Minority Adoption Project (MAP)[1]
The Adoption Center for Minority Children

Removing Barriers and Increasing Supports to Minority
Children and Families

Final Evaluation Report
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Overview of Literature

There have been multiple systems of child welfare that have melded into the current system. Long before there were European Caucasians in North America, Native Americans develop a system of child welfare based on tribal values, customs and kinship affiliation.   Africans in America developed a system of child welfare based on kin and affiliation as a reaction to and adaptation to slavery. Caucasians developed the system of child welfare after these groups, and the public system developed today is one based on a reaction to child abuse and neglect.

Historically, child welfare policy and practice has been particularly destructive to Native American families and culture (Hogan & Siu, 1988). When the child welfare system was being formally established, initially there was a separate system developed for African-Americans (Hogan and Siu, 1988). This separate system lasted until World War II, although a recent book (Bernstein 2001) chronicles the separate system of child welfare for African-Americans compared to other racial groups until the 1980s.   This book, written by journalist, reconfirms social work researchers' (Hogan & Siu, 1988) contention that the child welfare system responds differently to children and families based on their race/ethnicity with particularly negative results for African-American children. Little information is documented about the experiences of Hispanic children in the child welfare system, although there is some indication that they are over-represented in care (Hogan & Siu, 1988).

All racial and ethnic groups do not experience the child welfare system in the same way. Minority children make up about 20% of the U. S. population but approximately 80% of the children in the child welfare system. African American children are much more likely to enter care then Hispanics and Asians (Garland, Ellis-Mclead, Landsverk, Ganger and Johnson, 1998), tend to stay in care longer (Close, 1983; Jenkins & Diamond, 1985; Hogan & Siu, 1988; Barth, 1997), and the African-American child is twice as likely to remain in foster care then be adopted (Barth, 1997). Barth writes that, "An African-American infant has nearly the same likelihood of being adopted as a Caucasian three to five-year-old." (p. 298). Whether overt or covert, current practices discriminate the most against African-American children "…who do not have the same opportunity as other children—all things being equal—to be adopted" (p. 299).

The issue goes beyond economics because a high percent of Hispanics have low income that negatively affects stability. Garland and colleagues (1998) suggest that relationship between race/ethnicity and foster-care placement is complex and plays a role independent of socioeconomic factors. Brown and Bailey-Etta (1997) assert that, "African American families are disproportionately affected by negative social, political and economic factors that undoubtedly contribute to their (children's) over-representation in the out-of-home care systems" (p. 66). In addition, racism and segregation have often denied African-American families and children access too many child welfare services or have resulted in differential treatment within the system (Bernstein, 2000; Close, 1983; Stehno, 1982; Albers et al., 1993; Brown & Bailey-Etta, 1997).

Barth (1997) indicates that there are structural barriers that prevent the adoption of minority children that need to be removed. These barriers include how families are

screened out of the process, the slow pace of adoption from home study to placement, the type of questions asked in the home study process, and the training required of potential adoptive parents. Other system barriers have also been identified that affect permanency, for both minority and non-minority families. These include problems with coordination among different agencies, recruitment and outreach strategies (Miller, Fein, Bishop, Stilwell & Murray, 1984). Finally, additional system barriers are the worker's background and training that have an effect on outcomes of children in the child welfare system (Barth, 1997; Albers, Reilly, & Rittner, 1993)

The issue of minority children and minority families is more than just an issue of social justice. The reduction of children in substitute care initially experienced after the passage of the Child Welfare act of 1980 have been negated in the 1990s, with over 581,000 children estimated to be in substitute care as of September 30, 1999. This growth has been due, in part, to a decline in the rate of exit from care (see Tatara, 1992; Albers et al., 1993). While this has been an overall trend, the trend disproportionately affects minority children (Albers et al., 1993).

We seem to have lost the focus on the differential treatment of minority children in the child welfare system as a civil rights issue. Federal legislation such as ASFA (Adoption and Safe Family Act), MEPA (Multi Ethnic Placement Act), further eroded the ability to raise minority issues as civil rights issues, although the language is somewhat contradictory in the bills. In the absence of legal challenges to minority issues in child welfare, advocacy and model programs offer the best hope for addressing the numerous issues. In addition, consciousness-raising activities about the differences and child

outcomes of permanency compared to temporary care is critical to overcoming barriers to adoption (Miller et al., 1984).

The Problem in Context

According to national reports, the number of children in foster care was estimated to be over 500,000, and has increased over 50% since the 1980's. In just a 3-year period from 1990-1993, the number of children in foster care increased 110% (Curtis, Boyd, Liepold, & Petit, 1995). According to the Department of Health and Human Services, about 40% of the children in foster care are over the age of 11.[2] Of this population of children, 21% have a case plan of adoption, suggesting that as many as 85,000 may be free for adoption.[3] For a number of reasons, these children will never be reunited with their birth parents. Disproportionate to the general child population, the majority of these children are of minority heritage.

While national and state statistics on minority children waiting to be adopted are shocking, Cleveland's numbers are even more disheartening. According to figures released by the Ohio Department of Jobs and Family Services in 2002, about 3,500 children in the state are in permanent custody without a family to call their own. Of these, 57% or 2,800 are African-American children. The Cuyahoga County Department of Children and Family Services (CCDCFS) has the most children waiting adoptive placement in the State of Ohio. Almost half (1,747) of all the children in permanent custody in Ohio are in Cuyahoga County, and 81% of those children, or 1,411, are

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[2] See http://www.acf.dhhs.gov/programs/cb/stats/afcars/adnoj97b.htm

[3] See http://www.acf.dhhs.gov/programs/cb/stats/afcars/mrcpo97a.htm

African-American. According to the 1990 Census, African-Americans account for only 26% of Cuyahoga County's population, yet African-American children make up 81% the total number of children waiting for adoption. African-American children are clearly over represented in the out-of-home population relative to their share in the overall population in Cuyahoga County.

According to the Public Children's Association of Ohio, of the 3,500 children waiting for adoption in Ohio, about two thirds are over the age of five years, and nearly one third are over the age of eleven years. A recent CCDCFS Adoption Department report (September 2002) indicates that in a representative sample of the children legally free for adoption in Cuyahoga County, 18% are under 5 years old, 28% are between 6 and 10 years old, 50% are between 11 and 15 years old, and 4% are over 16 years old. In Cuyahoga County, 75 - 80% of the children waiting for adoption have siblings.

While the rate of children coming into protective custody is increasing, the rate of permanency placements is not and children are languishing in the child welfare system. Statistics from the Public Children Services Association of Ohio show that in Cuyahoga County 55% of all children in permanent custody have been in out of home care for three or more years. The average length of stay in foster care of children in non-kinship placement is 533 days. In 2000, only 390 adoptions were finalized, less than half of the children with a plan for adoption.[4] In 2001, 400 adoptions were finalized, and in September of 2002, 605 adoptions finalized. The past two years has shown a 2.5% to 51% increase in adoptions. The system has 12% less children in care although the number of children with open cases remained relatively stable in 2001 to 2002. Over 700

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[4] See http://www.cuyahoga.oh.us/cfs/statistics.htm

children remained in their own home instead of entering substitute care. This is due to a 4% decrease of foster homes within one year.

There are an additional 1,213 children in the temporary custody of CCDCFS with an adjudicated finding of abuse, neglect or dependency. Also, according to CCDCFS, another 3,000 children are expected to enter the county's permanent custody in the early years of the new Century as a result of the enforcement of ASFA time frames. There are also reports that 40% of African American children between the age of birth and 12 years leaving foster care return to foster care within 12 months.

The number of children needing adoption is only part of the issue.   There are many barriers to families seeking to adopt. It is estimated that only about 1 out of 20 inquiries about adoption results in a permanent placement in Cuyahoga County. At this rate, approximately 10,000 preliminary contacts would be needed to finalize permanency for the 500 waiting minority children.

Thus, it is important to understand the barriers to increasing the pool of adoptive families. The following barriers to minority adoptions were reported by the North American Council of Adoptable Children (Giles & Kroll, 1991), drawing on survey date from 87 private and public child-placing agencies in 25 states:

- Institutional/Systemic Racism
- Lack of People of Color in Managerial Positions
- Fees
- "Adoption as a Business" Mentality
- Lack of Minority Staff
- Inflexible Standards
- Negative Perceptions of Agencies and their Practices
- Communities of Color Tendencies to Informally Adopt

- Lack of or Poor Recruitment Techniques and the Weakness Perspective
- The "Word Not Out"

These same barriers to minority adoption were also reflected in conclusions reached by the Ohio Adoption Task Force created under the administration of Governor George Voinovich. In addition, the Task Force's final report identified barriers that caused 92% of minority families to drop out of the adoption process during the home study phase. These included:

- Intimidation by and condescending or judgmental attitudes of the adoption workers
- Lack of minority and culturally sensitive staff
- Lack of information about the children waiting to be adopted in minority communities

In the evaluation of a Minority Adoption Recruitment Grant funded by Adoption Opportunities in 1994-1996, the CCDCFS identified the following barriers to placing older minority children and sibling groups (Walker, Boxely, Harris, & Groza, 1997):

- No ongoing recruitment campaign for minority adoptive families
- Little child specific recruitment campaigning
- High drop out rates with recruitment activities not resulting in increase of adoptive homes
- Barriers in pre-service training (number of sessions, no child care available, location of training, time of day of the training)
- Mistrust of the public agency by community families
- Worker apathy/lack of team spirit
- A matching system that is demoralizing to workers because it mismatches waiting children and potential families (the families waiting to adopt do not want the majority of children available)
- Insufficient priority in policy and practice of keeping siblings together

Adoption professionals associated with this project observed and experienced the existence of other barriers to facilitating the adoption of minority children. Based on their practice experience and observations, barriers in the areas of retention and support include the following:

- Negative experiences in the adoption process
- Lack of ways to keep families connected in the process
- Lack of staff responsiveness
- A placement process that takes too long
- Lack of appropriate organizational support systems in the minority community

The issues that impede the adoption of sibling groups are so pervasive that they warrant their own discussion. Although the sibling relationship can be as crucial as the parent-child relationship (especially when the parent-child relationship is severed), in reality current practice shows a lack of understanding that sibling relationships provide important psychological and emotional support. There is little appreciation for the fact that being separated from parents and siblings is a life-changing occurrence that leaves children without a sense of belonging to anyone or anywhere. It has long been documented that a sense of belonging is critical to living a productive, healthy, stable life. Children who lose contact with siblings lose access not only to a current source of support for resolving their grief over parental loss, but also to potential future natural support networks provided by adult siblings (Gardner, 1966).

Many barriers to sibling group adoption exist because the child welfare system itself seems to give precedence to bureaucratic convenience or necessity over a concern for the best interest of sibling groups. Often when a child enters the child welfare system in the heat of a family crisis, the overburdened caseworker quickly places siblings in

separate foster care homes. Another barrier is the fragmentation of the system with different caseworkers for intake, on-going family services, foster care, and adoption. Unless siblings enter the system at the same time, they are unlikely to have the same caseworker. Sibling information may be overlooked as records are passed on from caseworker to caseworker.

Additionally, while there are legitimate reasons for separating siblings, the attitudes of workers concerning sibling relationships often contribute to the unwarranted separation of brothers and sisters. A common myth within the child welfare and judicial systems is that siblings who have been physically abusive or sexually active with one another, siblings who argue, and siblings with severe developmental needs are "better off" separated. Often workers believe it is easier and timelier to find permanent homes for siblings on an individual basis rather than as a group. This defeatist attitude precludes even trying to place them together (see Maschmeier, 2001)

These barriers can be eliminated or reduced. A multi-faceted approach to increasing minority and sibling group adoptions will be required to overcome the variety of identified barriers. Policies and practices must be affected that will reduce barriers to adoption and, in turn, lead to increased placements. Following is the approached used in the Minority Adoption Project (MAP) to overcome barriers and increase minority adoption in Cuyahoga County.

The Strategies of The Adoption Center for Minority Children (MAP)

Bellefaire JCB has a historical commitment to adoption services for minority children. With funding from Adoption Opportunities Grant, the Adoption Center at

Bellefaire JCB created the Minority Adoption Project (MAP) in 1999. Following are the specific strategies employed to attack existing barriers as well as to increase recruitment and retention efforts on behalf of the many minority children in the county.

Public-Private Partnership. Building upon the pre-existing collaborative public-private partnership, MAP continued to utilize the strategic alliance to achieve project goals. MAP's role and responsibilities were to carry out all the objectives and tasks of this project. The CCDCFS holds custody of the children; they refer children to MAP, participate in permanency planning decision-making, and participate in training, and monitor and correct data about systemic problems. It was critical that the public and private agency had a strong relationship before tackling this new initiative. Little effort had to be spent building a relationship. Rather, effort was spent on focusing on a particular population and understanding the system issues that impede and enhance the placement of older minority children and sibling groups.

Advisory Council. Drawing from a social work tradition of community-based practice and client feedback, the local community was engaged. A voluntary project Advisory Council was established of adoptive parents of minority children. This advisory group has met yearly to advise and offer feedback on the activities of the project, with particular emphasis on issues of cultural awareness and sensitivity. It also focuses on identifying barriers to adoption and advocating for change at the agency, county or state level.

Innovations in the Adoption Process. Every aspect of recruitment, retention, preparation, and post-placement support proposed in the plan reflected the racial and

ethnic origin of the children available for adoption. The project targets its services primarily to minority neighborhoods.

The recruitment component of the MAP is multi-faceted. First, since word of mouth is one of the strongest recruitment tools available, Adoption Ambassadors were enlisted to act as mentors and assist with project activities. MAP staff identified adoptive parents of minority children who have strong community ties, a reputation as grass roots adoption advocates, and a history of referring potential adoptive applicants to the agency. Once interviewed and selected, the volunteer ambassadors were provided with an initial orientation and ongoing training regarding their role in recruitment activities, assisting with training and providing support to newly recruited families. They make individual recruitment contacts some in their homes, churches and other community sites. They have been involved in hosting and/or participating in information meetings and training sessions, and in making follow-up contacts to recruited families as they proceed through the official process. A monetary incentive in appreciation for the recruitment, retention, and successful certification of adoptive families is available. Ongoing training for Ambassadors has been offered throughout the project.

Secondly, MAP developed a strategy for a recruitment campaign that built on the agency's existing reputation. The name, a logo, and a slogan were all incorporated into an adoption recruitment poster and collateral brochure. The recruitment materials represent the children needing adoptive families so that misleading expectations are not created that later might disappoint or demoralize prospective families. For instance having a picture of a cute baby was not accurate in as much as most of the children were older. The featured child was an African-American male about 9 years of age. Brochures

and flyers also aimed to counter misinformation such as the requirements to be married or own a home in order to adopt. The recruitment information is placed in key locations especially in communities such as minority owned businesses, community centers in minority neighborhood's, recreation areas frequented by minority youth and families, and places of worship/religious gatherings.

An advertisement for the MAP was placed in the yellow pages of the telephone directory. In addition, with the resources of this proposed project, the agency expanded the placement of recruitment features in local African-American focused newspapers and magazines.

MAP staff set up booths at community events and other heavily trafficked locations to distribute information and identify prospective applicants. MAP was represented at the Sister-to-Sister Convention, a conference focusing on the needs and issues of African-American women, attracted many minority families. Local events in specific neighborhoods were also attended attracting a large gathering of minority residents. For example, two adoption panels were held at community books stores, adoption information was distributed at 49 community festivals, and adoption presentations were made at 11 churches. There were 6 additional presentations made at the Gay and Lesbian Center. The most effective recruitment technique was the presentations (at churches, community centers and informational meetings) throughout the community. Doing smaller presentations were more personable and friendly. Families were apt to ask more questions in a smaller group, they were given good information and many myths were dispelled. Posters were redeveloped with pull off

cards that had paid postage. This idea was very successful and generated many highly motivated families.

Some recruitment activities were targeted towards non-traditional prospective adopters such as single men and women, and in atypical community locations. For example information was distributed and presentations were held for fraternal organizations, beauty salons and barbershops. Specific recruitment events were targeted to the Gay and Lesbian population. All were very receptive to the information and highly motivated to begin the adoption process.

Intensive child-specific recruitment services were provided to older minority children and minority sibling groups. An individualized recruitment portfolio was developed for each of the individual children and sibling groups referred to the project. This portfolio included photographs, information regarding the child's functioning and special needs, and copies of any audiovisual or print media features and flyers. The recruitment portfolios are used to "make real" the waiting children to prospective adoptive families. The portfolios are available for review at all general recruitment activities and are shared in individual contacts with inquiring families.

In January of 2002 a new recruiter was hired. He was energetic and brought fresh new ideas and insight to target populations that had been overlooked. Threw his hard work we were able to triple all aspects of recruitment. Throughout the grant there had not been one specific person to maintain the position. Just when things got up and running the person moved within the agency. The recruiter has been crucial in getting written material out in the community. This position has been vital to the grant and has helped children find permanent homes.

Child-specific recruitment buttons were produced. The buttons were large enough to picture one waiting child or sibling group with a saying such as, "Ask Me About Johnny!" A sticker on the back of the button has the MAP's phone number on the back. The buttons were worn daily at business, social, and routine activities as well as at adoption specific events. Bellefaire JCB adoption staff, other staff of public and private child caring agencies, Adoption Ambassadors, child advocates, adoptive families, prospective adoptive families, and a wide range of community individuals wore buttons and continue to wear buttons. A photo book of all the project children was also created.

Retention of Families and Reduction of Barriers. A major focus of the project was to make adoption accessible to families wanting to adopt older minority children and sibling groups, and to enhance their likelihood of retention as the process continues by reducing barriers. One key means of achieving this was by providing a timely, personalized contact to families responding to either child-specific or general recruitment. Informational meetings/open house were held to assist families in exploring options, getting questions answered, seeing detailed information and pictures on waiting children. From inception, the plan was to make personal or telephone contact to all families within two days of their inquiry. A detailed packet of information was sent immediately following the first inquiry call. The adoption specialists were willing to meet prospective applicants at their homes or at a neighborhood location at a convenient time for the family, even if that was evenings or weekends. At that time, information was shared regarding any specific child-related interest, the project and adoption in general. This rapid and client friendly response demystifies the bureaucracy of adoption and makes the adoption process as easy as possible for the applicants.

Following the initial contact, families began the adoption process (pre-service training, application, home study, and placement). Once families begin the process, they receive follow-up contact from the adoption worker on a regular basis to assist and support their continued involvement. Whenever possible one social worker will go thru the entire process with a family from application thru and up until finalization. If families encounter difficulties with procedures, attitudes or paperwork, project staff intervened to advocate for the family and to assist in the resolution of these difficulties. The Adoption Ambassadors were available on an "as needed" basis to offer personal support and encouragement to families during the home study, waiting, and placement periods.

Another principal key to retaining prospective adoptive families was to increase culturally competent adoption practice and sibling-centered adoption practice in the community. In order to achieve and institutionalize effective practice for minority children, cultural sensitivity/cultural competency training is required of adoption staff at all professional levels at both public and private agencies. Cultural sensitivity and sibling-centered training was provided to project staff and all adoption staff in the early months of the project, utilizing local resources and currently available curriculums and audiovisuals. Ongoing training and technical assistance around cultural and sibling issues occurred throughout the project.

To retain families, MAP offered a strength-based approach to services. Clients often approach the adoption process with some hesitation and sometimes even with fear. They feel they are risking by exposing sensitive personal information and potential rejection. The strength-based practice of the MAP screens people in, not out, by

recognizing the strengths they can offer to a child. Rather than investigating a family for suitability, MAP offers education to the family to help them decide for themselves. This applicant driven, not institutional driven, approach attacks barriers such as inflexible standards, mistrust, and intimidation by condescending or judgmental attitudes of workers.

While appreciating its importance and relevance, many prospective adoptive families balk at the 36 hours of training provided. To buffer this barrier by making the training requirement easier to manage, the project conducted training in community-based locations or one to one individual training at times responsive to the schedules of prospective families. Individualized make-up sessions are offered. Training is delivered in a culturally sensitive and competent manner. New adoptive families are invited to share their stories. Also, an ethnic dinner celebrates the halfway mark in the training program or a celebration on graduation day.

Support Over Time. The period between approval and placement is an especially trying time for adoptive families.   Therefore, adoption specialists pro-actively communicate with the waiting families by telephoning or seeing them on a regular basis to update them on the process or just to reassure them they have not been forgotten. A bi-monthly newsletter with information for adoptive and foster families is another link to maintaining connectedness between families and the agency.

Post-Placement Services. Bellefaire JCB owns and operates a therapeutic camp called the Lucky A Ranch. MAP utilized the camp to offer weekend retreats to prepare and support children and siblings as they transition into permanent families. Therapeutic activities were structured at the camp. For example, children and families developed a

family shield, participated in a ropes challenge course, and engaged in a group project designed to enhance family attachment and bonding. The adoption experience is normalized through peer contact and interaction with other adoptive children and parents.

Post-placement support groups were organized to meet monthly that include the children and parents. While the parents connected and shared concerns and ideas to support each other, the children participated in developmental activities that are sometimes strictly recreational and most times therapeutic.

In addition to these group activities, individual post-placement supportive services were recommended as needed. For individual or family therapy a list of professionals both at the agency and in the community was provided. MAP workers assisted in case management activities when necessary.

The initial conceptualization of the MAP approach has not changed very much since its implementation. After a slight delay in start up, the project was developed and from the beginning, a plan was in place to evaluate the project.

Evaluating Our Efforts

Following is a summary of the process and outcome evaluation of MAP. The objectives and outcomes are for the full length of the project.

TARGET: Older Minority Children & Sibling Groups

 RESULTS EXPECTED

Increase placement of older minority children
- 30 older minority children will be placed by project end
- Child specific portfolios will be created for 9 children

Strengthen and improve sibling placements
- 10 minority sibling groups will be placed by project end
- Child specific portfolios will be created for 10 sibling groups

For both groups of children, over 8,100 hours has been spent developing innovative child-specific recruitment and marketing strategies to recruiting families

OUTCOMES PROJECTED

Improve placement of older minority child and sibling adoptions. The project did not meet targets for the number of children projected to achieve adoption. There were a total of 25 older minority children and 15 sibling groups referred to the project. At the project end, there were 12 older minority children and 11 sibling groups in foster care that achieved adoption (2 disrupted adoptive placements occurred) for a total of 41 children who found permanency. Out of that number, 24% (n=10) were under the age of 8 and 75% (n=31) were between the ages of 8 – 18. The average length of time in permanent custody for a single child in the public system was 4 years and 2 years for sibling groups. There was an exceptional case that stood out where a single male had lived with his foster family for 10 years and the family was unable to commit to that child. Through the efforts of MAP staff, a single father was recruited for that child and he was adopted at the age of 13.

Many, if not all of the children, selected for the MAP project were children who can be categorized as "difficult to place." The children had numerous placements, ranging from 1 to 5; the average was three placements per child. There was one child in residential care and there were four in therapeutic foster homes. Eleven sibling groups and twenty single children were in specialized foster care. Out of twenty-five single children, one was in residential care, two were in therapeutic care, and the majority (88%, n=23) of the single children were in specialized care. In the eleven sibling groups, all (100%) were in specialized care.

All of the children came into care because of neglect, physical and/or sexual abuse. In the sibling groups, one had a history of neglect, 27% (n=3) had a known history of sex abuse, 54%(n=6) had a history of physical abuse, and one entered care as a result of dependency. For the single children, one came into care due to dependency, 33%(n=4) had a history of physical abuse, 16% (n=2) had a history of neglect, and 42%(n=5) had a history of sexual abuse.

The background information about the child's history was treated with care and sensitivity. Special steps were taken to give accurate information to the potential parent but not to present the child as being unadoptable. For example, fliers were rewritten with words of affirmation and portfolios were developed in the child's own handwriting. Families were presented with the most up-to-date and accurate information on the children, including progress made in dealing with behavior or emotional problems. Children were presented as real and not as perfect or unsalvageable. Through the entire process, families were able to ask specific questions, answers were given, and any concerns were addressed.

Initially, a few children (4%) stated they did not want to be adopted. They believed they were too old or there was no family for them. In talking with the children and getting to know them, we realized they had no understanding of what permanency or adoption meant. Because foster families stated they could reside with them until 18, children felt that was a permanent home. Also, foster families sometimes tried to discourage the children from wanting to be adopted. They did not want to help or where unable to help the child transition from their home into an adoptive home, even if they could not make the commitment to adopt. The foster family did not want to let go. The

goal of the MAP worker was to engage the foster family in the process, focusing on the best interest of the child. Foster families were solicited to help the child in their care with their portfolios and developed plans on how they could remain an important part of the child's life once the child moved to a permanent adoptive home. An unanticipated outcome was the increase of foster parent adoption as a result of the project. This was mostly due to the foster family getting accurate adoption process information from the adoption specialist.

Many discussions were held with the children concerning separation, loss, grief and loyalty to birth families. According to staff reports, children adopted by their foster family where they had been raised since infancy, were under the age of 4, or who had been in the foster home for 5 or more years, talked about these issues in less than 10% of counseling sessions. Of the children who were being prepared to leave their foster home, regardless of the length of time they had been in the home, these issues emerged in counseling sessions 60% of the time. For children removed from their birth parents at age 10 or older, almost 100% of the sessions dealt with issues of separation, loss, grief and family loyalty. For children who were part of a sibling group, 100% feared they would no longer be able to have contact with siblings if they remained separated. MAP staff established visitation plans with foster families and siblings as part of preparing children for adoption.

Portfolios were developed for 9 children. The portfolios were designed to incorporate the child's personal feelings about adoption. The portfolio showed their achievements, likes, dislikes and what type of family the child was looking for through pictures, words and drawings. This gave children a chance to express themselves, be an

active part of the preparation process for adoption, and take ownership and pride in what they had created. These portfolios were used in the community to help potential adopters know the children as individuals.

As reported previously, children's photos were on buttons.   Families were receptive to seeing children on buttons. It made the children become personal to those interested in adopting.   Families appreciated seeing a photo of a particular child or children waiting for a family. The buttons motivated some foster parents who had been ambivalent about adopting. They did not want to have another family adopt the child or children in their care. The placements resulting from the buttons also encouraged other agency staff that there were working with older children to find permanency. There was only one child that expressed concern about the buttons--she didn't like her photo on the button but she was not opposed to the buttons as a way of recruiting a family for her! So for her we did a retake of the photo and developed a personal flyer with her input. She was excited to have input and was pleased with the final product.   Some workers felt that it was an invasion of the child's privacy, similar to the concerns expressed about adoption parties and adoption fairs. However, this was not an issue for any of the children in the project.

Increase community outreach and media activities for older minority children and sibling groups. One of the activities used within the community was a hair salon and barbershop campaign. Hair salons and barbershops were recruited in neighborhoods where the MAP children resided. The children received free services and the technicians used buttons to recruit a family for that specific child.   The community was more effectively engaged since the small business was located in the community where the

children could be seen.

Several forums were held in local bookstores within the community. The recruiter and MAP staff attended community festivals. We used booths and distributed buttons, magnets, combs, posters and brochures. These tools were specifically design to give current and accurate information associated with adopting older minority children.

Training and formal presentations occurred in 11 churches within several highly populated minority communities in Canton (located south of Cleveland), in Lorain (located west of Cleveland), and several suburbs of Cleveland.

Families from the church were interested and asked thoughtful questions. We also recruited in the gay and lesbian community. Several families from the gay and lesbian community followed through past the inquiry process.

We received several inquiries from communities outside the metropolitan area. Many of these inquiries were from current foster families. Several of those families were in the process of adopting their foster children. Although we had hoped for higher numbers of inquiries and for families to proceed further in the process, we know that it takes many families up to a year or more to move from inquiry to action. So, for new families, that have made inquiries, we believe these efforts will have positive results at a later time.

TARGET: Adoptive Families

RESULTS EXPECTED

Increase target recruiting for families likely to parent older minority children & sibling groups
- At least 20,000 members of the general public will receive information about adoptable older minority children and sibling groups
- A minimum of 366 hours of pre-adoption training will be delivered to families in community based settings by project end

- A minimum of 140 prospective adoptive families will be recruited to initiate the adoption process by project end

Increased retention of potential adoptive families
- 10 volunteer Adoption Ambassadors will be recruited & trained to be mentors and supports to potential families
- Project Advisory Council will meet at least twice to advise & offer feedback to improve project
- 250 personalized responses to prospective adoptive families will be made (*583 were made with 64 interested in MAP children)
- A minimum of 3 hours per month will be available to follow-up and support families engaged in the adoption process for 95% of the families
- 95% of families responding to project recruitment will receive a telephone or in-person response within 2 working days
- 95% of families responding to project recruitment will receive a specialized recruitment package within 5 working days
- 100% of responding families who wish to proceed after initial contact will be seen for an intake/application
- 95% of responding families who wish to proceed after initial contact will be seen for an intake/application within 5 days

Increase successful placement of older minority children and sibling groups
- A minimum of 35 adoptive families by project end will participate in a weekend therapeutic camp retreat
- A minimum of 27 adoptive families by project end will participate in monthly support group meetings (12 families attended at least 1 meeting, 3 attended at least 1 or more meetings

- 100% of families with adoptive placements will receive a minimum of 3 hours of post-placement services during the first 6 months of placement

OUTCOMES PROJECTED AT PROJECT END

Families will have improved knowledge about community resources, thereby reducing barriers

At least 40 families will achieve adoption of older minority children and sibling groups

At least 40 families who adopt older minority children and sibling groups will be stable

Follow-up on families; increase retention of adoptive families

Recruitment.   General recruitment materials were created featuring older

children and sibling groups. A poster was developed specifically for older children. Our theme throughout the material was, "It's About Family". A newspaper article was written in the local Cleveland Plain Dealer featuring one of the MAP children on September 20, 2000. There were also two television segments featuring MAP children on May 1 and May 31, 2000.   One segment featured a MAP child talking about her adoption and what adoption meant to her. The second segment featured a waiting MAP child and introduced a new recruitment strategy. The child was featured at a local hair salon that was actively recruiting families for the MAP project and provided the child with free hair service.   This provided the child the opportunity to be a part of the community for personal care and allowed community members to meet waiting children in an informal setting. Such an approach presented the children in a normal setting and dispelled many negative stereotypes about waiting children to the community. All too often community perceptions of waiting children are negative due to negative media messages. This strategy tackled misperceptions about children, adoption and the child welfare system. In January 2002 the new recruiter specifically targeted groups that were not originally targeted. He made numerous presentations at community festivals, churches and gay and lesbian centers. Some presentations occurred with sororities and fraternities.

A Management Information System (MIS) was developed to track families from the time of the initial inquiry through finalization. After initial information was sent to families, within two days a follow-up "rapid response" phone call was made to answer any additional questions. At that time a follow-up letter was sent to remind families of upcoming informational meetings and training. Also, the MIS was set up to notify staff

to contact families at 3- month intervals to see if they were ready move forward with the adoption process.

The MIS asks how families heard about the agency. We estimated that the advertisement on the buses reached over 20,000 people and the movie ad campaign reached over 10,000 people. The radio campaign reached 150,000 people this allowed us to track the effectiveness of advertisements such as print, phone book, radio or bus. We found that the inquiry sheet used for tracking did not meet our information needs. Out of 583 responses that were recorded, over 18% (n=106) did not report how they heard about the agency. For the responses reported, 17% (n=100) found the program though the yellow pages, 9% (n=52) from other agencies, 7% (n=20) from the statewide initiative (Adopt Ohio), 4% (n=26) came from current clients, 6% (n=33) from tear off cards, and 10% (n=56) from community. The rest of the numbers were too small to aggregate. From this data, we learned that the yellow pages ads were the most effective. We found advertising at the movie theaters and on buses to be costly and ineffective, as we have received only one response from these advertisements.

There have been a total of 583 families who have been recruited. Out of that number there were 53% (n= 307) two-parent families and 47% (n=276) single parent families 15% (n=42) single males and 85% (n=234) single females). There were a total of 13% (n=73) families assigned an adoption social worker/assessor and 10% (n=55) families submitted applications to Bellefaire JCB after being recruitment. There were 70% (n=39) two-parent families and 29% (n=16) single parents (11% (n=6) were male and 18% (n=10) were female).

One of the agency's biggest barriers has been in staffing the recruiter and trainer positions. We had two recruiters and trainers at the halfway point. Just as we got ownership and direction on the recruitment campaign and trainings we had no staff to implement the plan. Other project staff tried to help but did not had sufficient time due to their job responsibilities. This has been frustrating because a competent recruiter and trainer are needed and vital to the projects success. Both need to be culturally sensitive to the community and the children represented in the public child welfare system. These two positions are critical in doing child specific recruitment and retention. A competent recruiter is needed to recruit families and dispel myths about adoption, as well as a competent trainer who can engage the families and help them through the training to be able to proceed with the next step in the adoption process. It was only during the last year of the project that staffing was stable.

Methods for decreasing family drop out. The methods used to retain families included following up with every inquiry and sending information relevant and helpful to prospective adoptive families. This was done for 100% of the families. If we had not received a phone call or we did not see the family scheduled for an informational meeting or pre-service training, we contacted them by phone or letter and inquired if they were still interested in the adoption process. When we planned ice cream socials or participated in adoption fairs, we made sure those families were also invited. We constantly followed up at 3- month intervals. The MIS system was vital in tracking this activity.

There were a total of 23 families who had children placed with them and, 100% of the children placed are of a minority race (trans-racial placements represents

approximately 10% of the children placed). There were 10 placements made with two parent families and 13 placements with single parent families. Twenty-eight children were part of the sibling group and 13 single children were placed. There were 5 sibling groups placed with two-parent families and 6 sibling groups placed with single parents. Out of the 13 single parent families, 7 were single mothers and 6 were single fathers. Out of all the placements one sibling group of two disrupted and one single child. All 21 families participated in post placement activities. Out of that number there were 9 who were two-parent and 12 that were single families.

Barriers identified and activities delivered to decrease them. The biggest barrier identified by adoptive families was navigating the child welfare system.   Many families expressed their frustration of hearing that the system needed families, but the length of time before being selected as an adoptive family was long and tedious. Many of the families waited several months to be matched with a child. When they identified a child or children, there was also a lack of background information on the child or much of the information about the child or children was outdated.

To deal with this barrier, we were vigilant in our contact with the adoptive family, letting them know what was happening. We tried to get as much up front information on the child as possible from the county agency and asked for updated information before presenting the child to the family. We are also fortunate that our campus has therapists on staff, a big brother and sister's program, and day treatment program. This limited the number of agencies involved with the case. Families could come to our agency and have many of their needs met.

An additional barrier was that most families had previous negative experiences

with the public child welfare system. The families either directly had a negative experience or received information from a friend about their experience. Many of the families were mistrustful and fearful of the agency, and staff had to build trust and rapport with their families. This began from the moment that the families called in and they received a receptive social worker ready to answer their questions specifically related to adoption.

Families expressed concerns that the adoption process required too much personal information. After families attended pre-service training, they were more receptive to the process because they understood what was expected of them and the type of information they were asked to reveal. Once families learned the home study is a tool to help them assess their strengths and vulnerabilities so that they could be better matched with their adoptive child, they were more comfortable. After completing the process the families no longer view the process as lengthy, but were thankful for the knowledge they had learned. They felt capable of parenting an older minority child or sibling group.

The informational meeting/open house were strategically planned and held before pre-service trainings. This helped families keep their interest in the process. For those families who had missed the informational meetings, one-on-one meetings were held with them and adoption specialist. Once families had attended an information meeting or pre-service and stated they were ready to move forward, an adoption specialist was assigned their case. This allowed the family direct contact with a worker early in the process, helping them to stay connected to the agency and the adoption process in a more "seamless" way. Once the family had attended the required 36 hours of training and submitted the appropriate paperwork, the families then had a home study conducted.

Families who had adopted, or were in the process of adopting, were surveyed to determine the day of the week and time of the day best for establishing an adoption support group. On the basis of this information, monthly support groups were established. The monthly support groups were not well received. Meetings took place for 6 months but parent participation was sporadic. The first group had 4 families, the second group had 2, the third had 1 and the last group had no families. The support group was restarted in January 2002 after a less than successful last year. The changes that were made to increase participation in the support group were: offering training hours, providing childcare, and changing the day of the support group every month.   With the changes in foster parent licensing and recertification through ODJFS, foster parents and adoptive parents have to attend 36 hours of preservice training and need 30 hours of ongoing training a year. With the addition of ongoing training hours being offered, foster parents seem to be more willing to attend instead of having to decide on the support group as opposed to training. Childcare has found to be helpful to foster/adoptive parents as both parents may attend instead of one parent remaining home to provide childcare.

Consideration of possible matches of children to families began with the family from the first point of contact. When there was an identified potential match by the adoption staff or the family had seen a button or flyer about a child or children, basic information about the specific child or children was given to the family. If the families remained interested after being given basic information, the family would receive a child study inventory and placement records once they had approved and completed studies. Unfortunately, we found some child study inventory to be quite old and needing updating. Whatever information was available was given to families, and requests were

made for updating information. Families were notified when a staffing about the children and potential families were held. In Cuyahoga County staffing only involved professional staff from the public and private agencies. The MAP staff would personally let families know the outcome of the staffing. If the family was selected, the MAP worker attended the formal presentation of the child or children to the family. The child presentation was made by the custodial agency CCDCFS a public child welfare system.

Once placement occurred, the family was seen at a minimum of once a month and contacted by phone as needed. MAP staff helped families through subsidy application and negotiation and provided referral for therapy or other services as needed. Because there was constant contact with families, many issues were addressed early that could have potentially led adoption disruptions. For example, one family was referred to a post adoption parallel group. The parallel group is a group that works consecutively with adopted children and their parents on issues related to adoption. This allowed both the parent and child to have the support of other children and parents faced with the same issues they were facing. This helped them gain insight and tolerance about each other's differences and build respect and appreciation for each other. Another family, a single parent family, was referred to the Big Brothers and Sisters Program to build additional support for the family. MAP staff helped families know about community resources, and assisted them in navigating service systems.

Following is a case example of a child referred to MAP that highlights many of the issues in planning and support that resulted in a positive outcome.

JOHN

One of the children involved in the Project was in Residential Treatment at the time the project began. The first family we presented adoption of John was his previous foster family, a single woman with three grown children. John had been in Jane's home for over three years before he was placed in Residential Treatment due to his increasing aggressive behaviors, stealing, and involvement with the juvenile court system. Jane was more than willing to consider adopting John, and was eagerly awaiting his return to her home. Along with working with the adoption department to complete the homestudy, Jane worked closely with the residential treatment team to make sure his treatment needs were being met and his transition back to her home after nine months in residential treatment went smoothly.

One factor that assisted in reuniting John with his previous foster mother was intensive case management services with the foster mother, and working with the residential treatment team on behalf of Jane and John. A MAP social worker attended weekly case review with the residential team toward the end of John's stay in order to be kept up to date on his progress, and monthly staffing' that included the county worker, to discuss his transition plan and discharge. Weekly contact was maintained with Jane to see how his behavior was when he visited on the weekends, and to discuss any problems that may have occurred at that time. After adoptive placement, John, Jane, the county worker and the MAP worker met at least monthly and spoke on the phone with Jane at least twice a month to make sure that the placement was going smoothly. Intensive In-Home Therapy was involved immediately when John was placed in Jane's home, to assist with the transition.

We learned that adoptive placements can be made for children in residential treatment, and that previous foster homes may be willing to consider the children after they have successfully completed their needed treatment. Also learned was that adoptive placements made for children in residential treatment usually involve more active case management and more intensive monitoring of the placement to make sure that no difficulties or problems arise, and to be able to address them more quickly when they do.

TARGET: CHILD WELFARE STAFF & PROFESSIONALS

RESULTS EXPECTED

Increase skills of Bellefaire staff in cultural competence and in working with sibling groups
- A five hour training for 12 staff in first 6 months of Year 1

Increase skills of community child welfare staff & professionals in cultural competence
- A 2 day, 14 hour training for 150 staff and professionals in Year 1
- 100% of Bellefaire project staff and adoption staff will attend training

Increase skills of community child welfare staff & professionals in sibling-centered adoption practice
- A 1 day, 7 hour training for 100 staff and professionals in Year 1
- 100% of Bellefaire project staff and adoption staff will attend training

OUTCOMES AT PROJECT END

Increasing cultural competency. Nine seminars totaling 43 hours were attended that were helpful in building skills for this project. They were: *Talking Across Cultures: Providing Quality Services to Diverse Populations*, *Providing Culturally Competent Care to the African American Community*, *You've Got to Believe: Older Child Adoption*, *Traveling the Path to Permanency for Adolescents*, *Minority Recruitment*, *Kinship Care: Clinical Issues, Intervention and Assessment,* and *Siblings are Forever*. The specific skills identified as necessary to work with minority sibling groups and older minority children include patience, knowledge of child development, knowledge of cultural and value differences in minority groups, strength-based orientation to practice, commitment to permanency, and ability to identify positive attributes of children. The specific skills identified as necessary for cultural competence are awareness of other cultures, knowledge of traditions, customs and values of other cultures, ability to communicate respect and positive regard for the family, awareness of stereotypes and personal

prejudices, ability to identify and solve systematic barriers in public systems, and the ability to communicate positively. We recognize that building cultural competency skills are a life-long learning process and that this project continues to heighten awareness of and commitment to building such skills.

SUMMARY: LESSONS LEARNED

The MAP project encountered system/structural barriers that continue to exist and prevent adoption of minority children. These barriers prevent adoption of minority children consistent with previous reports Barth (1997). These barriers include how minority families are treated during the start of the adoption process, the slow pace of the adoption process from home study to placement, the personal questions being asked in the home study, and the required training. Map staff worked diligently to overcome systematic barriers.

Within this project, barriers in recruitment were also identified. Coordination among different agencies was nonexistent and community outreach to minority communities was poor (Miller, Fein, Bishop, Stilwell & Murray, 1984). We made great strides to coordinate with Cuyahoga County and the local communities. Minority adoption staff was non-existent (Giles & Kroll, 1991). People of color like to identify with other people of color before the project started. The MAP project hired minority staff but was only successful in hiring the Program Coordinator and a Recruiter. Several minority staff was interviewed but were not qualified licensed social workers and could not perform their duties under state guidelines. Finding minority staff is still a barrier.

Finally, an additional barrier is the worker's lack of training (Barth, 1997; Albers, Reilly, & Rittner, 1993). Many of the worker's were not culturally sensitive when dealing

with minority families. They felt that minority families were more difficult to work with. The MAP project specifically provided cultural diversity trainings and insisted that adoption staff attend such training. Through the trainings staff was able to understand subcultures within different cultures. It allowed staff to become more cultural competent when addressing families. MAP staff did not find minority families more difficult. On the contrary, they were very receptive to adoption once they were comfortable with the worker and the process.

Many of our findings were, unfortunately supported by previous research. The problems remain. We also learned some new lessons.

The following are other lessons learned:

1.   Data Collection, system development, input and analysis is beneficial I recruitment and retention. Managers need to know how to collect and analyze data to inform administration and case planning.

2.   Recruitment may take as long as one year from the time of the first point of contact and receipt of the application. You must have a long-term perspective on recruitment efforts and recruitment must be and ongoing effort in an agency activities. Each community must determine their most effective strategy for reaching families of color. We believe in investing in radio announcements and the yellow pages as the best strategy.

3.   Single parents are a strong resource for older minority children and sibling groups. Agencies must project openness and excitement about recruiting single families and other nontraditional families.

4.   Minority older children and sibling groups are adopted when we are able to give potential families accurate and clear child specific information. They are then better able to relate to a child instead of an idea or description of a child.

5.   Foster parents do and will adopt when given complete and specific adoption information by an adoption specialist. Role conflict and lack of enough adoption specific information makes foster care case managers less suited and ineffective to present adoption information.

In closing it can be stated that the Minority Adoption Project has achieved the development and implementation of interventions with outcomes that establish successful adoptive placements of minority children.

The KEYS to placement outcomes and permanency for children begins with:

Recruitment with an emphasis on retention
Public and Private partnerships
Engaging with the community
Cultural sensitivity
Effective communication while building trusting relationships

MAP has proven that historic systemic and/or structural barriers to minority children finding permanency by adoption can be overcome with creativity, commitment and community involvement.

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