INTRODUCTION

Adoption always embattled – despite fact seems to many of us so positive for kids in need

Today though, coming from IA battlefield, refreshing to look at US domestic Adoption from Fcare

– IA is under siege, with numbers down

– US developments, such as MEPA, ASFA, concurrent planning model – we’re using as weapons in IA battle

Will talk today about

1. Significant positive steps in U.S.: Why positive, What kind of progress being made

2. Resistance and Reaction: Counter-Revolution: Domestic Adoption also under seige, MEPA & ASFA under siege
I. PROGRESS

Definition:
– not just Adoption,
– but freeing up kids from Birth Ps, and moving earlier to Adoption

Examples of Progress: 2 Major Federal Laws in mid-90s
– MEPA 94/96: remove barriers to Adoption posed by Race
– ASFA 97: focus more on BIC, move more kids faster from Problem Homes to Adoption

Many comparable changes in State Law not here detailed

Progress because:

– Ideology:
  Reduce power of Idea that Child “belongs” in essentialist sense to Birth Parent/Community
  VS
  Child as independent Human with Rights – Key right to Nurturing Home

– Practice: Many important changes in law:
  – Both MEPA & ASFA More focus on BIC & Recognition that BIC means more often Earlier Permanency
  – MEPA eliminates one source of delay – race matching
  – ASFA:
    – Earlier Removal & TPR (Safety focus, RE not always required, TPR mandated if Egregious Circes & 15/22)
    – RE two-way: both for FP and for Adoption
    – Concurrent Planning approved: Means earlier permanency for many kids

– These changes in Ideology & Practice by MEPA & ASFA should mean more kids move faster out of Harmful Bio Homes, and into Adoptive Homes, with less damage
  – Easier to Place
  – Better prospects for kids

Progress Actually Achieved? Yes to some degree, though more limited than might hope

– Gelles will talk re ASFA

– My view generally
– Limited in part by Law not Magic, takes time, esp when meets Resistance

– EG: MEPA only recently vigorously enforced: 2003 1st decision (in my Mats) but $1.8 million penalty for violation likely to make diff, and law has been making difference in practice (reducing delays... harder to tell.. Too many causal factors)

– But still:

  – ASFA seems to have led to increased adoptions
  – even though parts of it like expedited TPR, RE bypass, not being used
  – Helping produce different attitude in Court decisions...

II. RESISTANCE & REACTION

A. Reform moves get undermined:
   – ASFA only partially being used
   – Concurrent Planning: Around before ASFA: yet most feel hardly any Ch Welf system really doing it in real sense even if saying are

B. Counter-Revolutionary “Reform” Moves Bypassing, doing EndRun around ASFA//MEPA

1. Community Partnership/ Alternative Track Systems
   – Who could be against quality
   – Depends on how Designed/Implemented
   – But basic idea of many such systems: Divert some 60% of “minor” cases from Coercive CPS system
     – I worry that many of the kind of cases posing BIC issues, parents need coercive pressure eg for drug treatment, and kids may need Removal & TPR

2. Racial Disproportionality Movement
   – Hot

   – Who?:
     – Casey Fnds have jumped on; other organizations created like “Race Matters Consortium”
     – Enemies of MEPA, ASFA; Friends of Fam Pres
     – Write articles, hold symposia
     – Charlie Rangel in Congress got very sympathetic GAO Rept
   – What do: offer free Consultation to state & local CPS systems

   – Nature of Movement Claims
– Race Disp a Problem – meaning disp #s in Foster Care (& at each stage: removal, TPR)
– Problem assumed to be Discrimination
  – Based on suspect NIS (Nat’l Incidence Studies) claim that CAN rates same
– Solutions then: Reduce Discrimination by:
  – Reduce #s of Minority Race Kids Removed, TPR’d
  – Train Social Workers to remove fewer
– MEPA & ASFA seen as part of the Problem: bc push for removal, TPR, placement

– Problems with the Movement:
  – If Removal Rate etc. based on Actual CAN, then kids at risk if reduce Removal
  – Many reasons to think CAN is indeed higher in Racial Minority Groups – so say careful researchers like Richard Barth:
    – Higher rates of CAN predictors like poverty, single status, substance abuse, mental illness
    – Higher CAN death rates (where hard to say official reports biased)
    – Higher self-report rates

CONCLUSION: The battle goes on. Important that you are here. Much to learn from speakers. Much to do.