# Outcomes of Adoption of Children with Special Needs

James A. Rosenthal

Abstract

Prior to 1970, most children with special needs who could not live at home would not have been considered for adoption and would therefore have grown up in out-of-home placement. The term "special needs" refers to barriers—older age, developmental problem, physical disability, behavioral problem, need for sibling group placement—that delay or prevent timely placement in an adoptive home. On balance, adoption outcomes for children with special needs are distinctly positive. About 10% to 15% of adoptions of children 3 years of age or older end in disruption, that is, termination prior to legal finalization. In those adoptions that remain intact, about 75% of parents are well satisfied with their adoptive experience. Predictors of positive adoptive outcome include younger age of the child at the time of placement, the absence of behavioral problems, the provision of complete background information regarding the child, adoption by the child's foster parents, and the child's not having been sexually abused prior to placement. Although associations of sociodemographic factors to outcome are weak, lower-income families, families of modest educational attainment, and minority families have experienced particularly good outcomes. Financial adoption subsidies may be the single most important postadoptive service for special needs families.

In this article the term "special needs" is used broadly to apply to any of a number of factors that may prevent timely placement in an adoptive home. Important special needs characteristics include older age at adoption (older than 4 years), emotional or behavioral problems, adoptive placement as part of a sibling group, and disabilities. As used in this article, the term disability includes both developmental problems (for example, mental retardation, serious vision, hearing, or orthopedic impairments, cerebral palsy, epilepsy, spina bifida, muscular dystrophy, or Down's syndrome) and serious medical conditions (for example, AIDS, leukemia, or cancer). Given that children of color often experience delays in adoptive placement, minority ethnicity is also considered to be a special needs characteristic.

*James A. Rosenthal, Ph.D., is associate professor at the School of Social Work, University of Oklahoma, Norman, OK.*

As the article by Judith McKenzie in this journal issue demonstrates, social workers in public child welfare face a variety of barriers to providing permanent homes for children.[1] Even with these barriers, outcomes of special needs

adoptions are, on balance, positive and suggest that efforts should be made to encourage and increase adoption of children with special needs.

While there have always been some placements of children with special needs, special needs adoption as we know it today began to emerge in the early 1970s. Alfred Kadushin's study of abused and neglected children who were adopted at 5 years of age or older demonstrated high levels of parental satisfaction, comparable to those in traditional adoptions.[2] Kadushin's study demonstrated the "reversibility of [childhood] trauma" and paved the way for the development of the special needs adoption field.[3] About 20,000 older children are adopted each year in the United States, and as many as 200,000 have been adopted overall.[4] (See the article by Stolley in this journal issue.)

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This article reviews research on special needs adoption outcome, examining both adoption disruption—termination of an adoption prior to legal finalization—and child and family functioning in nondisrupted families. It examines child, family, and service characteristics as predictors of outcome. Child characteristics studied include particular special needs characteristics (disability, behavioral problem, older age at adoption, sibling placement), gender, and ethnicity. Family characteristics that are considered include family structure (single-parent versus two-parent), ethnicity, age of parents, income and education levels, religious participation, and family interaction patterns. Service characteristics studied include placements in out-of-home care prior to adoption, type of adoption (by foster parent versus by "new" parents), sibling placements, and pre- and post-adoptive services, including support groups, counseling, and financial subsidies.

## Adoption and Foster Care

The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) has, as its central purpose, the prevention of unplanned "drift" of children from one foster home to the next. The law's goal is to ensure that every child has a permanent home by reuniting the birthfamily or, where this is not possible, by placing the child in an adoptive home. In a review of different options for permanency for older children, Barth and Berry concluded that adoption offers far more stability and benefits than long-term foster care placement.[5] Indeed, stability may be the greatest advantage of adoption. For example, when a foster family moves out of state, the child most likely stays behind. In adoption, the child becomes a permanent member of the family and moves with it.

The advantage of special needs adoption relative to long-term foster care becomes more apparent when a lifetime perspective is applied. Although some foster families maintain contact after the child reaches maturity, adoption offers the stronger probability for lifetime relationships with parents, siblings, and extended family. Taking into account such factors as the financial value of parent-child relationship (determined by legal awards in wrongful death cases), parental contributions to the child's development and education, and the child's future earnings, the lifetime financial value of adoption to an 8-year-old child who might otherwise reside in foster care exceeds $500,000. This amount is six times greater than the cost of long-term foster care.[5]

Follow-up studies with adults also suggest advantages for adoption relative to foster care. Triseliotis and Russell compared perceptions of adults who were adopted at an older age (mean age = 3.5 years) with those of adults who were raised in foster care. The adoptees indicated higher levels of satisfaction with how they were raised and with their lives.[6]

## Adoption Disruption

### Rates

As special needs adoptions increased in the 1970s, so also did the overall percentage of adoptions ending in disruption (termination prior to legal finalization). For instance, the statewide disruption rate for California public agencies increased from 2.7% in 1970 to 7.6% in 1973.[7] In Ontario province, the disruption rate increased from 4% in 1971 to 7% in 1978.[8] A private New Jersey agency specializing in special needs adoption reported a disrup-

tion rate of 26% for placements made from 1975 to 1981.[9]

Disruption rates for studies conducted in the 1980s are generally higher than those for earlier studies. Fifteen percent of 1981 placements of children 3 years of age or older in 13 California counties ended in disruption.[5] About 12% of placements made by the Oklahoma Department of Human Services from 1982 to 1985 resulted in disruption.[10] A 1986 study in New York City estimates a disruption rate of 8.2% in the 12-month period following adoptive placement.[7] A 1986 New England study of predominantly special needs placements yielded a disruption rate of 27% (64 disruptions in 235 placements).[11] On the basis of data gathered from five states, Urban Systems Research estimated the national disruption rate for special needs children to be between 6% and 20%.[12] Kadushin and Martin present data from eight studies of disruptions of infant placements. Of 34,499 placements, 648 resulted in disruptions, a rate of 1.9%. In eleven special needs placement studies, they found an overall disruption rate of 11.3% (502 disruptions in 4,443 placements).[13]

A national study of 700 adoptions of children with developmental disabilities yielded an overall disruption rate of 8.7%. For children in this group who were adopted when 7 years of age or younger, the disruption rate was only 3.3%; for those 8 years of age and older, it was 17.7%.[14] In a recent Massachusetts study, 101 of 102 adoptions of developmentally disabled children remained intact.[15]

Some specific groups of children have extremely high disruption rates. Kagan and Reid report on a sample of 78 youths with a mean age of 11 years at adoptive placement, 91% of whom had experienced placement in an institutional treatment center. Of this sample, 53% experienced at least one adoption disruption.[16] At the other extreme, a private Illinois agency with strong postplacement parent support group services experienced only 5 disruptions in 900 placements of older children.[17]

Taken on balance, these studies suggest that the disruption rate may be about 10% to 15% for children placed when older. For younger children with developmental disabilities, the rates are lower. The low percentages overall represent a high level of success, particularly considering that just 20 years ago, adoption would not have been an option for most children with special needs.

Disruption rates should be interpreted carefully because exact definitions differ from study to study. For many studies the follow-up time was limited and the percentage of terminating adoptions would be expected to increase with time. In Barth and Berry's studies, for example, the mean length of time from placement until termination was about 18 months.[5]

***The sociodemographic factor most powerfully associated with risk for disruption is the child's age at the time of placement. Risk increases with age.***

Although having experienced a prior disruption places a child at increased risk of subsequent disruption,[5,9] many children who experience disruption are successfully placed in another adoptive home. For instance, 41% of Arizona children placed from 1982 to 1985 who experienced an initial disruption were placed in another adoptive home.[12] In Oklahoma during approximately the same time period, 126 of 170 children who experienced disruption of an adoption or of a trial adoption were adopted by another family.[18]

## Predictors of Disruption

### Child's Age

The sociodemographic factor most powerfully associated with risk for disruption is the child's age at the time of placement. Risk increases with age.[19] For instance, among placements implemented by the Colorado Department of Social Services from 1981 to 1984, the mean age of children whose adoptions were disrupted was 8.8 years, while that for children whose adoptions remained intact was 4.4 years.[18] At Spaulding for Children, New Jersey, a private agency, disruption rates were 7% for special needs children from birth to 5 years of age at placement, 15% for those 6 to 8 years, 25% for those 9 to 11, and 47% for those 12 to 17.[9] A study of more than 900 children placed in 13 California counties in the early 1980s clearly demonstrates the link between child's age at placement and risk. Percentages of adoptions ending in disruption were: 3 to 5 years of age at placement, 5%; 6 to 8 years, 10%; 9 to 11

years, 17%; 12 to 14 years, 22%; and 15 to 18 years, 26%.[5] Older age of the adoptive parent(s) predicted stability in four studies,[20] although this finding is not consistent across all studies.[21]

Boys are modestly overrepresented in disruptions in six studies[22] while no gender-associated differences are evident in seven others.[23] One study suggests that among boys there was a higher disruption rate for those placed when younger than 9 years, but among girls there was a modestly higher rate for those placed at 9 years of age or older.[18]

#### Disabilities and Behavioral Problems

Disabilities (developmental problems and serious medical conditions) do not appear to be major risk factors although results vary considerably from study to study. For instance, a 1986 New England study found that the number of mental, intellectual, physical, or medical problems of adoptees was higher in children whose adoptions were disrupted than in those whose adoptions remained intact.[11] In a 1988 California study of children placed when more than 3 years old, disruption was significantly higher among children with mental retardation, but not among those with physical disabilities or medical conditions.[5] On the other hand, a New Jersey special needs study found that neurological impairment, mental retardation, and orthopedic disability were unassociated with risk for disruption and that nonorthopedic physical disability was associated with reduced risk.[9] In a recent five-state study, physically and mentally disabling conditions were predictors of reduced risk. [12]

In contrast to developmental problems and serious medical conditions, emotional and behavioral problems are strong predictors of disruption.[24] Aggressive, acting-out behavior—as contrasted with inhibited, withdrawn behavior—is centrally linked to disruption.[25] For example, a 1986 New England study identified six behaviors that predicted disruption: sexual promiscuity, having physically injured others, stealing, vandalizing, threatening or attempting suicide, and wetting or soiling bed or clothes. Similarly, in California (1988) behaviors such as cruelty to others, getting into fights, threatening others, and hanging out with "bad" friends strongly discriminated between intact and disrupted adoptions.[5] In Illinois (1991), sexual acting-out was the strongest preplacement behavioral predictor of disruption.[26]

#### Ethnicity, Family Structure, and Socio-demographics

Four studies link higher education levels of one or both parents to modestly increased risk of disruption,[27] although four others do not show such a pattern.[28] Four studies demonstrate modest associations between higher income level and increased risk.[29] Income level and disruption risk were unassociated in other

studies.[30] One study shows increased risk for fathers in professional occupations,[31] while a second shows reduced risk.[32]

Lower disruption rates for minority families have been observed in two studies.[33] For instance, a five-state study found that placements with minority parents represented 36% of all placements but only 18% of disruptions.[34] On the other hand, a larger number of studies demonstrate no association between ethnicity and disruption.[35]

Two studies link adoptions by single parents with increased risk,[36] but four others show no such association.[37] Festinger found that six of seven placements with single fathers resulted in disruption.[7]

In general, the associations of ethnicity, family structure, and income and education levels to risk for disruption are weak. If a pattern is to be discerned from the sometimes contradictory findings, it is that lower socioeconomic status is associated with reduced risk.

One of the major changes in public agency adoptions over the past 10 to 15 years has been the increase in adoptions by the child's foster parents. Adoption by foster parents consistently predicts reduced risk.[38] In one study, foster parent adoptions represented 41% of intact placements but only 13% of disrupted placements.[18] In a second study these percentages were 36% and 12%,[39] respectively.

Other predictors of disruption include the number of placements prior to disruption,[40] time spent in prior placements,[16] and delays in the adoptive process.[41] Results from several studies suggest that the failure to provide adequate background information on the child may be the strongest service-associated predictor of disruption.[42]

It is accepted practice to keep birth siblings together whenever possible. Findings regarding this practice are contradictory: several studies suggest increased risk for sibling placements,[43] while others suggest reduced risk.[44] Sibling placement seems contraindicated when there are already other children in the home[45] but may mitigate risk when no other children are present. For example, Barth and Berry found no disruptions among 47 children who were placed in sibling groups when no other children were in the home.[5] A 1991 British study found that the presence of other children in the home increased risk only when these children were close in age to those in the sibling placement group.[21]

### Family and Child Characteristics

Flexibility (as contrasted to rigidity) in family decision-making patterns may reduce the risk of disruption.[46] Findings from many studies concur that unrealistic or unmet expectations of the child portend instability.[47] Even when the adoption social worker emphasizes the problems

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that may be encountered, the prospective adoptive parents may maintain idealized, unrealistic expectations. As one parent who had experienced a disruption stated: "We were told [about his problems], but we really thought we could handle this and anyway, our child would never act that way."[48] Such a comment emphasizes the need for realistic, detailed preparation and good background information.

Westhues and Cohen concluded that, if the father is "actively involved in parenting, and able to nurture and support the mother in her role, placements are more likely to be sustained."[49] Good support systems from family and friends,[5] as well as religious participation, predict stability.[50] Finally, the child's experience of physical[7] or sexual abuse prior to adoption may also predict disruption, as does a strong attachment to the birthmother.[51]

In summary, key predictors of increased risk for disruption include:

- Older age of a child at the time of adoptive placement
- Inadequate background information or unrealistic parental expectations
- Rigidity in family functioning patterns, in particular the father's noninvolvement in parenting tasks
- Low levels of support from relatives or friends
- History of physical and particularly sexual abuse prior to adoption

- Psychiatric hospitalization prior to adoption
- Acting-out externalized behavioral problems including sexual acting-out
- Adoptive placement with "new" parents rather than with foster parents

Risk is elevated only modestly for developmentally disabled children, particularly with good preparation of the parents. What would once have been barriers to adoption—low income and education, minority ethnicity, single-parent family structure—do not increase risk and, when studies of intact families are also considered, may be modest predictors of increased success in special needs adoption.

## Intact Special Needs Families

When the focus of inquiry shifts from disruption to the experience of intact families, the benefits of special needs adoption become even more apparent. In general, the same factors that predict stable versus disrupted adoption also predict parental satisfaction versus dissatisfaction with the adoptive experience. Hence no systematic review of these factors is undertaken. This section reviews selected studies of children with disabilities and then examines outcomes for children placed when older.

### Children with Disabilities

Larraine Glidden's longitudinal studies of families who have adopted children with developmental disabilities are major contributions to our understanding of the outcomes of such adoptions.[52] One study follows 42 British families who adopted or fostered 56 children all of whom were mentally retarded and who possessed a variety of other disabilities including autism, cerebral palsy, blindness, and Down's syndrome. More than 3 years after placement, 95% of mothers responded affirmatively to a question asking whether they would adopt if they could "do it over again." Of these mothers, 61% said that the adoption had gone better than expected while only 8% indicated that it had gone less well. Responses to a standardized measurement tool showed that these adoptive families were, on balance, experiencing less stress in parent, family, and child functioning than were a comparison group of birthfamilies with developmentally disabled children. Further, stress levels differed minimally from a comparison group of birthfamilies with nondisabled children. Stated differently, the adoptive parents' degree of enjoyment of their parenting experience was similar to that of parents in nonadoptive families.[53] Glidden (1991) replicated this same pattern of findings with a group of 87 U.S. families who adopted children with severe developmental disabilities.[52] Goetting and Goetting's research suggests that adoptive parents of developmentally disabled children may experience at least as much life satisfaction as do "typical" U.S. adults.[54]

***Paradoxically, less serious impairments appear to be more problematic for parental satisfaction than do the serious impairments that have just been discussed.***

With only minor exceptions, other studies also demonstrate these good outcomes. Franklin and Masserik's 1960s studies of families that adopted children with medical conditions showed substantial parent satisfaction in **77%** of cases and that the conditions caused less restriction of activities than had been anticipated.[55] About one-quarter of adoptions of mentally retarded children in Australia failed badly according to a 1980 study.[56] Rosenthal and Groze asked 154 parents who had adopted children with disabilities: "Do you feel close to your child?" To this question, 68% responded "yes, very much so"; 23% responded "yes, for the most part"; and 8% responded "not sure" or "no."[57]

Important sources of satisfaction include the child's development (which often exceeded expectations), as well as positive changes in other family members. Marx commented on benefits for siblings,[15] while Glidden and colleagues found that "62% of mothers responded that they had become better people . . . citing changes such as greater tolerance, less selfishness, more sympathetic attitudes, and increased compassion."[58] Families who adopt children with disabilities come from varied socioeconomic backgrounds. Many are active in church[59] and show considerable flexibility in rules and decision-making patterns.[18,59] Two studies show excellent outcomes for children with Down's syndrome.[60]

Paradoxically, less serious impairments appear to be more problematic for parental satisfaction than do the serious impairments that have just been discussed. For instance, in the Rosenthal and Groze survey, minor developmental delays and learning disabilities predicted negative adoptive outcomes while more serious disabilities were not associated with outcome (see table 1).[57] One explanation may be that serious impairments are apparent at the time of adoption, allowing prospective parent(s) to realistically assess the potential for developmental progress. In contrast, minor impairments or difficulties can be overlooked, dismissed, or viewed with unrealistic optimism.

### Children Adopted When Older

The overall pattern in older-child adoption is one of good outcomes. In Rosenthal and Groze's 1992 study, about 500 parents who had adopted children 4 years of age or older responded to the earlier-mentioned question asking "Do you feel close to your child?": 48% said "yes, very much so"; 40% said "yes, for the most part"; and 12% said "not sure" or "no." These families, according to a standardized measure of family functioning, experienced a level

Table 1

**Percentage Responding that Impact of Adoption on Family was "Very Positive" by Selected Case Characteristics**

| | Case has characteristic | | Case does not have characteristic* | |
|---|---|---|---|---|
| Case Characteristic | N | % | N | % |
| Child age 5 or younger when entered home | 435 | 55 | 342 | 37 |
| At least one adoptive parent minority or biracial | 241 | 56 | 531 | 43 |
| Child minority or biracial | 291 | 57 | 485 | 41 |
| Placement in single-parent family | 112 | 59 | 646 | 44 |
| Adoptive parent previously foster parent to child | 331 | 51 | 441 | 43 |
| Child placed in group home or psychiatric setting prior to adoption | 66 | 33 | 429 | 53 |
| Child has physical disability | 156 | 47 | 624 | 47 |
| Child has learning disability | 223 | 39 | 557 | 50 |
| Child has minor developmental delay | 105 | 37 | 675 | 52 |
| Sexual abuse prior to adoption (actual or suspected) | 163 | 36 | 317 | 57 |
| Child scored in "clinical range" on behavioral problems | 282 | 21 | 409 | 62 |

*Columns under this heading present data for all cases not having the given characteristic. For instance, with regard to child's age, data for those 6 years of age and older are presented.

Sources: Rosenthal, J.A., and Groze, V.W. *Special-needs Adoption: A Follow-up Study of Intact Families.* New York: Praeger, 1992; Rust, D., Huber, J.A., and White, D. Special Needs Adoption. Unpublished manuscript. University of Oklahoma, Norman, 1988.

of cohesion similar to that in nonadoptive families. Among parents adopting children 4 years of age or older, 68% rated the "overall impact of adoption on the family as mostly positive" or "very positive." While there may be a bias toward giving socially acceptable responses and while those who experienced disruptions are not in the sample, these findings suggest high levels of satisfaction on the part of most parents.[57] In Nelson's 1985 study of special needs families, 78% of parents responded that the adoption of their child had made them happier while only 5% said that they had been made unhappier.[61] Results in these studies are comparable to those reported by Kadushin almost 25 years ago, in which nearly 75% of parents who had adopted older children said that they were well-satisfied with the adoptive experience. Important sources of parental satisfaction in Kadushin's study included "the child himself: personality, temperament, disposition," the child's relationship to extended family, and companionship with and for the parent.[62]

***Behavioral problems are the single largest source of stress for families who adopt older and special needs children.***

The single most positive finding in Rosenthal and Groze's survey of predominantly special needs adoptions concerned school attendance. Among children 6 to 17 years of age at the time of the survey, 99% of all children studied (695 of 703) were attending school. Two-thirds of parents reported that their child enjoyed school. The most common grades earned were B's and C's.

The most sobering finding in this study concerned the prevalence of behavioral problems. Among all children placed, 41% earned a score in the abnormal range on a standardized measure of child behavior. Such a score signifies a level of behavioral problems comparable to that experienced by children in mental health treatment. Children often experienced behavioral problems many years after placement.[57] Therefore, parents adopting a child with behavioral problems should anticipate the possibility of continued problems rather than a marked decline following an initial adjustment to the home. Behavioral problems are the single largest source of stress for families who adopt older and special needs children (see table 1).[63]

### Nontraditional Adoptive Families

Just as studies of disruption rates suggest that minority ethnicity, lower income and education levels, older age of the parents, and single-parent status do not increase risk for disruption, two recent studies suggest that such factors may indeed be associated with increased parental satisfaction with the adoptive experience.[64] Table 1 presents percentages of respondents in the Rosenthal and Groze study answering "very positive" to a question probing the adoption's overall impact on the family. The excellent outcomes for nontraditional families stand out, but it should be emphasized that the research design does not allow precise determination of the cause of the better outcomes in nontraditional placements. In particular, different experiences prior to adoption provide a partial explanation. For instance, minority children were less likely than white children to have been sexually abused and less likely to have been placed in a group home or a psychiatric setting. When analyses statistically control for the influence of factors such as these, differences between the traditional and nontraditional families become less pronounced.[57]

Minority families appear especially resistant to potential problems. For instance, behavioral problems and problems in school seem to be more strongly linked to problematic parent-child relationship in white adoptive families than in minority families.[57] The very fine adoptive outcomes for nontraditional families underscore the importance of vigorous outreach to families from all walks of life.

## Service Needs of Children and Families

### Background Information

The provision of accurate background information about the child is critical to success in adoption. Some prospective parents may consider adopting a child with special needs when they really desire a "healthy" infant. Such placements are clearly high risk. Prospective adoptive parents should be cautioned that: older children are hard to change and that the expectation that they can be molded into

what the parents want them to be is unrealistic; these children may never overcome the effects of years of neglect and abuse prior to the adoption; and gratitude from children should not be anticipated, more likely and more often they will be angry. Adoption should be undertaken only by parents who can love the children for what they are, and who will expect these children to become nothing more and nothing other than what they are when they are placed.[57]

### Adoption Subsidies

Financial adoptive subsidies may well be the most important postadoptive service. In one study, 98% of special needs families favored subsidies, at least in selected circumstances.[65] Of Oklahoma families receiving adoptive subsidies, 95% rated these subsidies as "essential" or "important." The Oklahoma families rated the helpfulness of about 30 different services including counseling, support groups, adoption education seminars, respite care, school services, and many others. Financial subsidy and medical services received the highest ratings.[66] One study suggests that financial subsidies mitigate the risk of disruption for adoptions that possess a number of high-risk characteristics.[5] Subsidies have been integral in opening adoption opportunities to minority and low-income families and to foster parents, all groups that have experienced distinctly positive outcomes.

### Postadoption Services

As the special needs adoption field matured, practitioners increasingly recognized that adoption issues do not disappear at the time of adoptive placement but instead persist at least until the adoptee reaches maturity. Hence, an array of postadoption services has been developed. The balance of research suggests that individual and family counseling services help only some families.[67] Programs to educate therapists regarding the particular dynamics and goals of special needs adoption should make these services more successful. On balance, adoptive parents evaluate parent groups and contact with other adoptive parents as quite helpful, perhaps more so than therapy services.[68] Important unmet service needs for families who have adopted developmentally disabled children include respite care, life planning, support groups, and babysitting for other children in the home.[67] The success experienced to date in intensive family preservation services[69] suggests that these services are instrumental in preventing adoption disruption.[4] The behavioral problems experienced by many children adopted when older suggest the need for provision of parenting skills classes emphasizing behavioral management.[5] The importance of effective coordination of services—subsidy, legal matters, specialized therapies or assessments, timely referral—by the social worker cannot be overestimated.[18]

***Subsidies have been integral in opening adoption opportunities to minority and low-income families and to foster parents, all groups that have experienced distinctly positive outcomes.***

## Conclusion and Recommendations

Special needs adoption provides the route to full participation in family life for many children who would otherwise grow up in foster care, but it is not without problems. About 5% of adoptions of children with developmental disabilities and about 10% to 15% of adoptions of children older than 3 years at placement end in disruption. Further, about one-quarter of parents in older-child adoptions that remain intact express some reservation regarding their experience. Nevertheless, the substantial majority of special needs adoptive placements work well. Given that the foster care population continues to increase and that many children who are legally free for adoption wait for extended periods—or simply cannot be placed—adoption, at present, is not a timely option for *all* children who need it. In this sense, the success of special needs adoption is more limited.

Special needs adoption programs should be expanded. Barriers to obtaining financial adoption subsidies should be reduced to bring more families from all walks of life into adoptive parenthood. More effective recruitment of minority foster and adoptive parents can help address the needs of the increasing numbers of minority children in out-of-home placement. Even with the emphasis on providing permanent homes for children, many chil-

dren in substitute care experience long delays prior to the development of a plan for permanency. More timely and more goal-directed decision making is needed.

Also needed are more sophisticated research designs that assess outcomes for different types of adoptive placement (adoption with "new" parents versus foster parents versus relatives) and that compare outcomes for adoption with those for legal guardianship, long-term foster care, and continued residence in the birth home.[4] In particular, studies that rely on longitudinal rather than survey designs can determine causal factors that influence the course of the adoption. Research can help identify the kinds of pre- and post-placement services that are most helpful to children and families and by so doing point the way to effective policy and practice.

1. See the article by Judith McKenzie in this journal issue for a discussion regarding the barriers faced by social workers in public child welfare when trying to provide permanent homes for children.

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