



DECISION MAKING AND PLACEMENT SELECTION IN ADOPTION

- ◆ The Decision Making and Placement Selection Phase
 - ◆ Group Decision Making Model



Module: Decision Making and Placement Selection in Adoption

Trainer's Preparation

Module Contents and Training Process

This module will cover:

- Decision making and placement selection.
- Engaging children/youth and families in the decision making process.
- Using teams in placement selection

Preparing to Train

Before beginning this module, trainers should:

- Review and become totally comfortable with the content and delivery methods required for this module.
- Preview all DVD's, and become totally comfortable with setup and debriefing
- Assess the experience of participants, and structure Trainer's Points to meet their level of experience.
- Review Federal MEPA/IEP and Interstate Placement policies.
- Gather and review all State-specific materials including:
 - Family Profile/Home Study/Social History and Assessment formats. (Use the name given this document in your State/agency wherever you see "Family Profile/Home Study/Social History and Assessment" in this curriculum.)
 - Use the terminology of your State.
- Modify handouts to include State-specific policies and procedures for adoptive placement decisions.



- Determine the amount of time to allocate to each segment. The entire module is designed to be trained in 4 hours. This time can be shortened or lengthened based on the depth of coverage for the activities.

Required materials/equipment and room setup for this module:

- The basic materials needed for the training session irrespective of the modules to be trained are:
 - Trainer’s Guide
 - Participant’s Handbooks
 - Handouts
 - Pre-test and post test
 - Evaluation forms
 - Wall Screen/laptop and LCD projector
 - PowerPoint presentation
 - Easel and easel paper
 - DVD/TV monitor, DVD’s
 - Pens/pencils, markers, erasers
 - Extension cords
 - Name tents
 - Post-it pads/index cards
 - Parking Lot poster/easel paper labeled “Parking Lot”
 - Masking tape
 - Sign-in sheets
 - Paper clips
 - Paper or styrofoam cups
- An ideal size for a session is 20–25 participants. Round tables for five participants per table help to set the informal, interactive tone for the training. Additionally, since much of the curriculum involves Team Activities, this seating arrangement reduces the time required for participants to get into teams and be visible to one another as they complete activities. It is helpful for the trainers to move around the room while speaking and not stand behind a podium or table.

General Training Tips:

In addition, the following pointers are applicable to all trainings:

Before the training day

- Talk with co-trainers about how to train as a team. Set ground rules for working together, and delineate roles.
- Arrange for the training room and room setup.



- Arrange for the needed equipment and training supplies.
- Ensure that there are copies of the participant handouts—one for each participant.

Read and review the Trainer's Guide

- The **Introduction: Objectives, Competencies, and Content** for each module and provide specific preparation instructions for the module.

Review the content for each training session

- Trainers should use the white space in the **Trainer's Guide** for summary bullets that will keep them on track and ensure that the content is covered in the time allotted.
- Trainers may find it helpful to underscore or highlight concepts and key points to emphasize, adding personal comments and anecdotes as appropriate.
- Watch the DVD's.

Practice with the DVD equipment to be used

- **Prior to each session, test the equipment.** Check the monitor and laptop/LCD to be sure you know how to connect and operate the equipment. Ensure that electrical outlets and power cords are packaged along with 2 extension cords. Play portions of the actual DVD that will be used, to make sure it is good working order. If possible, walk around the training room to view and hear the DVD from several of the positions that the participants will occupy. Adjust the picture (color, contrast, brightness, etc.) and volume accordingly.
- After checking the DVD, be sure to reset it to the beginning or to cue it to the appropriate place.
- Immediately prior to the session, play the beginning of the DVD again to double check that it is the correct one. Be sure to reset.
- If you are using a PowerPoint Presentation, make sure you know how to work the laptop and LCD and that you have an appropriate screen or projection surface in the training room. Test to ensure that everything is in working order before the training starts.

During the training

- Validate participants responses by rephrasing, reinforcing or repeating later during training, by smiling, making eye contact, nodding, gesturing in a nonjudgmental way. **Never say, “Yes but . . .”**
- Take some risks in sharing information about your personal experiences and feelings. Model that it is all right to do this. Make the group more comfortable and willing to take risks. Keep the training experiences lively. Do not read the curriculum.
- Make clear transitions between segments of each session by bringing each segment to closure and introducing new segments by tying in concepts and ideas from previous materials. Use participants comments as transitions whenever possible.
- Be conscious of time. **Each subject need not be exhausted before you move on.** Move the group along without making participants feel rushed.
- Start and end each session on time. **Never keep participants for more than the time allotted for each module.**

After the training

- Send the pre-tests and post tests to Public Research and Evaluation Services (PRES).
- Review participant evaluations, note where you succeeded and where you did not do so well. Modify your future preparations and presentations based on this feed-back.
- Debrief with your co-trainer.
- Provide information to NRCA on areas/issues that need further research or refinement.



Agenda

Welcome and Overview

History of Matching/Placement Selection

Steps in the Decision-Making and Placement Selection Process in Adoption

Using the Child Profile/Study and Assessment and the Family Profile/Home Study/Social History and Assessment in the Decision-making Process

Team Activity: Reviewing the Child Adoption Assessment

Engaging Prospective Adoptive Families in Assessing Their Ability to Parent a Specific Child/Youth

Using Team Meetings

Engaging the Child/Youth in Selecting the Adoptive Family

DVD: Worker's Team Meeting

Who Should be Included in the Team Decision Meetings, Plus Their Roles and Responsibilities

Possible Adoptive Families for the Harris Children

The Williams Family is Selected

DVD: Family and Staff Decision Making

Team Activity: The Williams Family Adoption Profile/Study

Wrap Up and Post Test





Decision Making and Placement Selection in Adoption

Objectives:

- *Build skills for deciding whether a family is appropriate to adopt a specific child.*
- *Build skills for using teams in decision making.*
- *Build skills in engaging children and families in the decision-making process.*

Competencies: Participants will be able to:

- *Conduct decision making and select children and families successfully.*
- *Use a family group decision-making approach to resolve disputes about who should adopt.*

Content Outline

- Decision-making and placement selection.
- Steps in the decision-making and placement-selection process.
- Using team meetings in decision making.





Welcome and Overview

Trainer's Points

- Welcome the Decision Making and Placement Selection training. My name is . . . (*introduce self and give some background information*).
- Before we begin, let's take care of a few housekeeping details. The rest rooms are located . . .
- Please turn off all cell phones or put them on vibrate. Take emergency calls outside the training room so as not to disrupt others.
- Your questions will be answered when asked or deferred to a later point in the training. If deferred, they will be written in the Parking Lot posted on the wall here to ensure that they are answered. If, during the course of the training, you have a question that you do not choose to ask aloud, feel free to write it on a post-it note and place it in the Parking Lot. If the trainer or someone in the group cannot respond to a question, the trainer will try to obtain an answer by the end of the training day or will forward the answer to all attendees after the training.
- Each of you has a packet of Participant's Handouts. These Handouts contain information to be discussed today as well as additional information for your review after the training.
- This training is designed to engage you in the training process through the use of team activities, large group discussions and individual exercises.

Pre-Test

Trainer's Points

- The agency requires a pre- and post test.
- You will have 10 minutes to complete the test. We will collect them at your table.
- Thank you in advance for your cooperation.
- Pre-tests and post tests to be sent to Public Research and Evaluation Services (PRES), the national evaluator for the National Resource Center for Adoptions. PRES will compile and return the results to you and the designated State official.



Participant Introductions

(Select one of the options.)

Trainer's Points

- Now let's take time to get to know one another. *(Select one of the options.)*

Option 1: Walkabout

- ✓ Write the following questions on easel paper:
 - What strengths do you bring to this training?
 - What do you want to learn in this training?
 - What is the greatest challenge in placing children from the child welfare system with adoptive families?
- ✓ As participants arrive, ask each to walk about and answer the questions.
- ✓ After answering the questions, participants find a space and complete the nameplate/table tent.
- ✓ After the training, ask participants to share their names and places of employment.
- ✓ Review the answers to the Walkabout. Summarize and comment on the similarities and differences in the answers, how the strengths of the participants support the training and if the challenges will be addressed.

Option 2: Group Introductions

- Please share with us your responses to these four questions:
 - Who are you?
 - Where do you work?
 - What tasks do you perform?
 - What are your expectations for the training?
- I will write the expectations for the training on easel paper and post them. If there are expectations outside the scope of what we can accomplish today, I will tell you. We will check back during the course of the day to determine if we are meeting your expectations.





Option 3: Personal Introductions

- Find someone you don't know.
- You have 2 minutes to:
 - identify two things not apparent that you have in common besides your job or workplace.
 - identify an adoption success you had in the last year.
- ✓ Ask volunteers to share some commonalities and successes.
- ✓ Summarize responses.

Intro DVD

Trainer's Points

Trainers Note: If the Intro DVD has already been shown during previous trainings with the same training participants you have the option of deleting this segment.

- Next, we are going to look at a video that provides an introduction of the fictitious case study we will be using for the duration of this training. The video provides information on the Harris children and how they entered the child welfare system. We will be learning more about these children as well as the important adults in their lives throughout this training.

DVD Description

“The Day Everything Changes” (7:00 min.)

- In this brief vignette, we witness the events that led up to 15-year-old Isaiah and 9-year-old Michael Harris entering foster care. When Michael accidentally starts a kitchen fire while cooking, police authorities are unable to locate the boys' mother. After a visit to the hospital to treat Michael's burns, the boys are placed in two separate foster homes, despite their protests. The vignette introduces the boys' paternal grandmother, Ernestine Harris, their younger sister, Elizabeth Harris, and the Harris family's closest friends, “Auntie” Lorita Webster and her son Jesse.



- As you watch this intro DVD, jot down any information that you feel would be helpful to you in thinking about a forever family for these children.

Large Group Discussion

- ✓ Ask participants their reactions to the DVD.
- ✓ Ask participants what information they felt would be important when thinking about a forever family for these children write participants comments on easel paper. Summarize them and add additional issues if they have not been identified.
- ✓ Inform participants that throughout the training they will get the opportunity to see more of these children as well as hear from the important adults in their lives.

Transition

- ◆ Now let's discuss History of Matching and Placement Selection.



Decision Making and Placement Selection in Adoption

History of Matching and Placement Selection

Trainer's Points

- Adoption is both a legal process and a socio-emotional process. A permanent parent and child/youth relationship is formed by the legal transfer of parental rights from one set of parents to another individual or couple willing to assume those rights and responsibilities for the child/youth.
- The legal process varies from State to State. In general, it includes completing the Family Profile/Home Study/Social History and Assessment, the Child Profile/Study and Assessment with required supporting documents engaging the prospective adoptive parent and child/youth with visits, and processing the legal forms/petition for adoption.
- The socio-emotional aspect is complex! This requires assessment of child/youth and family strengths, challenges, needs, wants, and desires and selecting the family with the best potential to meet the child's needs and desires.
- Matching, the process of selecting parents for children and children for parents, has changed dramatically over the past century.
- Physical and religious similarities were considered the most critical "matching" criteria in the early 1900s and continued to be considered well into the 20th century. Consider the following statement from a 1919 manual for social workers:
 - "The laws of most States properly require that so far as it is practicable placements of children can be made in families of the same religious faith as that held by the children or their parents. It is also worthwhile to avoid mixing too diverse types of nationalities, as for instance, the very swarthy with the decidedly blond. There need be no question of superiority or inferiority raised in a rule to limit placements generally to similar personal, racial, or national types, or to approximations of them in their American descendants. No good can come from, and much harm may be done by, willful violation of customs and comity in the placement of children, even when the child welfare worker in doing so violates neither state laws nor his own conscience." (Slingerland, 1919, p. 125)





- “Until the 1970s, adoption primarily involved the placement of infants with married couples. During this era, adoption was shrouded in secrecy; and adoption professionals controlled virtually every aspect of the adoption process, including all decisions related to matching children and families. Social workers based matching decisions on real or perceived similarities between the child’s birth parents and the adoptive parents, with attention given primarily to perceived intelligence, religion, and physical characteristics such as, race, skin tone, height, and hair color. (Gerstenzang and Freundlich, 2006, p. 8)

- Adoption practice for children/youth from the child welfare system initially used many of the same criteria as used for infant adoptions. However, experience and research have taught us that those matching criteria were not the most appropriate ones for successful placement of those children/youth.

- There have been significant changes in who is adopting children from the child welfare system. A few decades ago, only heterosexual, married (primarily White) couples were considered “appropriate,” adoption applicants. Today, single women and single men are adopting children.

- Foster parents, previously not allowed to adopt any child/youth whom they fostered, are adopting large numbers of waiting children. Foster parents, in fact, are the largest group of adopters from the foster care system. They adopted 54% of all children/youth from foster care in FY 2009 (AFCARS, July 2010).

- Relatives are the second largest pool of adopters of children/youth from the child welfare system. They adopted 32% of all children/youth from foster care in FY 2009 (AFCARS, July 2010).

- In fact, Federal and State policies now give preference to relative and foster parent adoptions where possible to maintain the continuity of relationships for the child/youth. In these circumstances, the decision-making and placement selection process is carried out with a focus on identifying the potential placement issues now and in the future and reinforcing the child/youth and family preparation activities as well as completing the legal process.

- “Personal biases and value judgments easily can find their way into the decision-making process. It is essential that everyone involved in making decisions is aware of personal biases and understands how these biases might influence decisions. Without this awareness, value judgments and personal and professional interests and needs can significantly affect how professionals assess adoptive family applicants and waiting children.” (Gerstenzang and Freundlich, 2006, p. 12)

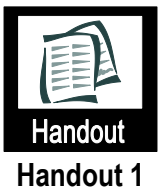




- Also when making placement decisions everyone involved must ensure that they are not delaying or denying placement with a prospective family based on race, color, or national origin or because there is no suitable family in the geographic area. (MEPA/IEAP)
- It is wise to check your decision making process often to ensure that your decisions are made professionally and are not the result of personal biases.



Individual Activity



- Turn to **Participant's Handout 1, *My Biases***.
- Take 15 minutes to write down your biases for the areas listed and how you might mitigate their impact on your decision making. Your responses will be for your eyes only, not to be shared with the group!
- Take this sheet out periodically and use it to guide your professional growth.

My Biases	
Area/Issue	Bias
Area/Issue	How I Will Mitigate Impact
1. Adoption of children with severe disabilities	
2. Adoption of adolescents	
3. Transracial adoptions	
4. Relative adoptions: maternal and paternal	
5. Foster parent adoptions	
6. Single parent adoptions	

My Biases		
Area/Issue	Bias	How I Will Mitigate Impact
7. Sibling group placements		
8. Adoption by families outside the geographic area where the child/youth now lives		
9. Team decision making in placement selection		
10. Native American children		
11. Faith-based recruitment		

Trainer's Points

- Throughout this module, we will use the term “placement selection” instead of “matching” in our discussion of the decision-making process.
- The most important criteria for placement selection are the adoptive family's understanding of and commitment to meeting the present and future safety, well-being and permanency needs of the child/youth and the child/youth's acceptance of this family as his or her “family.”*
- Placement selection is not a science, it is an art. State policies and procedures vary as to who must be considered and how to carry out the process.

Transition

- ◆ Are there any questions or comments so far?
- ◆ In this segment, we explored the history of the decision-making and placement selection process in adoption and your biases that might mitigate their impact on your decision making.



Steps in the Decision Making and Placement Selection in Adoption

Decision Making and Placement Selection

Trainer's Points

- The Child Profile/Study and Assessment and the Family Profiles/Home Studies/Social Histories and Assessments of prospective adoptive families are critical to the decision-making and placement selection process. A thorough Child Study Assessment makes clear the child/youth's wants, strengths, and needs while providing important information on which to base the consideration of prospective adoptive families. The Child Study and Assessment is an essential resource for prospective adoptive parents. A thorough Family Profile/Home Study/Social History and Assessment makes clear the prospective adoptive parents' wants, strengths, and challenges.
- With comprehensive assessments in hand, the caseworker begins the decision-making and placement-selection process. (Gerstenzang and Freundlich, 2006)
- Turn to **Participant's Handout 2, *Decision-Making and Placement-Selection Process***.
- This handout provides a sequential process for managing decision making and placement selection.
- These steps are relevant irrespective of whether the placement is with the current caregiver, a relative, or a recruited family. While you may have identified only one family for the child/youth, the steps of identifying the child/youth's wants and needs and assessing the families wants in a child/youth and their abilities to meet the child/youth's needs still remains important to the process. Clearly, introductory meetings and visitation would not be necessary if the child/youth is to be adopted by the current caregiver. In the case of relative placement, this phase may be necessary if the child/youth does not know, has not had recent contact with the relative, or has not resided with the relative and the relative does not know the child/youth, or has not had recent contact with the child/youth.
- Participant's Handout 3, *Placement Selection Criteria*** is a useful tool for Steps 2, 3 and 4 on **Handout 2**.
- Review Handout 2.
- Let's now begin the process with the Harris children.



Handout 2



Handout 3

Decision-Making and Placement-Selection Process

The decision-making and placement-selection process involves the following *steps*:

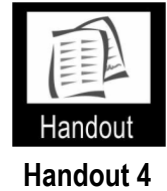
1. Review the child and the family studies and assessments for accuracy and completeness. Make sure that any information and assessment gaps are resolved before proceeding.
2. Identify the families that meet the child/youth's desires as to family characteristics; for example, two parent or one parent, other children or not, location, type of home, recreational activities, disciplinary styles, etc. Seek assistance from colleagues or use a team decision-making process. (*Handout 3, Placement Selection Criteria, is a useful tool for steps 2, 3 and 4.*)
3. Assess each family identified in Step 2 for ability to meet child/youth's safety, well-being, and permanency needs now and in the future. Seek assistance from colleagues or use a team decision-making process.
4. Select families that meet both the child/youth's wants and needs. Seek assistance from colleagues or use a team decision-making process.
5. Share information about the child/youth with potential adoptive families. Obtain their decisions about considering the child/youth.
6. Discuss potential families identified in Step 5 with the child/youth, and ask him/her to select families that he/she would like to meet. Make sure that the child/youth clearly understand his or her choices.
7. Arrange introductory meetings between the child/youth and his/her selected families, if necessary.
8. Facilitate continuing contacts, as appropriate, until child/youth and/or family makes a decision to continue or withdraw interest.
9. Make placement-selection decision with involvement of the child/youth, prospective adoptive families, and other team members.
10. Complete the required, legal procedures.
11. Make the placement. (*Note: The nature and duration of pre-placement and placement activities will vary depending on the previous/current relationship between the child/youth and prospective adoptive family.*)
12. Maintain regular contacts with both the child/youth and the adoptive parents after placement as required.

(Adapted from Spaulding for Children, the *Special Needs Adoption Curriculum* (1999), National Resource Center for Special Needs Adoption; and Gerstenzang, S. and Freundlich, M., *Finding a Fit that will Last a Lifetime: A Guide to Connecting Adoptive Families with Waiting Children*, (May 2006).

Placement Selection Criteria for _____ (name of child/youth)			
Child's Name	Family 1: _____ (name)	Family 2: _____ (name)	Family 3: _____ (name)
Desires/Wants in Adoption Family:	Desires/Wants in Child/Youth:	Desires/Wants in Child/Youth:	Desires/Wants in Child/Youth:
Like/Dislikes in Adoptive Family:	Like/Dislikes in Child/Youth:	Like/Dislikes in Child/Youth:	Like/Dislikes in Child/Youth:
Specific Needs in Adoptive Family:	Ability to Meet Child/Youth's Needs:	Ability to Meet Child/Youth's Needs:	Ability to Meet Child/Youth's Needs:

Team Activity: Reviewing the Child Adoption Assessment

- ✓ Break participants into three teams.
- ✓ Assign each team the Child Adoption Assessment of one of the Harris children.
- Turn to **Participant's Handout 4, *The Harris Children/Study and Assessment***. These assessments are intentionally incomplete to promote the learning process.
- Each team is to:
 - Review the assigned assessment for accuracy and completeness based on State policy requirements.
 - Determine whether the assessment of the child/youth's wants and needs in an adoptive family is based on the information gathered and presented.
 - Identify whether any gaps in information exist that must be resolved before proceeding to decision making about requirements for an appropriate family.
- You will have 45 minutes to complete this activity.



The Harris Children Study and Assessment
CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Isaiah Harris
Date of Birth March 9 (currently 15 years old)
Social Security Number 321.86.6458
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number 999
Worker Kate Woodbridge
FIA Case Number X0123456A
Recipient ID Number 234
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Williams

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259.69.4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr.

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329.85.1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

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Siblings

Name Michael and Elizabeth and Harris

Date of Birth August 28 (currently 10 years old) and September 17 (currently 6 years old)

Social Security Number 324.69.3589 and 321.86.6458

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Elizabeth Harris resides with paternal grandmother Ernestine Harris; and Michael is placed with Mr. and Mrs. Williams, Foster Parents.

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25/XX - Oct. 31	Mr. and Mrs. Jones	Emergency Foster
Oct. 31 - April 30	Christine Harris	Birth Mother
April 30 - May 17	Mr. and Mrs. Thompson	Foster Parents
May 17 - July 20	Mr. and Mrs. Butler	Foster Parents
July 20 - present	Mr. and Mrs. Williams	Foster Parents

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The foster parents have indicated an interest in adopting Isaiah and his brother, Michael, and their sister Elizabeth. Therefore, no recruitment is necessary.

Progress Toward Adoption

A petition for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six to eight months.

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**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Isaiah

Date/Time of Birth March 9 (currently 15 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Male

Is Ward a Member of or Eligible for Membership in a Tribe? () Yes (X) No

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services. Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take only Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again, after an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child. Isaiah and Michael were placed in foster care because the grandmother could not care for them.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption.

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BIRTH PARENTS' HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college. She acquired an associate's degree. It was at this time that she was diagnosed as bi-polar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, preparations for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problems. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family. She described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does acknowledge that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

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Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with Asperger's and another serving in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college. He was employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. The birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Isaiah was the first child for Christine Harris; the pregnancy and delivery were both normal. As a developing infant and toddler, Isaiah was consistently within an appropriate range for his age. There were no significant injuries or illnesses that impacted Isaiah. Because Isaiah is the oldest of his siblings, and due to the transient behavior of his birth parents, he many times serves as the primary caregiver for his siblings. Because Elizabeth no longer resides in the home, most of Isaiah's attention is devoted to supervising Michael. Isaiah has watched the decline of his mother and her struggle to cope with her disease; as a result, has increased his involvement providing for the family. The peak of his parental role began to occur when his father was sent to prison and Michael had to rely mainly on Isaiah.

About this same time, Isaiah had a few incidents with the police for shoplifting, truancy and fighting. Isaiah is on probation for shoplifting; a parole officer with whom he meets on a monthly basis monitors him.

PLACEMENT HISTORY

Birth Home:

Isaiah lived with his mother and younger brother in a small apartment. He was removed after a fire in the apartment.

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Placement One:

Isaiah was placed in a foster home with another boy, 13. Within three weeks, it became apparent that the boys could not get along. The foster parents indicated verbal and physical altercations, on a regular basis, between the two boys. They requested that Isaiah be moved to another placement. At this placement, it was also discovered that Isaiah has a propensity to go missing. After a fight with his foster brother, Isaiah returned to his old neighbor; leaving foster home without permission. Isaiah indicated that he was unhappy being kept apart from his siblings, especially his younger brother. He repeatedly requested having Michael, or himself, change placements so they could be together.

Placement Two:

Isaiah was placed in a teen foster home for two months. The foster parents asked for him to be removed after it was discovered that he was having a relationship with a foster sister in the home. The foster parents did not approve of the foster children dating each other and asked to have Isaiah removed. While in this foster home, when he felt threatened, Isaiah continued to run back to his old neighborhood to stay with a friend of the family.

Placement Three:

Isaiah was placed in a foster/adoptive home and shortly thereafter, his brother joined him. Initially he was compliant with the house rules; but his acting-out behavior has begun to escalate. Isaiah attempts to provoke his foster parents by name calling, plus acting out in front of friends and family. He does not give back emotionally to his foster parents. This behavior is new to the foster parents and can be tied to Isaiah feeling threatened because he has become comfortable in his placement.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING**Educational Functioning:**

Cognitively, Isaiah has tested at levels similar to his peers; but his grades do not reflect his ability. The school has identified Isaiah has having an attendance problem and has warned if he does not improve his grades, he will jeopardize his involvement on the JV high-school football team. Isaiah should be in the 10th grade, but his credits place him in the 9th grade.

Emotionally, Isaiah is sullen, withdrawn and angry. Because he has provoked teachers many times at school, he has acquired a lengthy disciplinary record. When he is interacting with his siblings in the foster home, it can be seen that Isaiah is a "parentified child." He takes a dominant role in caring for his siblings; this causes friction between Isaiah and his foster mother and foster father. Isaiah often tells his brother that he does not have to listen to the foster parents because they are not his real parents. Isaiah maintains control over his siblings, and they obey him.

Isaiah is unable to express his emotions. Occasionally, he does show his true feelings and emotions; but most often, he hides them from his foster families and caseworkers.

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Physical Functioning:

Isaiah is at an appropriate height and weight for his age. He has a slender, athletic build. He is an active child who participates on the JV football team. According to his most recent medical records, Isaiah has not had a chronic or serious medical conditions. He is up to date with his immunizations.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

Isaiah has a strong attachment to his birth family, mainly to his siblings. Additionally he has relied heavily on his mother's friend to be a source of support and a resource when he is in need.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Isaiah vociferously opposes adoption and believes that he would be better off providing for his siblings. He will discuss the option of independent living and would like to have a place of his own. His goal is to earn money in order to provide for his family.

INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Michael, age 10, is placed in a foster home with Isaiah. Their younger sister, Elizabeth, resides with their paternal grandmother.

BEST INTERESTS CRITERIA**SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS**

It would be useful for Isaiah to attend therapy sessions to help him deal with his grief and loss.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible.

PLACEMENT WITH RELATIVES

The only relative placement available is with the paternal grandmother. Addition to Elizabeth, the grandmother cares for a son who is 28 and has Asperger's. He is high-functioning and helps to provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as an uncle. Even with his help, the paternal grandmother feels overwhelmed raising a young child.

The grandmother suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

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MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is vital that Isaiah be allowed to maintain contact and a relationship with his birth family, including his siblings.

RELIGIOUS PREFERENCE

Isaiah was not raised with a specific religion and does not indicate a religious preference.

CHILD'S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Isaiah would like to be the provider for his siblings. He does not want to be adopted.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

Isaiah needs to be in a one- or two-parent home in which the family possibly could adopt his two siblings. Additionally, the adoptive family should be able to understand the dominant role that Isaiah plays in relation to his siblings. The family also needs to have an understanding of bipolar disorder because of the family history. Isaiah should be placed in a stable home that will provide him with the opportunity to create secure attachments to adults and will allow him to act in an age-appropriate manner.

Worker	Date
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Supervisor	Date
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County Supervisor	Date
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CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Michael Harris
Date of Birth August 28 (currently 10 years old)
Social Security Number 321.86.6458
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number 999
Worker Kate Woodbridge
FIA Case Number 39
Recipient ID Number
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Williams

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259-69-4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

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Siblings

Name Elizabeth and Isaiah Harris

Date of Birth September 17 (currently 6 years old) and March 9 (currently 15 years old)

Social Security Number 324.69.3589 and 321.86.6458

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Elizabeth Harris resides with paternal grandmother Ernestine Harris; and Isaiah is placed with Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mr. and Mrs. Jones	Emergency Foster
Oct. 31 - April 30	Christine Harris	Birth Mother
April 30 - Sept. 30	Mr. and Mrs. Hamilton	Foster Parents
Sept. 30 - present	Mr. and Mrs. Williams	Foster Parents

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The foster parents have indicated an interest in adopting Michael and his brother, Isaiah. Therefore, no recruitment is necessary.

Progress Toward Adoption

A petition for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six to eight months.

(continued on next page)

**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Michael

Date/Time of Birth August 28 (currently 10 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Male

Is Ward a Member of or Eligible for Membership in a Tribe? () Yes (X) No

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child. Michael and Isaiah were placed in foster care because the grandmother could not care for them.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Michael is legally free for adoption.

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BIRTH PARENTS' HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college. She acquired an associate's degree. It was at this time that she was diagnosed as bi-polar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the preparations for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problems. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family. She described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does acknowledge that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

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Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. According to the birth mother, the birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a prison sentence. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Isaiah was the first child for Christine Harris; the pregnancy and delivery were both normal. As a developing infant and toddler, Isaiah was consistently within an appropriate range for his age. There were no significant injuries or illnesses that impacted Isaiah. Because Isaiah is the oldest of his siblings, and due to the transient behavior of his birth parents, he many times serves as the primary caregiver for his siblings. Because Elizabeth no longer resides in the home, most of Isaiah's attention is devoted to supervising Michael. Isaiah has watched the decline of his mother and her struggle to cope with her disease; as a result, has increased his involvement providing for the family. The peak of his parental role began to occur when his father was sent to prison and Michael had to rely mainly on Isaiah.

At about this same time, Isaiah had a few incidents with the police for shoplifting, truancy and fighting. Isaiah is on probation for shoplifting; a parole officer with whom he meets on a monthly basis monitors him.

PLACEMENT HISTORY

Birth Home:

Michael lived with his mother, younger brother in a small apartment. He was removed after a fire in the apartment.

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Placement One:

Initially, Michael and his brother were placed in temporary foster care.

Placement Two:

The agency attempted to work with the birth mother by offering in-home services. The children remained in the care of the birth mother for six months.

Placement Three:

After the fire at the apartment, Michael was placed in a foster home with another boy. The foster mother described Michael as emotionally draining. She was unable to deal with his behavior; especially difficult for her was attempting to control his temper. Additionally, the foster family indicated that one of their close family members was diagnosed with a chronic illness. The foster family felt that they no longer would be able to devote the necessary attention to Michael; so they requested his removal.

Placement Four:

Michael was moved to a foster home with his brother Isaiah.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING**Emotional Functioning:**

Although he does express some feelings, Michael internalizes things and blames himself for actions over which he has no control. While in their current placement, his older brother discovered that Michael hurts himself, by picking at his skin, as a way to control his feelings. Michael has a number of scars and cuts on his forearms and thighs.

Michael attends weekly therapy sessions at the agency. It is suspected that he suffers from a mild case of depression. Emotionally, Michael is overanxious and insecure. He has a fear of being alone; follows closely by his brother's side. Michael has regular nightmares with separation- and loss- themes.

Michael is described as a painfully shy child with limited social skills. It is difficult for him to understand personal boundaries. He often clings to his foster mother or brother. His foster parents indicate that Michael does not leave them alone and is a whiny child.

Physical Functioning:

Physically, Michael is slightly underweight for his age and height; this is likely due to decreased appetite. He is of average height for his age, and he has brown hair and eyes. He is African American and Caucasian. A review of Michael's medical records shows that he has not had any serious medical conditions, and his immunizations are up to date.

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Educational Functioning:

Cognitively, Michael used to perform well in school; but recently his performance in the classroom has declined. He often lies about completing his homework by saying that he completed the task; but then he does not have anything to turn in because he actually did not do the assignment. This is partly due to his frequent avoidance of school.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

The most important relationship for Michael is with his brother, Isaiah. Michael views Isaiah as a primary caregiver and is extremely dependent on Isaiah to provide for him and to meet his needs. Michael maintains a relationship with his birth mother, but he has trouble expressing any negative thoughts about her. It is apparent that the birth mother attempts to provide for Michael; but many times, is not able. Michael views all female mother figures as similar to his birth mother—dependable nor reliable. Therefore, he has difficulty attaching to and developing a healthy relationship with his foster mother. At times, he can be clingy and follow his foster parents around. Other times, he gets angry and lashes out at them. This behavior is seen most frequently with the foster mother.

Michael also maintains a good relationship with his mother's lifelong friend, whom the birth mother met as a teen in foster care. This friend served as a resource for Michael when his mother and father were not around. Additionally, Michael has a good bond with his paternal grandmother and his uncle. He also indicates that his sister is an important part of his life.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Michael indicates that he loves his mother but is angry with her for leaving him alone all the time. When discussing adoption as an option, Michael has indicated mixed feelings. He feels responsible for the apartment fire that forced him and Isaiah into foster care. Michael also believes that his mother is capable of caring for the family. Although he has a somewhat unstable relationship with his foster mother, Michael indicates that he is happy and somewhat secure in his current foster home.

In Michael's therapy sessions, the option and significance of adoption have been explored. Michael has been given the task of recording his thoughts and feelings in a journal. This helps him to become reflective about how he is feeling about his current situation.

Michael indicates that he really likes his foster parents but is afraid to tell that to his brother. He does not want to disappoint Isaiah. Michael feels that he is wrong to want to stay in his current placement.

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INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Isaiah, age 15, is placed in a foster home with Michael. Their younger sister, Elizabeth, resides with their paternal grandmother.

BEST INTERESTS CRITERIA

SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS

Michael will need continued therapy to monitor his depression and to help him recognize his feelings. It is possible that Michael will need remedial assistance while in school; currently he is behind the learning curve of other children in his class. His educational needs should be monitored in order to help him to succeed in the classroom.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible .

PLACEMENT WITH RELATIVES

The only relative placement available is with the paternal grandmother. She already cares for a son, who is 28 and has Asperger's syndrome. He is high-functioning and helps provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as an uncle. Even with his help, the paternal grandmother feels overwhelmed raising a young child.

The grandmother suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is important for Michael to have contact with his paternal relatives and with his mother's friend, Lorita Webster. Most importantly, Michael should maintain his current relationship with his siblings.

RELIGIOUS PREFERENCE

Michael was not raised with a specific religion, but he does have a sense of spirituality. There is no religious preference as indicated by the child.

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CHILD’S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Michael seems to have difficulty discussing the option of adoption and the characteristics of potential adoptive families. He generally avoids the topic or ignores questions directed to him about adoption.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

The adoptive home for Michael should be a one- or two-parent family who would consider the possibility of adopting Michael and his siblings. Additionally, this family should have knowledge of bipolar disease, because of the family history. The family needs to understand and to control Michael’s cutting behavior and to know how to provide a loving and stable environment for a child.

Worker **Date**

Supervisor **Date**

County Supervisor **Date**

CHILD ADOPTION ASSESSMENT
Identifying Information
NOT TO BE RELEASED

⇒ **NOTE:** Information intentionally incomplete or inconsistent to promote the learning process.

Name Elizabeth Harris
Date of Birth September 17 (6 yrs old)
Social Security Number 324.69.3589
Permanent Custody Date/County Oakland County
Date Referred for Adoption January 12
Court File Number 999
Worker Kate Woodbridge
FIA Case Number 52
Recipient ID Number 59756842
Report Date May 4

FAMILY INFORMATION

Birth Family Harris
Adoptive Family Harris, Ernestine

Mother

Name Christine Harris
Date of Birth February 29 (currently 35 years old)
Social Security Number 259.69.4587
Last Known Address 16250 Northland, Southfield, MI 48075
Race Caucasian
Religion Catholic
Employment Status Administrative Assistant
Marital Status Married
Education Associate's Degree, Baker College
Income/Employment \$19,750/yr

Father

Name Malcolm Harris
Date of Birth July 13 (currently 35 years old, soon to be 36)
Social Security Number 329-85-1587
Last Known Address Jackson State Prison
Race African American
Religion Baptist
Employment Status N/A
Marital Status Married
Education High School, Some College
Income/Employment N/A

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Siblings

Name Michael and Isaiah Harris

Date of Birth August 28 (currently 10 years old) and March 9 (currently 15 years old)

Social Security Number 320.86.6874 and 321.86.6458

Legal Status Minor

Name of Person Living With / Relationship (identify foster home) Mr. and Mrs. Williams, Foster Parents

Last Known Address 5896 S. Main, Detroit, MI 48195

PLACEMENT HISTORY

Date of Placement	Name/Address	Type of Placement
Oct. 25 - Oct. 31	Mr. and Mrs. Jones	Paternal Grandmother
Oct. 31 - April 30	Maria Harris	Birth Mother
April 30 - present	Mrs. Ernestine Harris	Paternal Grandmother

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

The paternal grandmother and the foster parents of Elizabeth’s siblings are two potential families looking to adopt her; therefore, it is not necessary to recruit a family.

Progress Toward Adoption

The birth mother has not followed through with her treatment plan, and a petition to file for termination of parental rights has been filed.

Barriers to Adoption/Action Steps to Overcome Barriers

There are no barriers to the adoption of Elizabeth.

Projected Date for Adoption

It is anticipated that the adoption will be finalized within six months.

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**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**

Child's First Name Elizabeth

Date/Time of Birth September 17, 12:18 pm (currently 6 years old)

Place of Birth Detroit Medical Center

City, County, State Detroit, Wayne County, MI

Gender Female

Is Ward a Member of or Eligible for Membership in a Tribe? Yes No

EVENTS LEADING TO PERMANENT WARDSHIP

On October 25, Isaiah's younger sister, Elizabeth, was discovered by a Detroit police officer on the corner of a busy intersection a block from her apartment. She was wearing inappropriate clothing—jeans and a long-sleeved tee shirt and sandals; the weather that day was in the mid-40s. Elizabeth was carrying a small-change purse with approximately \$3. She indicated she was very hungry; therefore, she took some money in order to get some food from McDonald's.

A call was made to Protective Services, and Elizabeth directed the officer to her apartment. Upon arrival, the officer discovered two other children, Michael and Isaiah, in the apartment unsupervised. They did not know where their mother was, nor were they able to reach her on the telephone.

The state of the apartment, a two-bedroom, was messy, with a lack of food for the children. A paternal grandmother was located; but she was able to take Elizabeth. The boys were placed in emergency foster care.

The birth mother indicated that she thought she had left the children in the care of her neighbor, who was on vacation at the time.

On October 31, Isaiah and Michael were returned to their mother. Elizabeth remained with her paternal grandmother. This case was closed.

The following April 30, Isaiah and Michael were found to be unsupervised once again; and an accidental fire was started in the kitchen. At the time of the fire, Elizabeth was living with her paternal grandmother. It was the decision of the agency that continuing her placement with her grandmother was in the best interest of the child.

After 12 months, a petition was filed for termination of the parental rights of both the birth mother and birth father.

This petition was granted on July 31, and Isaiah is legally free for adoption

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BIRTH PARENTS' HISTORY

Mother: (Include a physical description of birth mother.) The birth mother, age 33, was born in Pontiac MI. At age 8 she was placed in foster care because her mother died of liver failure due to Hepatitis B. The birth mother had several placements in foster care before she received a permanent foster care placement. It was in this placement that the birth mother met a lifelong friend who helps her with the children when she needs it. The birth mother graduated from high school and attended college, where she acquired an associate's degree. It was at this time that she was diagnosed as bipolar. She took medication to control her disease while functioning as an administrative assistant. At the age of 21, she became pregnant with her first child. Three years later she married the birth father. At the age of 26, she gave birth to her second child. During that time the birth mother began to develop problems with her medication and switched to a new medication. She became slightly unstable, but continued to stay employed and to care for her family. When she became pregnant with Elizabeth, at the age of 29, she began to have problems controlling her disease and began using her medication on an irregular basis. After the birth of Elizabeth, the birth mother was inconsistent with taking her medication and self-medicated with alcohol. It was also determined that the birth mother occasionally was using illegal narcotics.

The treatment plan for the birth mother included group counseling, substance abuse treatment services, random drug tests and parenting classes. Two case review hearings were scheduled for the 6-month and 9-month time marks. At the 9-month time mark, the planning to prepare for a permanency hearing began.

Although the birth mother has a number of issues in her life that impede her ability to care for her children, it is obvious that she loves them. The birth mother was inconsistent with following her treatment plan attempting to reunify her with her children. She would show up for a few months during which she seemed engaged and actively working towards bringing her children home, but then she would disappear suddenly. The birth mother also was not following the goals of attending classes to address her drug- and alcohol-problem. Many times, she either skipped her drug testing or did not pass.

When the birth mother was engaged with her children, she played games with them, joked and teased with them, and talked about good times they had as a family. Oftentimes, she would apologize for her behavior and tell the kids that she was trying and wanted them to come and live with her.

The birth mother has a variety of different moods, mostly as a result of her bipolar disease. Prior to her diagnosis she indicated that she always had been a hard worker, devoted to her job and family; and she described herself as easygoing in most situations. She feels that her time spent in foster care, although she found a lifelong friend in a foster sister, was a difficult time but that it made her a stronger person because she survived it.

The birth mother does indicate that she has some anger issues stemming from her childhood. She feels angry towards her mother and the foster care system for abandoning her in a time of need. She is angry with her mother because the mother left her at such a young age, forcing her to grow up in foster care. She does not trust the child welfare system because she grew up in the system and knows what it is all about.

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Father: The birth father is the oldest of three children. His mother is living and his father died at age 58 of a heart attack. The birth father has two younger brothers, one with a developmental disability and another brother serving overseas in the Navy. The birth father completed his high school education by earning his GED. After being employed at a grocery store for three years, he enrolled in college. He did not finish college and became employed as a security guard at a local factory. He was an active and engaged father with his two older children, but was not there for the birth of Elizabeth. According to the birth mother, the birth father occasionally abused alcohol. At the time of Elizabeth's birth, he was serving a short, prison sentence for possession of narcotics. When Elizabeth was four months old, he was in violation of his parole and in was arrested again for possession of narcotics with the intent to sell. He is currently sentenced to 20-25 years in prison.

There was not much information about the birth father's involvement in the lives of his children. While they were young, the birth father was the provider for the family. Unfortunately, he earned the majority of his income through selling drugs. Prior to his legal problems, when he was in the home, the birth father had a relationship with his two older children.

His family describes him as an outgoing, easily excited and friendly person. The birth father had a number of friends and was constantly busy. He is a very social person who likes to be in the spotlight. He has a great sense of humor and can charm almost anyone.

There is no history of mental illness in the birth father's family, only the diagnoses of his younger brother with Asperger's syndrome and his elderly aunt with Alzheimer's disease. His father died of a heart attack, and his mother was diagnosed with Type II diabetes.

CHILD'S HISTORY

Elizabeth is the youngest of three children. Elizabeth was born at Detroit Medical Center and the pregnancy and delivery were normal. At the time of her pregnancy the birth mother was taking lithium and occasional antidepressants to control her bipolar disease. Neither of the birth parents was the primary caregiver for Elizabeth; much of the responsibility fell to either the paternal grandmother or to Elizabeth's older brother.

The birth mother indicated feelings similar to postpartum depression after giving birth to Elizabeth. She did not breast-feed, nor did she spend extensive periods of time with Elizabeth when she was an infant. Oftentimes, the only physical contact between mother and child occurred when absolutely necessary. This would be when the child needed to be fed, changed and bathed. When Elizabeth was at home, she spent long periods of time in her crib, playpen or baby carrier. The birth mother described feelings of ambivalence towards Elizabeth as an infant and toddler. It seems that there is not a secure bond between mother and child.

The birth mother described Elizabeth as a fussy infant who was not easily soothed. Because the birth father was not in the home, the sole responsibility for the family was on the birth mother. She relied heavily on her eldest child to help care for the children.

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Elizabeth was not easily engaged, and the birth mother indicated feelings of rejection. She was frustrated with Elizabeth because the child did not seem to want her mother's affection.

Her paternal grandmother describes Elizabeth as a rambunctious child who is always getting into things. It takes all of her attention to maintain Elizabeth.

PLACEMENT HISTORY

Birth Home:

Elizabeth lived with her mother and two brothers. It was found that the birth mother had feelings associated with postpartum depression, was diagnosed with bipolar disorder, self-medicated with alcohol and used narcotics. Elizabeth was removed from her mother's care and placed with her paternal grandmother.

Current Placement:

Elizabeth resides with her paternal grandmother and her uncle.

CHILD'S CURRENT LEVEL OF EMOTIONAL, PHYSICAL, AND EDUCATIONAL AND DEVELOPMENTAL FUNCTIONING

Physical Functioning:

Elizabeth was discovered to be slightly underweight for her age range; but since permanent placement with the paternal grandmother, she has reached an appropriate weight for her range. She is a 6-year-old African American/Caucasian female with dark hair and eyes. She has an incomplete medical record, and it is unknown whether she has received all necessary immunizations. There is no history of serious medical conditions or chronic illness on record for Elizabeth. She was born at a healthy weight and has been on-target with all physical milestones. Upon observation, Elizabeth is described as a healthy, attractive child with a bright smile.

Emotional Functioning:

As a result of her birth mother's feelings of postpartum depression, bi-polar disorder, and substance abuse problems, Elizabeth has not been able to form a secure bond with her mother. The lack of interaction with an adult caregiver has impacted her emotional development. She often does not make eye contact with adults. Elizabeth does not seek out physical contact or comfort from adults. She has trouble identifying her own emotions. Either she does not react with an appropriate emotion, such as laughing at being tickled; or she shows no emotion. There have been times when she has been observed interacting with her siblings, and she seems livelier during those times. It is apparent that she feels most comfortable and safe in the presence of her siblings.

Additionally, Elizabeth has a high amount of energy. She is difficult to control. She likes to be in the center of activity and attempts to dominate situations. In order to control Elizabeth's behavior directions need to be repeated continuously.

At times, Elizabeth uses inappropriate language for a child of her age. She does not seem to understand proper, social etiquette and blurts out anything on her mind.

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Although Elizabeth regularly uses the bathroom, she has been known to soil her clothes. Additionally, on three separate occasions she was discovered by her grandmother trying to hide the fact that she had a bowel movement in her clothes. On one of those incidents Elizabeth also was found using her feces to draw a picture of a sun on a newly painted wall. It is unknown whether Elizabeth was sexually abused. At times in her birth home, due to her mother's drug problem, there was a number of strange men in and out of the house. According to reports from a physician she has no medical condition; but it could not be determined whether any abuse had taken place. Elizabeth has not vocalized any incidents of sexual abuse, and her birth mother denies any sexual abuse of the child.

It was discovered that the paternal grandmother had been allowing the birth mother to have unsupervised visits with Elizabeth at the birth home. It was undetermined whether any inappropriate behavior occurred during those visits.

Educational Functioning:

Cognitively, Elizabeth has tested average and above average compared with those in her class. While interacting with her peers, Elizabeth is very dominant. If she does not get her way with her peers, she does not hesitate to lash out physically or verbally. Elizabeth does not appear to feel remorseful about hurting her peers.

Elizabeth does have difficulty sitting still in classroom settings and does not follow directions.

CURRENT IMPORTANT RELATIONSHIPS AND ATTACHMENTS

Elizabeth has begun to develop a relationship with her paternal grandmother and her uncle. Additionally, she maintains a strong connection to her siblings. She has begun to allow her grandmother to display affection to her, although she generally does not reciprocate. Her grandmother is learning to cope with and to calm Elizabeth when she becomes unruly. This shows the beginnings of attachment with the paternal grandmother.

CHILD'S ATTITUDE, PREPARATION, AND READINESS FOR ADOPTION

Elizabeth is ambivalent about her adoption and placement with her grandmother, but she does indicate a desire to return to her birth mother. She does not seem to understand the definition of adoption fully. Elizabeth does vocalize feelings of disconnection with her brothers and wishes to continue seeing the boys on a regular basis.

Placement options have been introduced to Elizabeth, such as remaining in her current home or moving to a placement with her brothers. She seems more inclined to having a placement with her brothers but is worried about leaving her grandmother.

To prepare Elizabeth for a transition, her grandmother, brothers and foster family need to be prepared. Elizabeth needs to be informed about the situation. This includes telling her what to expect and reassuring that she will have the support of her birth family. An extensive conversation about adoption, what it means and how it will happen will be a helpful tool for preparing Elizabeth for a transition.

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INFORMATION ABOUT ALL KNOWN SIBLINGS (First Name Only)

Isaiah, age 15, is placed in a foster home with Elizabeth's other brother, Michael, age 10. The three children meet on a regular basis either at the foster parents' home or at the home of the paternal grandmother.

BEST INTERESTS CRITERIA SPECIAL PHYSICAL, EMOTIONAL, AND EDUCATIONAL NEEDS

Emotional Needs:

Due to Elizabeth's propensity to soil her clothing, her insecure attachments to others and the parental neglect early in her life, it is recommended that she continue to receive therapy.

PLACEMENT WITH OR WITHOUT SIBLINGS

Preference indicates a placement to accommodate all three siblings, if possible .

PLACEMENT WITH RELATIVES

Elizabeth lives with her paternal grandmother, but the grandmother is reluctant to accept legal responsibility for the child and is content with her role as caretaker and grandmother. Moreover, the paternal grandmother does not want to accept the role of legal guardian because she does not want to break the bond between Elizabeth and her biological parents. The grandmother feels that her son and daughter-in-law are the rightful parents of Elizabeth and that she should not accept the role of parent. The formal adoption would signify a role change that she is not ready to accept.

Additionally, she cares for a son, who is 28 and has Asperger's syndrome. He is high functioning and helps to provide for the family by working at the Meijer store near their house. He helps to care for Elizabeth and plays an important role in the family as Uncle Billy. Even with his help, the paternal grandmother indicates that she feels overwhelmed raising a young child.

The paternal grandmother also suffers from Type II diabetes and regulates her condition with diet, exercise and medication. Although her disease is under control, she does suffer occasionally from complications from the condition.

MAINTAINING CONTINUITY OF CURRENT RELATIONSHIPS

It is vital to continue the relationship with Elizabeth's biological family members, such as her grandmother, uncle, and siblings.

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RELIGIOUS PREFERENCE

Elizabeth was not raised in a specific religion, but she does attend a Baptist church with her grandmother on a semi regular basis.

CHILD'S WISHES REGARDING ADOPTION AND CHARACTERISTICS OF POTENTIAL ADOPTIVE FAMILY

Elizabeth indicates a preference only for living with her two brothers.

OTHER FACTORS SPECIFIC TO THIS CHILD

N/A

RECOMMENDATION REGARDING ADOPTIVE PLACEMENT

It is in the best interest of the child to be placed in a home with her two brothers. Elizabeth should be placed in a one- or two-parent household with the ability to help her to develop normal and healthy attachments with others. Additionally, the adoptive family should have an understanding of bipolar disorder because of the family history. The family also should also be able to parent a child who may have been sexually abused.

Worker

Date

Supervisor

Date

County Supervisor

Date



Harris Children Profile

Isaiah, age 15, Michael, age 10, and Elizabeth, age 6, are biological siblings who are in foster care. The children currently live in two different homes; the boys have been with their foster parents, Mr. and Mrs. Williams, while Elizabeth has been living with her paternal grandmother, Ernestine Harris.

The birth parents, Malcolm and Christine Harris, are married. Malcolm has been incarcerated since January 1999. According to the birth mother, she was able to take care of Isaiah and Michael while controlling her bipolar disorder. After the birth of Elizabeth, she found it increasingly difficult to care for three children. It was at that time that Christine began self-medicating with drugs and alcohol. Many times, the children were left in the care of a family friend who lives nearby, or with the grandmother.

The family's first incident with Protective Services occurred when Elizabeth, age 4, was found wandering the streets, trying to buy food. The mother was found passed out on the bathroom floor. Elizabeth was placed in the care of her paternal grandmother, while Isaiah and Michael remained with their mother.

Less than a year later, Isaiah and Michael were unsupervised when a kitchen fire started. Michael received third-degree burns on his arm. Unable to locate the mother and not being able to place the children with the paternal grandmother or their "Aunt Lorita," who was not a blood relative. Protective Services placed Isaiah and Michael were placed into two different foster homes.

Within the following three months, Isaiah moved two more times due to his behavior. He was then placed in the Williams home, where his brother Michael joined him. Throughout this time, Elizabeth has continued to live with her grandmother.

Contact with the birth mother was not consistent. She was not able to meet the recommendations of her treatment plan. There was no contact with the birth father. Christine and Malcolm's parental rights were terminated. All three children are available for adoption.

Elizabeth has a difficult time forming healthy attachments and has a tendency to build emotional walls. She is a very active child. She was with her diabetic grandmother and developmentally disabled uncle. Although Elizabeth has spent nearly half of her life, almost three years, living with her grandmother and Uncle Billy, she has stated that she would like to live with her brothers.

Michael felt as though the fire and resulting situation were completely his fault. During Michael's first placement, with Mr. and Mrs. Hamilton, Michael formed a bond with another boy, Alexander, who lived in the Hamilton home. It was difficult for Michael to say good-bye when he moved to Mr. and Mrs. Williams' home. Michael has been living for the past 19 months with Mr. and Mrs. Williams and his brother, Isaiah. Michael is very attached to both Mr. and Mrs. Williams. He is also attached to his brother and always wants to be with Isaiah.

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Isaiah initially was placed in the Thompson home, but it was requested that he be moved due to his behavior. Isaiah shared a room with a younger boy named Brandon. There were a number of conflicts between the two. When the altercations between the two turned physical, Isaiah was placed into another foster home. Although Isaiah has been living with Mr. and Mrs. Williams for 22 months, he has said that he does not want to be adopted by them or anyone else. He does want to live with his brother and sister.





Large Group Discussion

- ✓ Reconvene the group, and debrief the activity.
- Areas that should be discussed are:
 1. Adequacy of child/youth assessments.
 2. Inconsistencies in information about Michael.
 3. Isaiah's statement that he does not want to be adopted and the caseworker's adoption recommendation.
 4. Children's feelings about birth mother and father.
 5. Recommendations for adoptive family characteristics.



Engaging Prospective Adoptive Families in Assessing Their Ability to Parent a Specific Child/Youth

Trainer's Points



- You need to do the same analysis of the Family Profiles/Home Studies/Social Histories and Assessments of your prospective adoptive families. In your analysis do the following:
 - Review each Family Profile/Home study/Social History and Assessment for accuracy and completeness from a policy perspective.
 - Determine whether the assessment of each family's ability to meet the need of the specific child/youth needs is consistent with the information gathered and presented.
 - Identify whether any gaps in information exist that must be resolved before proceeding to determine whether a particular family is appropriate for the identified child//youth

- A thorough Family Profile/Home Study/Social History and Assessment makes clear the strengths and challenges of the family and of individual family members wants. It also provides important information that the caseworker can base the consideration of the family's ability to adjust to and support the characteristics of the particular child/youth.

- When a large number of approved families express interest in a particular child/youth, or in children with the characteristics of your child; the caseworker can do the following:
 - **Date the Family Profiles/Home Studies/Social Histories and Assessments by the order in which they are received and review them in that order.** Use the "rule of five." Considering, only five Family Profiles/Home Studies/Social Histories and Assessments at a time. Then request more only if the initial five do not prove to be appropriate resources.

 - **Read the families' autobiographies.** An autobiography is important because it reflects how the family has chosen to represent itself. An autobiography often gives more insight into a family's background, motivation and uniqueness than any professional assessment can.



- **Ask for help in reviewing the Family Profiles/Home Studies/Social Histories and Assessments**, using clear criteria for assessing families and impressing on all parties the confidential nature of the material that they are reading.
 - Use several experienced, adoptive and/or foster parents in a volunteer capacity, or under a contract for pay, as Family Profile/Home Study/Social History and Assessment reviewers
 - Arrange to have a social work student intern (undergraduate or graduate) review Family Profiles/Home Studies/Social Histories and Assessments. This provides a terrific, learning experience for the intern and free assistance for the adoption worker.
- Criteria to use when ranking Family Profiles/Home Studies/Social Histories and Assessments include:
- **The number of criteria identified** by the child/youth that the family has.
 - **If there is a sibling group**, how willing is the family to adopt all members of the sibling group or their willingness to adopt siblings that may become available in the future?
 - **The capacity of the family to meet** the needs of all the children/youth.
 - **Other children/youth in the family.** Attention should be given to the ages of the children/youth already in the family, relative to the age of the child/youth to be added to the family. Attention should be given as well to how the child/youth already in the family are likely to respond to the adoptive child/youth and how they feel about the adoption.
 - **The family's support system** outside of agency.
 - **An alternative plan if something were to happen to the prospective parent(s)** Explore with the parents the availability or involvement of extended family or other adults in the family life who would assume responsibility for the adopted children/youth if necessary.
- Sharing information about the child/youth with prospective adoptive families is the next step. You want to make sure that they are interested in adopting the child/youth before you share information about them with the child/youth.



- Each State has policies on what child-specific information must be shared with prospective adoptive parents. Our State requirements are in **Participant's Handout 5, *List of Information to Share with Adoptive Parents.***
- Review the handout.



Handout 5



List of Information to Share with Adoptive Parents

(Note to Trainer: Modify with State policies and procedures.)

“But you never told me!” Caseworkers frequently hear that expression from adoptive parents who contact the agency while experiencing a crisis with their adopted children. It is spoken with frustration, helplessness and anger as families react to unanticipated behaviors and challenges after the adoption.

Caseworkers respond, “But I did! Remember, I told you...,” or, “You didn’t listen!” Family and caseworker communication problems aggravate the situation and tend to compound the crisis.

Here’s the dilemma: Often, both family and caseworker are correct. The agency might have been diligent and thorough in providing training in general, adoptive parent issues and policies; have given the adoptive parents a placement history of the child/youth they have adopted, and have provided full disclosure of case material. Yet information gaps still might exist.

The caseworker might not be aware of particular and unique problems of the child/youth and, therefore, might be unable to share these concerns with prospective parents. Or the caseworker might rely on verbal and written communications to convey important information during the assessment and preparation phase. Meanwhile, in their eagerness to parent a child/youth, the family might have attended training sessions and have listened to an enormous volume of social information about children/youth in general. Although hearing or reading the words, the family might not have absorbed the knowledge sufficiently to feel and to “know” the issues being discussed.

Continued efforts are needed to ensure that adoptive families have complete background information about a child/youth before the adoption so that they can make an informed decision whether to adopt.

The following list states the information that you as a caseworker need to share with prospective adoptive parents: *(Trainer: Insert State policies and policy item references for these requirements.)*

- Both the prospective adoptive family and the child/youth benefit from this disclosure for the following reasons:
 - **It helps the prospective adoptive family to make an informed decision.** A family that knows a child/youth’s complete educational, medical, social and foster care history is better able to determine whether family members are emotionally and financially prepared to meet that child/youth’s needs. Telling the family everything that an agency knows about a child/youth also helps the family to plan for those needs and reduces the risk of adoption disruption or dissolution.
 - **It ensures that placement is made with a family who can meet the child/youth’s needs.** The prospective adoptive family’s knowledge of a child/youth’s health, social and foster care history can facilitate early diagnosis and treatment. Accurate background information and diagnosis might enable a child/youth to qualify for federal and state adoption subsidies available to children/youth with exceptional physical or mental health needs.
 - **It ensures that the child/youth has full and accurate knowledge of his or her own birth family’s medical and genetic history.** Many adults who were adopted as children/youths do not have access this information and are disadvantaged in obtaining preventative health care.

(Child Welfare Information Gateway, 2003)

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- Provide actual copies of reports, assessments and other documents not subject to confidentiality requirements, rather than summarizing the material.
- Do **not** misrepresent a child/youth's background or neglect to provide information to the prospective adoptive family that could be an influencing factor in the family's decision whether to adopt.
- Refer the prospective adoptive family to experts such as pediatricians, psychologists and educational consultants who can help the family to understand the information and its implications for the child/youth's current and future functioning.
- **Explain to the family that in virtually every case there is information the agency will not know. For example, a child/youth who has been sexually abused might not feel comfortable telling anyone about the abuse until after becoming settled in a safe, stable environment. Indeed, an adoptive parent might be the first person to whom a child/youth will feel safe enough to disclose past abuse. Be sure to give adoptive parents the name of an agency contact person who can help the family through post adoption services should this happen.**
- Help the family to develop an understanding of the impact that the child/youth's past experiences might have on current and future functioning, particularly when he or she has experienced maltreatment and multiple foster care placements. A family that understands the possible later impact of such earlier experiences is better prepared for parenting the child/youth and can begin to identify the services that he or she will need.
- Help the family to understand that there is inherent risk in adoption, as with any other form of parenting. Adoptive parents are assuming the role of parents, and there are no guarantees how their child/youth will develop over time.
- If you are uncertain about the type of information concerning a child/youth that you should share with a selected family, ask yourself these questions:
 - What would I want to know if I were adopting this child/youth?
 - Have I satisfied the requirements of my State's policies on what information must be, should be, or may be shared?
 - Have I used reasonable efforts to obtain as much background and assessment information about this child/youth as I could?
- Provide **all information in writing** to the family. Retain a copy, along with the family's written documentation it has received the information.

(Gerstenzang and Freundlich, 2006, pp. 36-38)

Trainer's Points

- It is important to remember that there is not one “perfect” placement. Parents and children/youth, including children/youth who become part of a family through adoption, connect with one another in many different ways. Prospective adoptive families might have successful adoptions with any number of children/youth, and children/youth might be adopted successfully by any number of families.
- It is also useful to remember that predicting a family’s ability to parent a child/youth with certain characteristics is difficult to do if the family has not demonstrated parenting a child/youth with those same characteristics in the past. Furthermore, even if the family previously has parented a child/youth with those characteristics, this is a different child/youth who had different birth parents. No two children/youth are the same even though they have similar characteristics. Adults also change as we age and experience new situations.
- Families typically cannot predict with accuracy their capacity to manage problems and issues in the future, especially if they have had little experience with these issues.
- A caseworker’s predictive abilities likewise are limited. Caseworkers should not expect or be expected to predict outcomes for children/youth with certainty. How a child/youth will react to a new family can depend on a number of factors: the child/youth’s genetic make-up, personality traits, stage of development, and history with the birth family and other significant adults in his or her life. Children and families are ever-changing. Bringing them together will engender more change. (Gerstenzang and Freundlich, 2006)
- Prospective adoptive families and children need to be involved fully in the selection process. Many times, the caseworkers making the decisions did not write the Family Profile/Home Study/Social History Assessment or Child/Study and Assessment, does not know the family or the child/youth personally, and is making selection decisions based on the written material presented.
- Working closely with the prospective adoptive families ensures that the families understand and can work with the placement process and that their strengths, interests, desires, and needs are understood accurately.

- Involving families in the selection process does not undermine the caseworker's role or the critical importance of the caseworker's judgment. It acknowledges that they and the child/youth to be adopted must develop a relationship to determine if they truly want to be a family.
- The role of the caseworker is to inform and to guide the families so that they can decide whether or not to proceed with the placement. As a general rule, the desires and needs of the child must guide the placement selection process. The preferences of the respective adoptive parents are important to the success of the adoption.
- Practice Tip:** Given the need to share approved families across agencies, it is helpful to have a liaison between an agency that recruits families and the agencies that are responsible for placing children/youth. Good, trusting relationships between agencies are essential to expediting placements and ensuring best possible decisions.
- Now that you have identified families willing to consider a specific child/youth, you then engage the child/youth in decision.





Engaging the Child/Youth in Selecting the Adoptive Family

Trainer's Points

- Once you have commitments from prospective families to consider adopting a specific child/youth, discuss these families with the child/youth. Do this to engage the child/youth fully in the selection of his or her adoptive family. The child/youth's age and cognitive ability need to be considered in determining how to conduct this discussion.
- Children/youth typically want to know:
 - Are both a mother and a father in the family?
 - Are there other children in the home?
 - Will they adopt me and my brothers and sisters?
 - How do they discipline children?
 - Where is their home located?
 - Could I still get together with my current friends?
 - Why do they want to adopt me?
- It would be helpful to have an album or journal for each family to be offered to the child/youth. These albums/journals would include photos of all family members and pets, photos of their home and community, and letters from each family member talking about why they want to adopt. These can facilitate discussion and questions from the child/youth that provide the caseworker with additional information and clarification of the child/youth's wants, needs, fears, and concerns.
- Once the child/youth has identified the families he/she would like to meet, inform both the families selected as well as those not selected by the child/youth.
- After this initial family selection process is completed, develop and implement a visitation plan with the child/youth and prospective adoptive parents. If the child/youth has chosen more than one family to consider, concurrent visitations can expedite the placement process. The families should be advised that other families are being considered.



- The length of time taken for this step varies and, in some cases, is determined by State policies. The focus is on giving the child/youth and prospective adoptive families the opportunity to get to know one another and determine if they choose to be “family” while the caseworker concurrently further assesses the ability of the prospective family to meet the child/youth’s needs.

- The caseworker’s role is to ensure the child/youth’s safety and well-being throughout the process and specifically to discuss and guide resolution of the issues and concerns of the child/youth and the prospective parents surfacing during the visitations. The most challenging role is to advise the child/youth that the family no longer wishes to consider adopting him or her, or advising the family that the child/youth no longer wants to be adopted by them, or that the agency has determined that the family cannot meet the child/youth’s needs or deciding which family, when there are multiple appropriate families, should be selected. These decisions can be supported through team meetings.





Team Decision Meetings

Trainer's Points

- Once the caseworker has the Family Profile/Home Study/Social History and Assessment and the Child/Study and Assessment in hand, a team approach usually is the best way to make decisions regarding child/youth and family matches. A team approach can help to minimize the impact of individual biases. In addition, They provide support to caseworkers and excellent opportunities for less experienced staff members to develop decision-making skills.
- When there are several families who have expressed interest in a child/youth and who appear equally able to parent him or her, making the decision is done best with support from peers, the adoption worker's supervisor, the child/youth, and the prospective adoptive families.
- In some cases, where policy dictates that a specific family—for example, the relatives or foster parents is presumed to be the most appropriate adoptive family because of blood relationship or length of time with the child/youth in placement, a team meeting can be useful. The purposes are to identify issues of concern and to propose solutions to ensure that the adoption is successful.
- There are many models for Team Decisions Meetings that have been shown to work well in adoption. One model involves a two step process:
 - Step 1: Pre-introduction and pre-visitation – This step includes a meeting of staff only.
 - Step 2: Post-visitation – This step includes both staff, prospective adoptive families, the children/youth available for adoption, the child/youth's attorney/guardian ad-litem, and others who have specific knowledge of the child/youth's needs.
- Step 1 provides the caseworker with the opportunity to receive additional professional support, critique, and advice to ensure that the Family Profile/Home Study/Social History and Assessment and Child Profile/Study includes complete information and objective assessment of that information in a confidential and helpful environment. Further, this gives an opportunity to identify the appropriate families to be included in the Step 2 meeting.

- Step 2 Team Decision Meeting includes the prospective adoptive families, the caseworkers and supervisors and the child(ren)/youth as age appropriate. The purpose of this meeting is to have the child/youth and families to participate in deciding which family is best suited for the child/youth. A pre-meeting with each individual participant is required to ensure that he/she understands the process and is comfortable with it.
- Turn to **Participant’s Handout 6, *Team Decision Meetings***. This handout lists the participants and their roles.
- Let’s look at the DVD that illustrates Step 1, in the team decision for the Harris children and the families that are interested in adopting them.

DVD Description

“Worker’s Team Meeting” (33:26 min.)

- Adoption worker Kate Woodbridge meets with fellow child welfare practitioners to present the case of Isaiah, Michael, and Elizabeth Harris, a sibling group available for adoption. Through storytelling, group discussion and flashbacks, we review the events that brought the children into care as well as the assessment and preparation activities that Kate has conducted with the children and with the prospective adoptive families. Kate’s colleagues also help her to confront her own assumptions and biases while they struggle as a group with philosophical and practice issues.



Handout 6



Team Decision Meetings

Team decision meetings should include the following:

Step One: Pre-introduction and Pre-visitation

- Child/youth's caseworker (foster care worker, adoption worker, generalist worker)
- Adoptive family's caseworker
- Facilitator (adoption supervisor)
- Recorder

Step Two: Post-visitation

- Child/youth
- Child/youth's caseworker (foster care worker, adoption worker, generalist worker)
- Adoptive family's caseworker
- Facilitator (adoption supervisor)
- Recorder
- Other team members who might include veteran adoptive parents, prospective adoptive parents, current foster parents, teachers, coaches, etc. who might know the child/youth.
- Prospective adoptive parents
- Child/youth's attorney or guardian ad litem

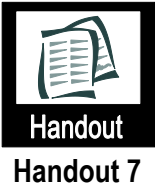
Whenever there is a barrier that would prevent all participants from being in the meeting in person (e.g., child/youth living in a different area than the prospective adoptive parents), it would be a good idea to meet via telephone conferencing or video conferencing.

The team approach to making decisions about placement selection is enhanced when all team members are clear about their roles and responsibilities.

- **Child/Youth's Caseworker(s):** The child/youth's caseworker comments on relevant points from the child/youth's history, highlights the child/youth's feelings and wishes regarding adoption, and ensures that the child/youth's needs and interests are being represented. Helpful behaviors include reminding team members that adoption is a service for children/youth and advocating for the child/youth's best interests.
- **Family's Caseworker:** The family's caseworker comments on relevant points from the family's perspective, outlines their wishes with regard to adopting, and highlights their strengths and challenges. Helpful behaviors include familiarity with the Child Profile/Study, articulating how the family will meet the child/youth's needs, and advocating for the family based on specifics.

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- **Facilitator:** In this model, the adoption supervisor serves as the facilitator pulling the team members together, articulating the role and goals of each member, ensuring that each role is adequately represented in the discussion, summarizing the decisions and areas for follow-up, and moving the team through the decision-making framework. Helpful behaviors include stating the goal of the meeting, keeping the group on task for consensus and summarizing.
- **Child/Youth:** The point of the meeting is to select a family for the child/youth. The child/youth must be engaged in this process because fundamentally he/she is the most important person in the process, and we have a duty to ensure that his/her concerns and issues are heard and addressed by multiple participants. Involving the child/youth necessitates advanced preparation including informing the child/youth that he/she will have time to talk with team members without the prospective adoptive parents present.
- **Prospective Adoptive Parents:** These are the second most important people in the adoption process. Having multiple team members available to discuss their issues and concerns provide additional support, assessment and preparation, and may help them to either rule themselves in or rule themselves out as the adoptive parents for this particular child/youth. Again, advanced preparation is necessary. They also should be given time to talk with team members without the child/youth present.
- **Recorder:** This person records the responses of the team members and provides a brief written summary of the discussion, the decisions made, and the responsibilities for each team member after the meeting. The recorder's notes should include the exact words of team members when possible, common themes as they emerged from the group, areas of conflict that emerged, and plans for addressing the conflicts.
- **Other team members:** The other team members identify potential bias in decision making, serve as cultural consultants and contribute to the knowledge base about the cultural values that influence the family or child/youth, ensure that the family has been fully informed of the child/youth's background experiences and needs, and suggest alternative resources or strategies for pre-placement preparation or post-placement services. Helpful behaviors include maintaining focus on one's particular role as a consultant and advocating for further discussion of issues that are unclear.
- The team should clearly state the rationale for making the decision in favor of one family and should document the child/youth's input into the decision or why the child/youth did not participate in the decision. In situations in which more than one family is under consideration, the team's decisions should clearly be documented. In the event that the selected family chooses not to proceed with the adoption, the caseworker then may move immediately with the alternate family. In these cases, "back-up" families should be informed of their status.
- Finally, attention must be given to families who don't live in close geographic proximity to the child/youth. Planning should be done immediately to eliminate any barriers that may be present, and minimize a process that otherwise could prove frustrating for the child/youth and family.



Trainer's Points

- Turn to **Participant's Handout 7, *Possible Adoptive Families for the Harris Children.***
- As you watch the DVD, jot down notes about the strengths or concerns that each staff member raises about the prospective adoptive families, plus your concerns about each family.
- ✓ Reconvene group and ask participants their reactions to the DVD.
- We will break into teams now for about 30 minutes. You will:
 - Discuss the strengths and concerns that each staff member has raised.
 - Reflect on how the meeting was held, and identify things that you would have done differently—and why.



Possible Adoptive Families for the Harris Children

Jot down notes about the strengths or concerns raised by staff members for each of the prospective adoptive families, plus your concerns about each family.

Things that I would have done differently in the team meeting and my reasons are . . .





Large Group Discussion

- ✓ Reconvene the group, and have each team report its responses.



The Williams Family Is Selected

Trainer's Points

- Let's look at another DVD that illustrates Step 2 in the team decision process.

DVD Description

“Family Group Decision Making” (11:17 min.)

- Following Kate Woodbridge’s one-on-one family assessment and preparation work with Mr. and Mrs. Williams (current foster parents for Isaiah and Michael), Ernestine Harris (the children’s paternal grandmother), and “Aunt” Lorita Webster (a close, family friend), all interested parties gather at the agency to decide on a permanent plan for the three Harris children.

Team Activity

- ✓ Ask participants their reactions to the DVD.
- Break into 4 or 5 teams.
- Using **Participant’s Handout 8, *The Williams Family Adoption Profile/Study***; **Handout 4; *The Harris Children Study and Assessment***; and the *last DVD*, take about 30 minutes to identify the issues that you would discuss with the Williams, the Harris children, Lorita Webster and Ernestine Harris as you proceed with the Williams adopting all three children.



Handout 8 & 4



Note: This material is intentionally incomplete to promote the learning process.

The Williams Family Adoption Profile/Study

SECTION I

Name: Mr. and Mrs. Lawrence and Deborah Williams

Address: 4258 Willoway Road

Phone number: 248.555.1212

Work phone number: 248.555.2121

Review made by: Stephanie Foster

Date attended orientation: 10/12/03

Date attended pre-service: 11/06/03

Directions to home: Left on First Street, right on Second, third street on the left, fourth house on the left

Adoptive family members:

Mr. and Mrs. Williams. Three adult children not residing in the home.

MOTIVATION FOR ADOPTING

This family has three grown children who are married or in college, and the Williams' are now retired and believe that they are able to help others who are in need. Mr. and Mrs. Williams feel fortunate have to a blessed life with a wonderful family and financial stability; therefore, they feel a desire to give to others who need help.

A. NEIGHBORHOOD

This family resides in a predominately African American neighborhood with a fair number of other families with children of varying age ranges. The neighborhood is located off a well-traveled, main road; close to the freeways; but arranged so it is secluded in a nicely wooded area without much traffic in the actual neighborhood.

The Williams' Home is situated within a 10-mile radius of a variety of shopping centers, including a main grocery store. The closest hospital is Providence, which is about eight miles from the neighborhood. This is where the children would be taken in an emergency.

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In addition to shopping centers nearby, there is an elementary school in the neighborhood. Also located within close proximity are a high school and a middle school.

The neighborhood is located adjacent to public transportation. There is a bus stop within walking distance of the home.

Also located within the community is the church that Mr. and Mrs. Williams attend regularly. The church is a source of support for the family and the community; it offers a variety of out-reach programs for people in the area.

B. HOUSEHOLD INFORMATION

The house is a two-story colonial with a clean exterior; many windows; a full, unfinished basement (including a washer and dryer), and a well-kept lawn. The house also has a nicely paved driveway, sidewalks and a basketball hoop in the driveway. Inside the house are three bedrooms, all located upstairs. The main floor contains the kitchen, the living room, the family room and a formal dining room. There are two bathrooms upstairs and a half-bath on the main floor, PLUS another bathroom in the basement.

Bedroom #1 measures 11x14 (approximately 154 square feet) and is occupied by Mr. and Mrs. Williams. This room consists of a chair, king-size bed, and adequate dresser and closet space. There is also a small bathroom connected to it.

Bedroom #2 measures 12 x 10 (approximately 120 square feet) and is unoccupied. This bedroom consists of a twin-size bed, PLUS adequate dresser and closet space. This room can be used for a foster child/youth. All other bedrooms measure 8x10 and are not occupied.

Bedroom # 3 measures 10 x 11 (approximately 110 square feet) and is also unoccupied. This room consists of a set of bunk beds and adequate dresser and closet space. This room also can be used for a foster child/youth.

There is one main staircase from the upstairs that is located near the front door of the home. Additionally, there is an attached garage with a door leading into the house. Located in the family room is a large, sliding glass door that leads to the patio and the backyard.

There are smoke detectors on each floor and in the basement. There are also carbon monoxide detectors, including one in the dining room near the table and one in the basement near the furnace.

The family does not have any firearms or weapons in the home.

The foster home is equipped with a working telephone at all times. The foster family has listed emergency numbers for the agency and emergency services within sight of the phone.

The foster home is/not (*choose one*) wheelchair accessible.

The foster home has an adequate furnace and hot water heater. Water temperature does not exceed 120° F.

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This home continues to meet licensing rules regarding space and safety.

C. EMPLOYMENT HISTORY AND FAMILY INCOME

The total monthly income is approximately \$2,500, which is a combined income from the retirement benefits of Mr. and Mrs. Williams. They also have \$10,000 in savings and certificate of deposit, in addition to \$50,000 in mutual funds and annuities. Their home is paid for.

The total monthly family expenses are approximately \$1,300. This includes the following bills:

\$550 car payment for an SUV and a car
\$300 for car and home insurance
\$60 house phone
\$75 cell phone
\$40 water bill
\$30 electric bill
\$45 gas bill
\$200 MasterCard and Visa payments

The family appears to have adequate income to meet its needs.

D. FAMILY RESOURCES AND SUPPORT SYSTEMS

This family has extensive support systems and resources available to support them. Mr. and Mrs. Williams maintain close contact with their birth children, of whom all live in the area. Mr. and Mrs. Williams have three birth sons, all grown, married and raising children of their own. The family has a weekly Sunday dinner at the home of Mr. and Mrs. Williams, which includes friends and family. The Williams' also have identified friends of the family who previously have been a foster family as a potential source of support. Mr. and Mrs. Williams also indicate that they are very active in their church and identify the church as a source of support and strength in their life. Mr. and Mrs. Williams maintain close relationships with several of their neighbors as well.

For short-term plans of helping to care for any children/youth placed with Mr. and Mrs. Williams, they would rely on the assistance of neighbors and friends who live in the area. For more long-term plans, Mr. and Mrs. Williams have identified their children as supportive and willing to help. If Mr. and Mrs. Williams left for an extended period of time, their birth children would be able to care for any children/youth placed in the Williams' home.

Support clearances are in process for all identified resources.

The foster parents have been informed of the emergency situation procedure, which is as follows: In case of an emergency, the foster parents will contact the 24-hour emergency pager at (313) 813-7863; will inform the staff member of the situation, and will request support. If the Child and Family Worker cannot be reached, the foster parents will contact other agency staff. Emergency situations include hospitalization, truancy, death, etc.

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E. DISCIPLINE

Mr. and Mrs. Williams both believe that using corporal punishment as a means of discipline is not necessary. However, they do admit to spanking their own children when they were much younger. The types of discipline that they will utilize are taking away privileges, added chores and discussing why the discipline was/is needed.

They agree to comply with all policies regarding discipline and discipline techniques.

The foster family understands that the assigned Child and Family Worker will assist them with discipline and child-handling techniques for each individual child.

The foster family understands and agrees to comply with the Discipline Policy prohibiting physical discipline for all children/youth in the home.

SECTION II

FOSTER MOTHER SOCIAL HISTORY

- A. Mother's history (regarding childhood)
- B. Health/Psychiatric/Substance abuse history

A. MOTHER'S HISTORY (regarding childhood)

Mrs. Williams was born and grew up in Decatur, Georgia, living there until the age of 8. Then when her family moved to Detroit, Michigan. She is the oldest child of six; Mrs. Williams has a sister and four brothers. She indicates that while she was growing up the family did not have a great deal of money; and many times, the family struggled to make ends meet. Her mother's primary role was to tend to the family, and the mother worked by running the household. Her father worked as a manager at a grocery store.

Mrs. Williams states that the marriage between her parents, who now live in Georgia, was at times strained,; but they did not fight very often. She also indicates that her family had a solid relationship. Mrs. Williams says that she is close to her siblings and to her parents. She also indicates that while she was growing up, her family did not have any encounters with the child welfare system.

Mrs. Williams attended school, all the way through high school, in Detroit. She began her career as a secretary in a machinery plant, then eventually moved into the local school system. She is currently retired from the position of administrative assistant at a high school.

Mrs. Williams also has three grown birth children. She states that her children have a good relationship with her and her husband and that they did not have any involvement with the child welfare system. Mrs. Williams also indicates that she shared the parenting and household responsibilities equally with her husband.

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Punishment for the children usually involved grounding, taking away privileges and, on very rare occasions, physical discipline such as using a belt or hand.

Mrs. Williams indicates that her experience with foster care has been with talking with a fellow church member who has been a foster parent in the past.

Mrs. Williams states that there is no history of domestic violence in her home.

B. PHYSICAL, MENTAL AND EMOTIONAL/SUBSTANCE ABUSE HISTORY

Mrs. Williams states that she is in good health and is not currently taking any prescription medications. Mrs. Williams was hospitalized three years ago when she had a hysterectomy; she has made a full recovery.

She also indicates that she has no history of substance abuse or involvement with Protective Services. She has no history of emotional or mental problems.

Current medical reports/TB tests are enclosed in the file on Mrs. Williams. According to her medical record, Mrs. Williams is in good physical and mental health.

SECTION III

FOSTER FATHER SOCIAL HISTORY

- A. Father's history (regarding childhood)
- B. Health/Psychiatric/Substance abuse history

A. FATHER'S HISTORY

- Include all birth family social history*
- Educational history, including any special skills and interests*
- Parenting skills and attitude towards children*
- Adjustment and special needs of the applicant(s)' own children*
- Experiences with own parents and any history of out-of-home placement*
- Previous experience in providing foster child care, child daycare or adult foster care*
- Current and past level of functioning of family relationships*
- Any incidents of domestic violence*
- Any history of out-of-home placements*

Mr. Williams was born and raised in Detroit, Michigan. He is the middle child of three; he has two sisters. He indicates that his father was not often at home while he was growing up. His mother worked two jobs to support the family while his older sister cared for the children. Mr. Williams also states that when his father was home, the father had a drinking problem. If and when the situation escalated, his father left the home. Aside from the stress that this added to the family unit, Mr. Williams indicates that he has a positive and strong relationship with his mother and sisters.

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Mr. Williams attended school in Detroit. Although he did not complete high school, he did receive his GED. Mr. Williams worked at a variety of different jobs before becoming employed with General Motors. He spent the rest of his career with the company as a shift supervisor.

Mr. Williams states that he does not have any experience with foster care, other than listening to the experiences of a fellow church member who had served as a foster parent.

Mr. Williams also indicates that while he was growing up, his family did not have any incidents with Protective Services. He does state that there was some history of possible domestic violence but that this happened when he was very young.

B. PHYSICAL, MENTAL AND EMOTIONAL/ SUBSTANCE ABUSE HISTORY

Mr. Williams is taking the medication Lipitor to control his high cholesterol. He is monitored by a doctor, and other than the high cholesterol, Mr. Williams is in good physical condition. Mr. Williams has not had any surgeries or hospitalizations. He also indicates that he does not have any mental, emotional or substance abuse problems.

Current medical reports/TB test results are in the file for Mr. Williams. According to his medical record, Mr. Williams is in good physical and mental health.

SECTION IV

A. ATTITUDE/PERCEPTION REGARDING MARITAL RELATIONSHIP (FAMILY UNIT):

Mr. and Mrs. Williams have known each other since high school but they did not begin dating until their mid-twenties. They started their family right away and had their children within the first five years of their marriage. Mr. and Mrs. Williams indicates that it was stressful for them while raising three small children and that their marriage was strained during those times. Reflecting back, they feel that the stressful times helped to build a stronger marriage. Mr. and Mrs. Williams both indicate that family is extremely important to them, and they feel that it is essential to stay in touch with their immediate and extended family members. Each Sunday, Mrs. Williams makes dinner for the family; and everyone attends. They feel that this is an important way to keep the family connected.

There are no incidents of domestic violence to report.

ATTITUDE/PERCEPTION REGARDING PARENTING:

This family does not have any history of providing care to foster children, daycare or adopt foster care. Although Mr. and Mrs. Williams do not have any formal experience with caring for children, they have the experience of raising their birth children. Additionally, Mr. and Mrs. Williams are a source of support for their family; they often care for the children of their relatives and neighbors in a time of need.

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While raising their birth children, Mr. and Mrs. Williams learned a variety of skills over the years. They indicate that they are open to change and always are willing to learn new child-rearing techniques. For younger children, their preferred method of discipline is time out and taking away play time. With older children, Mr. and Mrs. Williams discipline by assigning extra chores, taking away privileges and grounding. In the past, Mr. and Mrs. Williams have used physical discipline but they understand that is not an acceptable way, according to the rules of the agency, to punish children.

FAMILY’S PERCEPTION OF THE PURPOSE OF FOSTER CARE:

Mr. and Mrs. Williams feel that adoption is providing a caring and stable environment for children who do not have families or who have families that are not capable of providing care for their children. The role of the adoptive family is to provide care and a positive influence on the lives of children.

ATTITUDE/PERCEPTION REGARDING FOSTER CHILDREN/BIRTH PARENTS:

Mr. and Mrs. Williams understand that children placed in their home as foster children might have the goal to be returned to their birth family. Although they feel that it would be challenging children back to a birth home, Mr. and Mrs. Williams are prepared to address this and feel that they will be able to help children maintain a connection with the birth family.

Additionally, Mr. and Mrs. Williams prefer to have African American children placed with them; but they are willing to take children of different ethnicities. They also understand the importance of respecting and preserving a child’s culture and ethnicity. They feel that they are able to support any children placed in their homes.

CAPACITY AND DISPOSITION TO GIVE A FOSTER CHILD GUIDANCE LOVE AND AFFECTION:

It is the opinion of this writer that Mr. and Mrs. Williams have great capacity and disposition to offer support, love and guidance to children placed in their care. They maintain loving relationships with their family members, plus people in their neighborhood and in their church. Mr. and Mrs. Williams show compassion toward others and enjoy helping those in need. They feel that they do not need recognition for their services in their community that show their commitment to children and those in need.

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SECTION V

STRENGTHS AND WEAKNESSES

Family's Assessment

Mr. and Mrs. Williams feel that their strong relationships, with each other and with their family, are a great strength. They also identify their ability to co-parent and support the other person's decisions as a strength. Additionally, the fact that their family supports their decision to become foster parents can be seen as a strength.

A weakness of this family could be that they have the propensity to become overly attached to children placed in their home. This could make it difficult for them if the child were to be moved. Mr. and Mrs. Williams realize the difficulty of the situation and are willing and able to work on enhancing their capabilities to cope with separation.

Worker's Assessment

According to this worker, Mr. and Mrs. Williams are strong candidates to become foster parents. They have a number of resources in the community, and their extended family and friends are strong sources of support. Additionally, their strong marriage and commitment to the church also are strengths. As individuals, each displays characteristics of a successful foster parents such as patience, compassion, calm and caring.

Mr. and Mrs. Williams need to work on creating psychological boundaries to protect themselves if they are to become foster parents.

REFERENCES

Ms. Janice King, 8 years, from church
Ms. Shelia Malone, 18 years, friend
Ms. Natalie Lyons, 12 years, friend of family

LICENSING RECORD CLEARANCES

Clearances were obtained for both Mr. and Mrs. Williams. There is no record of criminal or Child Protective Services involvement.

Clearances are enclosed on the support person as well. There is no history of criminal involvement.

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PLACEMENT RECOMMENDATIONS

A. Type of child/youth that the parents desire:

Mr. and Mrs. Williams would like to adopt children/youth ages 5 to 17 years of age, any race, male or female. They are willing to care for children/youth who have mild behavioral problems, learning disabilities, and some difficulty with attachment. They are specifically interested in adopted their current foster children, Isaiah and Michael Harris and their sister, Elizabeth Harris.

The types of behavior that the Williams’ would not desire are running away from home, severe behavioral problems, self-mutilation, violence and fire starting.

B. Type of child/youth agency recommends:

The agency recommends that Mr. and Mrs. Williams be approved to adopted Isaiah, Michael and Elizabeth Harris. While Isaiah has run away and Michael has engaged in self-mutilation, they are sufficiently prepared and willing to address these behaviors should they occur in the future.

Submitted by: _____ Date: _____
Caseworker

Reviewed by: _____ Date: _____
Supervisor

Updated: 9/10/06

Large Group Discussion

- ✓ Reconvene the group, and debrief.

Trainer's Points

- ✓ Bring out the following points if participants do not raise them during the debrief:
 - The Williams' commitment to continued relationships between the children, their birth mother, their grandmother, and Aunt Lorita.
 - Each child's comfort level and concerns with the decision of the Williams' to become the Harris Children's adoptive parents
 - Lorita Webster's ambivalence about her caregiver status and Ernestine Harris' ambivalence about the need for adoption of the children.
 - The choice to select the foster parents other than Ernestine Harris or Lorita Webster

Transition

Wrap-up and Post Test

- ◆ Are there any questions or comments relating to the Decision-Making and Placement-Selection Process?
- ◆ This concludes the Decision Making and Placement Selection in Adoption Module. Thank you for participating
- ◆ Please complete the post test, and turn it in before you leave.





Decision Making & Placement Selection in Adoption: References and Other Resources





Decision Making & Placement Selection in Adoption: References and Other Resources

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Web Sites

AdoptUsKids. The Collaboration to AdoptUsKids is a project of The Children's Bureau, part of the Federal Department of Health and Human Services. In Oct. 2002, The Children's Bureau contracted with The Adoption Exchange Association and its partners (The Collaboration to AdoptUsKids) to devise and implement a national adoptive family recruitment and retention strategy, operate the AdoptUsKids.org web site, encourage and enhance adoptive family support organizations and conduct a variety of adoption research projects. www.AdoptUsKids.org.

Child Welfare Information Gateway. Established by the U.S. Children's Bureau to provide access, information, and resources on all areas of child welfare to help protect children and strengthen families. www.childwelfare.gov.

Children's Bureau. The Children's Bureau is one of six bureaus within the Administration on Children, Youth and Families, Administration for Children and Families, of the Department of Health and Human Services. As the oldest Federal agency for children has primary responsibility for administering Federal child welfare programs. The Children's Bureau was created by President Taft in 1912 to investigate and report on infant mortality, birth rates, orphanages, juvenile courts, and other social issues of that time. The Children's Bureau works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes. It seeks to provide for the safety,

permanency and well-being of children through leadership, support for necessary services, and productive partnerships with States, Tribes, and communities.

National Resource Center for Adoption. Established by the U.S. Children's Bureau to assist States, Tribes, and other federally funded entities increase capacity in adoption. Also assists in improving the effectiveness and quality of adoption and post adoption services provided to children and their families. www.nrcadoption.org.

National Data Analysis System. Integrates national child welfare data from many sources. <http://ndas.cwla.org>.

