions.
If you have any questions regarding our concerns or our editorial suggestions, please contact Terry Herron on 245-3109.

Sydney Olson
Sydney Olson

Attachment