

THE ABC'S OF WRITING AND READING AN ADOPTIVE FAMILY ASSESSMENT (HOME STUDY)

Introduction

The information for this booklet has been prepared by the Practice Committee of the Connecticut Council on Adoption. The purpose of this booklet is to advise both the adoption home study workers and social workers who are identifying adoptive homes for children needing placement.

Vera Fahlberg states: "No parent can care for all children equally successfully. Each family has strengths and weaknesses in terms of parenting. A major part of the home study of foster and adoptive families should be geared toward identifying those strengths and limitations."¹ It is important to remember that the child is the client and that his or her best interests are the most significant factors in the adoption process. An assessment of the family's capacity for adoptive parenthood and determining the type of child who would do well in the family are primary goals of the home study.

¹Fahlberg, Vera, M.D. The Child in Placement: Common Behavioral Problems. Michigan Department of Social Services. July 1982 pg. 8

Writing the Adoptive Family Assessment (home study)

The Assessment should be done by a social worker (study worker), who is experienced in understanding adoption and how adoption affects a family. The study worker should have good interviewing skills, be objective and be able to identify strengths and be skilled in eliciting information and encouraging discussion. Sensitive and personal information is shared, so using the word "what" often stimulates more discussion than using the word "why."

The family should be made aware at the onset that the assessment can be a lengthy and intrusive process. Finger prints, both State and FBI and Protective Services Checks. Physicians' reports need to be done on all household members over 16 and on frequent visitors to the household. In addition references, financial information, school information on children in the home and childcare arrangements are requested.

A major purpose of the home study is to inform and educate the family about all that is involved in the adoption process, about the effects adoption will have on their family, and about children available for adoption as well as the type of children they would feel most comfortable parenting. It is important that there be several interviews with the family members individually and together, in addition to group meetings. The children in the family should be seen early in the home study process since they play a vital role in the success of a placement.

Background information

All people experience a variety of difficulties and challenges in their lives and deal with them in different ways. Through problem solving and the development of coping skills, character is formed. When families say they have not had problems in their lives, this should be further explored. Everyone has experienced painful situations and it is important to know how they have dealt with them at the time as well as how they are dealing with them now. It is helpful to know what support systems they have had available to them such as family, friends, therapists, religion or faith in crisis situations. It is also helpful to know how their parents coped with their problems. Families who have had problems and worked them through successfully are often in a better position to deal with an adopted child who presents with challenges.

If anyone in the prospective adoptive parents' families had problems with drugs or alcohol, it is important to know what impact this had on them as they were growing up. (Remember, it had to have had an impact.) Questions to ask are:

- Was there a personality change while the family member was under the influence of drugs or alcohol?
- Are they an ACOA (Adult Children of Alcoholics)?
- What is the family's drug and alcohol use, past and present?
- What is their attitude toward drugs and alcohol?

If they have siblings, the study worker should ask what the birth order was, how they related in childhood, and how they relate now. If there was a culturally or racially different or a physically handicapped, emotionally disturbed, or a mentally challenged sibling, the effect this had on them should be discussed.

The family's experience with people other than siblings is also important. Did they live with or have a close relationship with someone who was culturally or racially different, physically handicapped, emotionally disturbed or mentally challenged? The impact this had on the family should be explored. So should the experience they have with other racial and ethnic groups. Is the family considering adopting a child of a different race or different ethnicity? Have they known people who were in foster or adoptive homes, residential treatment centers, or correctional facilities? Has the family been involved with the Department of Children and Families?

Motivation

Motivation to adopt needs to be explored. It is important to find out why a family wants to adopt, why now, and what their expectations are for a child. People wish to adopt for a variety of reasons. Some are aware that there are children needing a stable home and want to parent these children. Others might want to replace a lost child, satisfy a spouse, have someone to love and/or to love them. Others may want

to help a child, be needed, teach, replay their own childhood, to make up for what he or she didn't get, to give a child what they didn't have, as a companion for their child, or to save their marriage.

A major factor in evaluating the strength of the family's motivations is to understand the family's own stories and the effect their experiences will have on their parenting abilities. Families who feel that their marriage is not complete without a child usually do not make good adoptive parents. Nor can a lost child ever be replaced. It is an unfair and hopeless task for a child to be expected to preserve a marriage or to fill someone else's shoes. Children must be wanted for themselves, not for selfish or misguided reasons.

Infertility

Infertility is often the motivating factor in adoption. It is a highly sensitive issue and has a lifetime impact. The study worker needs to be aware of the cultural aspects of infertility. Parenthood, fatherhood, motherhood, pregnancy, adoption, and other related issues have different significance in different cultures. It is essential that a couple understand their infertility before applying to adopt. Sometimes they can be enabled to have a child by birth. If they cannot, it is important that they not proceed with adoption until they have come to terms with their feelings about not having a birth child. Unresolved infertility is considered by many to be a major factor in unsuccessful adoptions.

There are many feelings associated with infertility and most people experience many, if not all of them, to some degree. Among those feelings are shock and surprise, isolation, anger, helplessness, guilt, and grief. It is necessary that the couple recognize that they have suffered a loss and that they go through the grief process.

It is normal for couples to have these feelings. It is important that they be aware of the feelings and attempt to work them through. All of the issues may not be resolved at any one time and one partner may be at a different stage in the process of resolution than the other. As with any loss, feelings laid to rest may resurface at different times. This may be particularly true when a child is placed and the couple is confronted with the reality they will never have children biologically.

A couple who is infertile has lost a certain amount of control over their lives. They have been denied the ability to choose whether or not to have a child biologically. They have been placed in a position of being dependent on an agency to determine first of all, if they are capable of being parents to an adopted child, and secondly, if there is a child available for them.

The study worker needs to learn how well the couple has resolved their feelings about their infertility. Can they talk about it with each other and with others? Does one partner blame the other? Do they see it as punishment? Are they bitter and resentful? Do they feel unworthy? How has their marriage been affected? Have they ever considered divorce? Are they jealous of couples who can have biological

children? Can they tolerate being around someone who is pregnant? How do their friends and relatives, particularly grandparents, react to infertility and adoption.

What is their level of self-acceptance? There is a significant correlation between acceptance of self and acceptance of the child as a separate individual, different from them, with a unique constitutional make-up. Infertility can lower one's self-acceptance and self-esteem.

It may help them to contact an organization such as RESOLVE, the national infertility organization, www.resolve.org, which offers counseling and support groups.

Sexuality

How, when, and by whom was sex explained to the adoptive families? When did they become sexually active? At what age do they think their children should become sexually active? How comfortable are they in discussing sexual issues? Do they have different values for males and females?

How do they show affection? How do they feel about holding hands or kissing in public? How would they react to a child who was always hanging on them?

What are the boundaries for this family? What are their privacy issues? What kinds of books, magazines, television programs and movies are acceptable to them and what are not?

Many children being placed in adoption, particularly older children, have been exposed to living situations in which there were few sexual boundaries. They may present with sexual behaviors, which are beyond the comfort level of the adoptive family. It is important to determine to the extent possible, how the adoptive family will be able to cope with this.

How does the adoptive family feel about profanity, including explicit language for body parts, and the child's use of it? How will they react when the child swears in front of them and others?

What knowledge do they have about masturbation and how will they handle it?

What are their expectations in regard to the child's choice of dress, music, reading material, make-up, dancing, jewelry, etc? How would they react if these choices were quite different from theirs?

Sexual Abuse

Has a family member ever been a victim of inappropriate sexual touching or exposure? Did they tell anyone? If so, how was the information handled?

How did they cope with it? Does the family understand that the placement of a sexually abused child may reawaken issues concerning their own sexual abuse and its accompanying emotions? Are they aware that there are different degrees and kinds of sexual abuse?

Do they know that there are children being placed who have been sexually abused but have never reported this to anyone? How will they feel about being the ones to whom the child may first disclose sexual abuse? How will they handle this with the child, particularly if his memories are positive? Will they seek help for the child or youth?

Sexually abused children, whose boundary rights were violated and whose boundaries are not well defined, need to know family rules concerning individual rights, both theirs and other family members. They also need to know the rules of the house, including the bathroom rules. If children bathe together, at what age does this stop? Are beds and bedrooms of others off limits? What are the standards regarding nudity between adults and children and between children?

What would their reaction be to a child who sexually abused another child or an animal? How much do they know about this kind of behavior and how much understanding do they have? Would they be willing to seek help for the child and for the family?

EXPECTATIONS

The following are questions study workers should ask themselves as they assess the family's attitudes and expectations:

- Is the family able to hear the realities presented to them about the child? Do they realize that love and good parenting may not "cure" all children? Do they understand the importance of genetics and temperament in the development of personality?
- Can they provide consistent structure, routine, and discipline in meeting the needs of their particular child but still be flexible when they need to be?
- What are their expectations for the child educationally, vocationally, and professionally?
- What kinds of behavior will be acceptable and what will not be?
- Do they see their children as reflections of themselves, or can they see them as individuals? Can they understand that children may act out or show other non-productive behaviors as a way of dealing with their emotional pain?
- Can they live with and accept children whose presenting problems and behavior may not change? Do they understand that some behavior may reoccur at later stages of development in more serious and less socially acceptable ways?
- How would they react if a child needed residential placement or hospitalization? How will the extended family react or deal with a child who might need out-of-home care? Can they handle the fact that their parenting role may be usurped when the child needs services such as residential treatment that involve out-of-home care? Will they be able to deal with systems that do not accept their role as parents and the blame that may be projected on them because of the child's continuing difficulties?

- What are the expectations of children already in the home to the placement of another child? Ultimately, the parents must take responsibility for making important decisions. The children's feelings need to be assessed by the parents.
- If the family is requesting a child of a specific age or gender ask why.
- What do they see when they daydream about an adopted child? What are their fantasies? Do they see a happy ending? What makes a happy ending?
- Do they expect that she or he will be thankful that they adopted?
- Can the adoptive family tolerate the anger and rage that the child may direct at them or at other family members?
- What are their expectations regarding trust? Many children in placement suffer from serious trust issues, particularly those children who have been neglected or physically or sexually abused or who have had several moves. Serious trust issues can and do prevent traditional parenting, including limit setting and restriction, from being effective. Can the family learn to deal with the child in new ways? Families must know their limits and be aware of the behaviors they can and cannot tolerate.
- Do they have a sense that society has failed this child, that her or his problems have been created by society, and that an atmosphere of loving care will solve the problems? This may be true for some infants but in most cases love in itself is not enough. It is, in part, the child's ability to accept love that will determine the impact that the family's love will have. The child may be an unattached child who wants to be loved, but who may be unable to seek, give, or receive love.
- How will they accept the child's background? What do they feel they need to know about the birth family? What can they accept and what can they not accept? How do they feel about a child for whom no information is available?
- What is their capacity for allowing the child to talk about the past? If this is appropriate, will they allow the child to see meaningful people from his past even if they are dysfunctional? Can they accept the behavior that may follow? Can they accept the ambivalence, anger, and fantasies the child may have about her or his birth family and the kinds of behavior that may occur?
- Can they accept the fact that adoption is a lifelong process and that there will always be differences that will set them apart from non-adoptive families?
- What is their capacity for entering an open adoption? Open adoption may range from an annual exchange of pictures and letters to actual contact between the adoptee and the birth family on a pre-arranged basis. What level of openness will they accept?
- What is their capacity for allowing the child to talk about her or his past? Can they permit the child to have access to his Life Book and letters and photographs from previous families, placements, and other important people in her or his life?
- What degree of legal risk can they accept? Voluntary termination is the plan, but not yet decreed in court; child is legally free, but the judgment is not final; termination is filed in court but is being contested; or providing foster care to a child they would adopt if termination of parental rights were obtained?

- The legal risk period can be a very lengthy and difficult, often with little information shared about the process.

The State of CT follows the outline below for DCF family assessment however private agencies follow their own outline. The use of this outline depends on whether the family is considering being a resource for a child in state custody.

HISTORY & Current Functioning of each parent

Childhood: Parent's relationship, sibling relationships, impression of his/her childhood. Any history of sexual abuse, domestic violence, substance abuse in family members. How have they dealt with any prior abuses? What, if any, effect has it had on their familial relationships?

History of Serious Relationships and Losses: Include strengths and any significant issues. Identify personal losses and how they were dealt with.

Educational History: Public or private schools, academics and feelings about school, diplomas, type of degree and year. General attitude about school and education?

Employment: Locations, years of employment, job titles, reason for changes in jobs, future goals. Hours and place of current employment.

Description of person: How does parent present, general temperament and how does he/she describe him/herself? What is his/her style of communication? What coping mechanisms are used by the parent to handle stressors? What are his/her involvements in and out of the home, hobbies, responsibilities? (Use examples)

Past and Current Health/Mental Health: Childhood health, chronic illnesses, diagnosis, prognosis, medications, psychiatric history, historical alcohol or drug use and treatment. Any pregnancy history and/or history of infertility. List of all medications and reasons for medications. What is his/her current health? Any physical or medical problems and/or conditions? What is the impact of these conditions on the applicant's daily living skills? Current medications. Any experiences with counseling? Is there a Physician's statement on file?

PARENTING SKILLS OF EACH PARENT

Experience: Describe relationship and expectations that they have had with the children (either their own or others) that they have parented. Describe the level of involvement in these children's lives. Any previous experience with DCF children? Any previous experience in parenting children with special needs. Assessed capabilities and/or limitations in parenting DCF children. Children who would be appropriate for this home. Children that would be in appropriate for this home.

Discipline: What is his/hers definition of abuse and/or neglect? What is his/her history of being disciplined themselves? How have they disciplined children? What is his/her ability to comply with DCF's discipline regulations? Has the Discipline Agreement been discussed and signed?

ASSESSMENT OF THE TYPE OF CHILDREN TO BE PARENTED

Family Background Issues: What types of family background issues is the family comfortable/uncomfortable with, i.e. medical history, parental mental health, parental substance abuse, etc.

Child Physical/Medical Issues: Age and gender preferences. What types of medical conditions and physical disabilities is the family comfortable/uncomfortable with.

Child Behavioral Health Issues: Which DSM diagnoses, types of behaviors, and emotional problems is the family comfortable/uncomfortable with? What is the family's belief in psychotropic medications? What is the family's willingness/ability to dispense psychotropic medications? How does the family feel about therapy for children? What is the family's willingness/ability engage in or support the child's therapy?

Study Worker's Assessment: Is the applicant(s) realistic about expectations? Draw parallels with past experience and the types of children that would likely be placed.

OTHER ADULTS IN OR INVOLVED IN THE HOUSEHOLD

Identify each person, e.g., adult child of family, grandparents, significant others, etc., and include names and dates of birth. Discuss this person's experience with his/her own children and other child caring experiences, beliefs about discipline, general biographical information including substance abuse history, psychiatric history, financial contribution to the household, role in the household, daily interaction with members of the household, feelings about foster care/adoption and to what extent he/she will relate to the new child. What would a foster child call this person?

Has each other adult or household member signed and exhibited an understanding of the disciplinary and confidentiality agreements?

CHILD/CHILDREN IN THE HOME

Include age and general description of the child's personality and level of development. Discuss the child's vulnerability with foster or adoptive children being placed in the home. Include school and intellectual functioning including school reference. What are the child's behavioral issues, mental health, developmental or medical issues to be considered when placing another child in the home? What is the child's understanding or feeling about having a foster or adoptive child in the home? What are the parents' attitudes toward their child, relationship of child with own siblings/involvements outside of family?

FAMILY FUNCTIONING

Include: Family structure, clarity of roles and boundaries, communication, how family decisions are made? How does the family display affection? What are their recreational activities? What is their religious involvement? What cultural activities have they incorporated into their family routines? Describe the family's daily routine. Explain the history and current relationship of the couple.

Study Worker's Assessment of the impact of placement to this family's functioning.

MAINTAINING CONNECTIONS

What do the applicants think is the effect of abuse and/or neglect on children? What is their viewpoint on birth families? How will they incorporate visitation with birth families into having a DCF child placed in their home? What are their attitudes about and abilities to incorporate reunification into the plan for the child, the birth family and their own family? What are their attitudes about and abilities to incorporate being an equal team member for the child with birth families, previous foster parents, DCF staff, therapists, schools etc? Should adoption become the plan, what are their attitudes towards and abilities for legal risk adoptions, open adoptions, and ongoing connectedness to important people in the child's past, outside of the adoptive home? Can they support a search for these identified people before, during and after an adoption? How will they share the child's history with that child? Has the confidentiality agreement been signed? How will the family handle a child's loyalty to his/her birth family? What is the family's willingness to maintain a connection between the child and his birth parents, siblings, significant individuals in their lives, such as previous foster families?

CROSS-CULTURAL AWARENESS

Discuss the family's willingness and ability to support a child's culture; religion; language; inherent sexuality; gender identity or expression: and other cultural considerations. What is the community's ability to support cultural needs of the child, if different from the family?

COMMUNITY AND FAMILY RESOURCES

What are the family's resources, within their extended family and friends, faith based organizations, clubs etc? What resources are available in the community? What resources have they accessed in the past? If there were an unforeseen emergency, whom would they identify as using for respite, or additionally, for long term planning? What is their willingness to engage in recommended services such as therapies, FAST programs, support groups etc? What are the local schools?

DEMOGRAPHICS

Include: Description and assessment of home, including sleeping arrangements. Description of the neighborhood and yard. Description of any alcohol use and/or smoking by family members. Description of any pets/animals in the home. Description of any specific conditions of the home/applicants as described in Agency Regulations Section 17a-145-130-160. Include assessment of the families income and expenses and their ability to meet the financial obligations of their household without DCF's financial assistance. Description of the applicant's ability to take emergency placements, adoption/parental leave and time off. Has the Verification of Requirements been met and the form (DCF 0043) completed.

FINAL ASSESSMENT / SUMMARY (Include an assessment of each section)

Assessment is the Social Worker's critical evaluation of the information gathered during the interviewing process, participation during PRIDE, and the written materials assembled.

Please state the workers assessment of this families/individuals strengths and weaknesses, their ability to comply with the agencies' policies and regulations and their ability to meet the needs of a Foster or Adopted child (children) placed in their home Assess the families ability to support the Departments plan for the children in their care. What is their ability to work as a professional team member?

QUALITIES TO BE CONSIDERED WHEN EVALUATING AN ADOPTIVE FAMILY

- Resolution of infertility, if applicable
- Self-acceptance; Good sense of self.
- If there have been parenting problems in their backgrounds, have they been resolved?
- If in a relationship, is it a strong one in which their primary commitment is to each other and do they present a strong, united front?
- Ability to communicate honestly and clearly.
- Ability to express tenderness.
- Ability to handle stress.
- Sense of humor.
- Outside interests and relationships, not being isolated.
- Experience with children.
- Knowledge of normal child development.
- Ability of the extended family to accept the child and to support the adoptive parents when problems develop.
- Ability to work with the agency and other resources involved with the child.
- Ability to recognize that asking for help and support is necessary for all parents. Ability to recognize when it is necessary to seek help.
- Ability to accept children as separate, autonomous entities and to permit them to grow in their own individuality.
- Ability to love without expectations.
- Ability to understand the impact abuse, neglect, and genetics may have on a child's emotional and behavioral development, which may range from mild to a severely disturbed or unattached child. An understanding of what it may mean to parent a child who may never change and the impact this may have on the family.
- Ability to deal with divided loyalties and with the fact that the child will always have another family. Ability to understand that how the child perceives the birth family will have an impact on the child's current functioning and abilities.
- Ability to deal with anger appropriately; both their own as well as the child's.
- Ability to react appropriately when the child acts up in public. To be able to administer appropriate and logical consequences despite the potential for public scrutiny and misunderstanding and without their confidence as parents being undermined.
- Families adopting trans racially need to consider themselves a multicultural family and seek out affirming experiences for their child.

The study worker cannot expect that adoptive families will have a solution for every problem that arises in bringing up adoptive children. Families should be able to recognize their strengths and limitations. They must be willing to seek out and to be open to new ideas and methods of parenting. Life experiences may not provide families with all the skills they need but these experiences should provide the framework for successful adoptive parenting. No adoptive parents will have all the above-mentioned qualities. The importance is to match the qualities they do have with the needs of the child to make the best possible placement.

READING A FAMILY ASSESSMENT

When children in custody of the Department of Children and Families are considered for adoption, the child's social worker selects up to five family assessments, which are brought to a Permanency Placement Teaming. The team chooses one family, which seems to best meet the needs of a particular child. The team consists of social workers, DCF supervisors and sometimes foster or adoptive families. The child's social worker describes verbally the child to the team. The purpose of the team approach is to rule out subjectivity and get input from experienced permanency staff.

In most private agencies a decision about placing a particular child in a family is done by the child's social worker, the study worker and a supervisor or the agency's permanency director.

Some of the common beliefs about adoptive families considered to be good practice in the past have been found to be myths and unfounded in deciding on the appropriateness of a family.

- Families who have experienced problems and coped with them successfully are often better resources for adopted children than those who have experienced few problems. Families who have sought out therapeutic intervention and used it successfully may more readily understand a child's need to be in therapy.
- Children can be placed out of biological order
- Children can be placed in a family where there is another child of the same age.
- A single parent family can be a good match for some children.
- Children can be placed successfully with a family of different racial, ethnic, cultural, or religious background, provided the family is prepared and open to address the differences and the impact they will have on the child and the family.
- Same gender couples can be successful adoptive families.
- Effective parenting is not dependent on one's marital status, religious affiliation, financial status, or place of residence.
- Families without a lot of experience can parent successfully. However, a child who has significant problems may do better with parents who have had some experience with challenging children.
- Many children can be integrated into large families.
- Working parents can make good adoptive parents.
- Medical problems, physical handicaps, or obesity do not necessarily interfere with parenting abilities.
- Adoptive parents who have a child with special needs may be able to handle another child who may or may not have special needs.
- Families with other than middle class backgrounds can make good adoptive parents.

The child's social worker needs to be aware that it does not matter whether he or she likes the family, but needs to ask whether or not they will be effective parents for this particular child. Claudia Jewett states: "The worker needs to accept that he or she is not responsible for the child's pain at the loss of his original family; to acquire the skills to help the child and the new family adjust to one another; to be willing to take the responsibility for the ultimate success or failure of the placement."² Children often take the blame themselves for the disruption of the adoptive placement, no matter what the circumstances.

²Jewett, Claudia L. Adopting the Older Child. The Harvard community Press, Harvard, Mass., 01451. 1978. pg. 91.

IDENTIFYING A FAMILY FOR A PARTICULAR CHILD

The preliminary step in making a match between a family and the child is the awareness of and sensitivity to the child by his or her social worker. In reading a family assessment the child's worker needs to be aware the following:

1. Knowledge of normal child development;
2. Knowledge of the child and the child's background, including prenatal history, birth and family history, medical history, and placement history covering the dates and types of placements and why and how the moves were made;
3. Knowledge of the child's physical, emotional, and intellectual development. Is he developmentally on target? Would an overall assessment be appropriate? Is an up-to-date evaluation needed? Is he in therapy now or has he ever been in therapy?
4. Knowledge of the child's ability to form meaningful relationships, whether or not he has ever had a close relationship, with whom, and whether or not it was healthy.
5. Knowledge of how the child attempts to structure his reality; how he recapitulates--that is, how he plays out the past in the present; how he elicits responses from others; how he can split and manipulate systems, family, and social workers; how he expresses anger; his capacity to feel guilt and whether or not it is more than fleeting.
6. Knowledge of the kind of family the child needs and the kind he wants. Would he do better in a physically active family or in a family, which is more oriented to quiet activities? Should he be an only child or should there be other children in the family?
7. Knowledge of whether or not the child needs a family that has had specialized training in handling children who have emotional needs that require intense intervention.
8. Knowledge of the problems the child may have as a result of early, sustained physical and/or sexual abuse, emotional neglect; lack of stable, nurturing figures, foster care placement and institutional placement. Although the child may be functioning well in a structured, more neutral

setting, this might not continue in a family setting with less structure and more intimacy.

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9. If the child is of a different racial, cultural, or ethnic background than the adoptive family, awareness of how the family can meet the child's particular needs, their ability and willingness to expose the child to others of the same background and to enable him to experience the customs and activities associated with his background. In addition the family needs to explore the impact on them in becoming a multi-cultural family.
10. Knowledge of how the child would do in a family of a different race, ethnicity or religion Explore the child's previous history of people different from him or her.
11. Ability to understand the child's potential and not to have unrealistic expectations about how the child will do when placed with an adoptive family.

ELEMENTS OF A GOOD FAMILY ASSESSMENT (HOME STUDY)

A good home study should include a thorough discussion of the following areas:

Motivation

How did they reach the decision to adopt? Why do they want to be parents now? If infertility is an issue, has it been resolved? Have they been involved in infertility treatment?

Do they know any adoptive parents or anyone who has been adopted? What are their expectations of adoption? For example, do they expect it to cement their relationship, fill a void, replace a lost child, etc.?

Present Functioning

- What are their strengths and what areas need more support.
- How they handle conflict between themselves and with others.
- How they deal with anger, their own as well as others.
- How they have handled crises and losses in their lives, including infertility, death, and divorce. The impact this has had on them.
- How they handle stress.
- The role religion plays in their lives.
- Their outside interests and activities.
- Their ethnic and cultural background. What it means to them, and how it affects their functioning.
- Their experience with different cultures.
- How the parents think children will change their marriage, including their sex life.
- What is their style of discipline? How were they disciplined as children?

Children in the Home

- Name and birth date
- Physical description
- Personality
- Special needs
- If in school, grade and educational standing
- Interests and activities
- Relationship with others, including parents and siblings
- Coping skills
- Daily routine
- Attitudes and feelings about adoption

Children Out of the Home

- Name and birth date
- Present whereabouts
- Present functioning
- Relationship with parents as well as other family members
- Their feelings about this adoption
- What they see as their role with the child or children to be placed

Others in the Home

- Relationship and role
- Will they be caretakers?
- Reason for living in the home
- Feelings and attitudes about this adoption

Demographics

- Physical description and layout of the home, including sleeping arrangements
- Description of the yard and neighborhood
- Description of the community
- Location of educational facilities
- Safety features such as swimming pools, etc.
- Alcohol use and smoking by household members
- Description of any pets in the home
- Family's income and expenses and their ability to meet the financial needs for an adopted child or children.
- If both parents are employed, their arrangements for child care; how much time off could a parent take after placement? Their plans for back-up care in case of an emergency
- Their support system.

Parenting

- Experience with children. The extent of their parenting experience.
- What the family enjoys doing with children. The activities they share with children. The behaviors or activity level they would find difficult or impossible to live with.

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- Their philosophy of discipline. How they would discipline a child. How they themselves were disciplined.
- Their ability to deal with a child acting out sexual behavior
- How they would handle a child's preference for one parent over the other and possibility a strong negative reaction to the other parent. How they would handle a child with difficulty attaching to either parent or to other children in the family.
- If the child to be placed is of a different culture or race, their ability to provide him with ongoing knowledge about his background and to expose him to people and experiences from his background.
- What would their plans be for their children in the case of their untimely deaths or physical disabilities?
- Given the child's background, do they have realistic expectations for his growth and development?
- How many children do they think they can handle?
- Gender and age and they feel comfortable accepting.
- Medical, emotional, and behavioral problems they are equipped to take on.

Legal Risk

Does the family want a child who is fully legally free or can they accept one of the following degrees of legal risk?

- Parental rights were terminated but the time for an appeal has not ended.
- Parental rights were terminated but the termination has been appealed.
- Termination papers have been filed but the hearing has not been held.
- The plan is for adoption but the termination papers have not been filed.

Open Adoption

Open adoption may range from an annual exchange of letters between the adoptive parents and the birth parents to occasional telephone calls between the birth parents and the child to actual planned visitation between them.

An agreement between birth and adoptive parents as to what the open adoption is to consist of should be arranged prior to the finalization of the adoption. The agreement may be statutory or informal and should always be based on the child's best interests. It can be modified in the future according to the needs of the child. (See Pamphlet: Guidelines for Open Adoption.)

Search

Adoptees have many questions about their birth family, their early history, their medical background, and the reasons for their placement in adoption. Even though they may have been given non-identifying information, many of them have a need to meet their birth families and see first hand who they may look like, act like, and from whom some of their characteristics were inherited, (See Pamphlet: Guidelines for Open Adoption.) as well as current medical information.

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Assessment and Recommendation

The assessment is the home study social worker's evaluation of the family based on information gathered. The information includes adoption/foster care training, written materials submitted, interviews, and references to determine the prospective adoptive families' strength and abilities as well as their capacity to comply with agency policy and regulations. The assessment also evaluates the families' support of the plan for the child or children in their care and how they are able to work with service providers to benefit the child's welfare.

The recommendation should include the age range, gender and the number of children the family prefers, the race and the ethnicity the family is willing to accept, the degree of legal risk that is acceptable as well as that of open adoption.

Adoption is a Life Long Journey.

The Connecticut Council on Adoption hopes that this booklet educates, gives good advice and information to the many study workers that approve adoptive families and to the children's social workers, who are dedicated to place children in safe and nurturing adoptive families.

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