

Adoption and foster care in california

[Family](#)



With the advent of societal changes the numbers of children in foster care has risen, as have the complexity of their problems. In California, approximately 100,000 children are in out-of-home placement with parental substance abuse the most common reason for entry (California Department of Social Services, 7).

A study by Lewis and associates (1995) reported the number of drug exposed infants entering foster care increased 3000% from 1981 to 1993 in Los Angeles County. Takayama and colleagues (1998) reported that nearly 80% of the children entering foster care in San Francisco Country had a substance abusing parent and over 90% of infants entering foster care were prenatally drug exposed.

Foster explains that perniciously addictive crack cocaine and acquired immunodeficiency syndrome have largely been responsible for dramatic increases of children with health related problems being placed in foster care (Foster, 11). " Children whose parents abuse alcohol and drugs are almost three times more likely to be abused and more than four times more likely to be neglected" (Foster, 14).

Another factor increasing foster care population is the reductions in welfare benefits, which have shown a relationship to increases in child abuse and neglect referrals (Children's Defense Fund, as cited in Freundlich, 2000).

According to the Children's Defense Fund (as cited in Freundlich, 2000), child abuse and neglect referrals went up 12% when the families' welfare benefits were reduced 2.7%. These same Los Angeles County figures showed an

increase the following year of 20% referrals when benefits were reduced by 5.8%.

Many children are placed in child protective custody because of neglect (Foster, 29) with the second most common reason being physical abuse, but in a number of cases children enter foster care because of reasons related to poverty. Finally, the welfare mandatory work requirements for benefits with scarce provisions for child care exacerbates the tensions that a single parent faces.

With the 5-year lifetime welfare cap and a 20% reduction in the Food Stamp Program many families will not be able to sustain a safe and stable home. In response to these reductions and pressures, more children may enter into the protective care and stay longer.

In addition to reduced income, some families with disabled children stand to lose their Supplemental Security Income, due to tighter eligibility requirements (Freundlich, 35). In all, there are twice as many children entering the child welfare system as there were 20 years ago (Foster, 35).

Adoption in some form has been used to help families since recorded history. A common form of informal adoption utilized in colonial America was to indenture children to a family for the purpose of learning a trade (Hacsi, 164).

Later, orphan asylums were operated to feed and house "poor and parentless children" (Foster, 41). Extreme poverty led some families to "place-out" their own children until they became economically viable family

again (Hasci, 165). These informal adoption measures were gradually replaced as a new professionalism in child welfare began.

The growing involvement of state and federal government in child welfare and the establishment of the juvenile court system in 1900 altered and "greatly increased the numbers of state wards" (Hasci, 172).

California led the way in 1915, by regulating and licensing placement home agencies and in 1920, started making payments for out of home care for those declared needy by the juvenile court (Hasci, 172). California state government encouraged adoption rather than boarding-out because it saved money and cut ties to biological parents who were thought of as being "morally delinquent" (Hasci, 173).

Depression era funding created Aid to Dependent Children (ADC) with the goal of keeping children in the home by supporting impoverished families (Hasci, 173). The role of government continues to dictate child welfare policies based on prevailing societal attitudes and current research.

During the 1960s, federal foster care funding and the discovery of the "battered child syndrome" combined to further change the dynamics of child welfare. Child protection against abuse became a nationwide concern and there was money in the coffers to fund a foster care system (Foster, 47).

Money, awareness, and mandatory reporting laws increased foster care rolls from 300, 000 in 1962, to 500, 000 in 1977 (Foster, 49). Numerous laws have been passed to organize and encourage adoption rates. Originally the Adoption Assistance and Child Welfare Act of 1980 was enacted to offset an unintended consequence of foster care.

Moving from one foster home to another repeatedly exacerbated the adjustment and developmental problems of children already exposed to unstable and unsafe home environments. It was hoped that this law would expedite reunification efforts while slowing down foster drift by encouraging preventative strategies.

Currently, adoption policy guided through President Clinton's 1997, Adoption and Safe Families Act (ASFA) focuses on a parallel approach which emphasizes reunification and permanency options simultaneously. Parents who are unable or unwilling to aggressively pursue reunification dictates will lose parental rights; however, much less time is wasted because of the joint approach and, therefore, children gain permanent homes sooner (Foster, 55).

Although it seems logical now to encourage foster parents to adopt their foster children, affectionate ties were discouraged and sanctioned by many court cases (Stephens, 1992). Prior to 1974 two-thirds of the states, including California, discouraged adoption by foster parents (Meezan, & Shireman, 14).

Information had been postulated too regarding the deleterious effects of a lack of permanence in children's formative years. As early as 1952, researchers Bowlby and Robertson discovered and described the three phases of protest, despair, and detachment that an infant or toddler will display when separated from their affectionate care giver and by 1969, Bowlby had published the first of three volumes about the importance of early and consistent attachment.

However, the dissemination of this important finding was not significantly applied to practice until Congress passed the Adoption Assistance and Child Welfare Act of 1980, thereby recognizing the importance of permanency placement (Katz, 220).

In December 1996, President Clinton directed the US Department of Health and Human Services (DHHS) to develop strategies to achieve permanency more quickly for children in the foster care system and double the number of adoptions to 54, 000 by fiscal year 2002.

Data available at the current moment showed that while the number of children in foster care increased from 242, 000 in 1983 to almost 500, 000 in 1995, the number of adoptions of children in out of home care stayed between 17, 000 to 20, 000 during this same period (Maza, 445).

Clinton's directive, disseminated by DHHS as Adoption 2002: A Response to the Presidential Executive Memorandum on Adoption made two important recommendations: (1) States were to develop plans to double their adoptions and set annual targets for the adoptions to be finalized through 2002 and upcoming years; (2)

States would be rewarded with an annual financial bonus for each adoption finalized over the baseline number of adoptions (Maza, 449). Subsequently, the Adoption and Safe Families Act was passed and disbursements to child welfare agencies were authorized to increase the number of children adopted.

It qualified a state to receive \$4, 000 for each adoption over the baseline of previous years and an additional \$2, 000 for each adoption finalized with a

Title IV-E Adoption Assistance agreement (an additional payment for children with special needs) (Maza, 450).

Medical, behavioral, developmental and educational (if appropriate) assessments are necessary to finalize an adoption. These assessments are confidential and are kept in the child's record to document appropriate and mandated care. In San Francisco County and Los Angeles County, HIV screening is also a routine part of medical assessment for at-risk children in foster care.

In 1996, the California state Department of Social Services formed the Adoption Policy Advisory Council to review adoption policies in California. The council created the Concurrent Planning Workgroup to develop and implement a model of concurrent planning as part of this effort (Williams, 18).

This group assisted in developing Assembly Bill 1544, which became state law effective January 1, 1998, as Chapter 793, Statutes of 1997. Chapter 793 requires that a concurrent plan be developed for every child entering out-of-home care. Concurrent planning is a well-known approach to facilitating timely permanency for children in foster care.

The concurrent plan names the child's permanency alternative to reunification - adoption, guardianship, or emancipation - and describes the services necessary to achieve this if reunification fails.

Chapter 793 also explicitly clarified that certain concurrent planning activities -placement in a foster-adopt home, detailing services necessary to achieve legal permanence for child if reunification fails in the case plan, or

providing such services concurrently with reunification efforts - could not, in and of themselves, be evidence of a failure to provide reasonable efforts.

The law did not require that the permanent plan be pursued concurrently with the reunification plan. When reunification appears likely, " concurrent planning services" may consist of reassessing the family's situation in 90 days (Williams, 19). Chapter 793 also added a section to the Welfare and Institutions code requiring the court to query the birth mother at an early hearing regarding any presumed or alleged fathers.

The court is subsequently responsible to provide hearing notice to all alleged fathers, with a paternity determination required of all men who respond. The hope is to avoid delays due to birth fathers' surfacing at termination of parental rights hearings and requesting parental rights and services, or objecting to termination of parental rights (Williams, 21). The California law also requires that the case plan describe whether the parent was advised of the option of relinquishment.

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