



CENTER FOR FAMILY CONNECTIONS

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Adoption Glossary

Taken literally, according to Webster, adoption is:

Noun: A ready taking up of something.

Verb: To accept officially. Pass, approve.

Verb: To take, as another's idea, and make one's own. Take on, embrace, espouse.

a-dop-tive (ō-dĀp) adj.

1. a. Of or having to do with adoption.

b. Characteristic of adoption.

2. Related by adoption. —a-dop-tive-ly adv.

adoptee (ō-dĀpT, ō-dĀp-t) n.

One, such as a child, that is or has been adopted.

a-dopt (ō-dĀpt) tr.v. a-dopt-ed, a-dopt-ing, a-dopts.

1. To take into one's family through legal means and raise as one's own child.

2. a. To take and follow (a course of action, for example) by choice or assent.

b. To take up and make one's own.

3. To take on or assume.

4. To vote to accept.

5. To choose as standard or required in a course.

—a-dopt-a-ble adj. —a-dopt-er n. —a-dop-tion n.

In my work, I have found adoption to have a much broader definition - and to mean different things to different people.

To some, adoption is the act of adoption --the legal moment in the courthouse.

To some it is a snapshot in time--an incident or an event.

To some it is the life of adoption that the adopted child lives.

To some it is the life of adoption that the adoptive parents live.

To some it is the life of adoption that the birth parents live.

To some it is the adoptive family, inclusive of the child.

To some it is the extended family of adoption, including the birth parents

(whether they are known or unknown, present or not.)

To a child adoption is about being with the family they are in.

Sometimes, as I've said in Chapter 3, when asked if they think about adoption, children say "no," and they are being honest. Children do, however, think about their birth family and wonder who they themselves are, and where they came from. They do

not see that as thinking about “adoption” while they are young and at a developmental stage of concrete thinking.

Adoption has many concrete and abstract meanings.

The laws and policies surrounding adoption are often created by one group, which knows only its own “brand” of adoption. It is important that we think of **all** the people involved in adoption when making law and policy; and when developing treatment plans for families, and training programs for both professionals and families. If we do not, we are not serving the larger community of adoption and all that it encircles.

In an attempt to define various kinds of adoption, I give you the following list. No matter how sensitive one is to what one knows, things are often left out. I am prepared to have people write or call after reading this and say, “you forgot... And they will be quite right.

I’ve also added, at the end of this glossary (several) legal terms and documents that relate to adoption.

Public adoption

In two U.S. states (Massachusetts, and Connecticut), public child welfare sets the regulations for all adoptions- including private adoption, with no necessity for any child welfare training in the remaining forty-seven states. In every state, public adoption services are available, either through a *public child welfare agency* such as a Department of Social Service, Bureau of Children or a Child Welfare Agency, for instance, or through a *private child welfare agency* such as Jewish Family and Children’s Services, Catholic Charities, Lutheran Children’s Services, Casey Family Services, to name a few.

Private adoption

Attorneys are often the ones who facilitate adoption. In all but the two states (including my own, Massachusetts) that require child welfare involvement, lawyers and business people - some very good and ethical, and some simply in business, are doing adoptions. The legalized adoption then requires some court involvement and so attorneys and judges are involved inherently.

Sometimes, in the forty-seven states that support private adoption, social workers, adoptive parents, or business people decide to do adoptions and open private adoption businesses.

Independent adoption

In all of our states, more and more frequently, the birth parents want to have some say in who adopts their child. The birth parents are involved in choosing and the meeting with the pre-adoptive couple or person who will eventually parent the child. Sometimes, the pre adoptive parents put ads in papers and send letters to their friends, clergy, and physicians and ask for the referral of a woman and man who cannot parent their child and want to find an adoption placement.

Increasingly, the people involved in adoption are making their own arrangements and calling in the professionals only for the legal paper work and finalization of their plans. When the parties involved have the best adoption education and counseling to make a good plan, not only for now, but for lifetimes. This route to adoption can be empowering for all parties. Without the proper guidance, however, independent

adoptions can involve manipulation on the part of birth parents, adoptive parents, or attorneys or others involved.

Independent adoptions that do not include education and counseling, and are not done with sensitivity and honesty, too often result in ill feelings and adoption disruption.

Closed adoption

When the birth parents and adoptive parents know little or nothing about one another, and have no identifying information, this is a closed adoption. A large number of public and private adoptions are closed (Estimated guess:45%). Most international adoptions are closed in the receiving country, but not in the sending country. In all adoptions, as stated earlier, sealed records are said to protect. When a contract--a contract-- is made, all parties are supposed to agree and sign. In the case of adoption, though, the infant or child is not old enough to agree to this closed arrangement.

We have seen over the years that when adopted people are old enough, they very often wish to have more information. We also see that adoptive parents, who are vulnerable and not thinking very far past wanting their baby at the time of adoption, often wish they had further information and more openness concerning the birth parents as their child grows and his/her questions and concerns grow.

In the United States, we still have closed records in all but seven states, and therefore our major focus is toward a closed system of adoption. This is not true in the United Kingdom, Australia, New Zealand, and in many other countries, where open records are a fact and where, when the child is not endangered, some form of open adoption may also be a usual practice.

Semi-open adoption

When there is perhaps one meeting of the birth and pre-adoptive parents without last names or addresses exchanged, and with the agreement to send letters and pictures through an intermediary for a period of time, a semi open adoption is taking place. There is no agreement to any face-to-face contact or long-range connection other than an acknowledgement that the child will probably search for his or her birth parents as an older adolescent or adult.

Today, we have a high proportion of adoptions that are semi-open. If the intermediary arrangement is working properly, which means that during any hiatus in communication, when one or the other party cannot write for various reasons, but can later reconnect through the intermediary, then, for instance, medical information concerning the child can be updated in an ongoing way so that the adoptive parents and pediatrician are kept informed. A semi-open plan can also lead to more openness if both parties have developed a level of trust and are comfortable with that arrangement. Semi-open adoption often makes the growing child or adolescent feel left out of the arrangement, since it's only the adults who all seem to know one another.

Open adoption

Open adoption is not joint custody. Open adoption is a very open agreement with all parties knowing each other and choosing adoption first and foremost, and then an open arrangements providing some ongoing connection to be determined by the parties along with clarity of roles and responsibilities. The birth parents still sign terminations of parental rights and the adoptive parents become the full and legal parents of the child.

Open adoption, as is clear in the chapter "Keeping Connections." is not just one thing. It ranges from what some people call open, but is actually semi-open, to a full relationship with ongoing connection and visits. Openness often varies over time

depending on the needs of the child and the abilities of all parents to understand their roles and responsibilities. The success of open adoption depends on clear boundaries and respect for roles and responsibilities, and it depends on the adults involved being able to put their egos aside in order to do what is best for the child.

Legal adoption

Legal adoption occurs when the birth parents' parental rights have been terminated via a Termination of Parental Rights (TPR) and the adoptive parents have taken on those parental rights via legal adoption proceedings.

Emotional adoption

There are many situations where a child is raised by people who love and consider that child to be their own and there is a mutual connection. A legal tie may not be made, but it is clear that there is a parent-child relationship. This is often true in kinship arrangements (as in a grandmother parenting a grandchild), guardianships, and in long-term foster care situations.

Not all people who legally adopt a child emotionally adopt that child as well. There are stories of sibling adoptions and other tales throughout this book to illustrate what I mean.

There are situations where the adoption is legal-but not emotional. There are adoptive situations where it is an emotional and psychological family to the child-but never legalized.

Adoption is always complex.

Infant adoption

Infant same-race adoption

Most people in the private sector think of infant same-race adoption as adoption.

It is where most of the business of adoption takes place, with private agencies, private attorneys, and adoption professionals. Infant same-race adoption most often means white infant adoption, and it is most often done in cases where infertility has led a couple or individual to want to create a family as close in appearance to that which he or she would have had.

Same-race infant adoption is often done to create for the child the next level of connectedness or familiarity if the child cannot be in birth family or extended birth family.

When culturally competent workers are involved, Native American, Latino, Asian, Caucasian, and African American children are kept in unrelated, but same-ethnicity, families when possible. There are some very good things about infant same-race adoption in terms of sense of community or connectedness for both the child and the family.

If done with honesty and openness same-race infant adoption is essentially an extended community adoption, and it provides the elements for privacy, as long as secrecy is not the goal.

If we are, in fact, looking for families for children, and not children for families, and are seeking the next best stage of connectedness after trying to preserve family of origin with birth parents or with extended birth family, then adoption placements based on community or culture and ethnicity is that next stage.

Infant transracial adoption

When all efforts have been made in a reasonable way and time span to keep the child with the birth parents, or with birth family or in the extended same-race or ethnicity community, transracial adoption is a positive solution. Children do need families that are permanent, and they cannot be left in transitional homes for most, or all, of their childhood. This, unfortunately, has been done for too long in the foster care system in this country.

We are well aware that our foster care system is a national disaster.

We all want children to have the option of being in their families of origin or communities of origin as a first set of choices, but if that is not feasible and does not serve their needs in a timely way, then we must look for other families that can provide permanency and safety for the child.

In transracial adoption, it is most important that the family adopting a child of another race is aware of racism and has cultural sensitivity and a respect for their child's family of origin and for his or her race, ethnicity, and culture of origin.

The family must be willing to see itself as a transracial family, not to see the child as of another race.

The family must be willing to sacrifice its own comfort and homogeneity and consider living in a diverse community so that the child can become familiar with and positive about his or her own culture, ethnicity, and racial background, and so that he or she can have positive same-race adult role models.

International infant adoption

Infants are often adopted from other countries. Most common today in the U.S. are the Chinese infant adoptions. Since these are transracial, as well as international adoptions, the above issues apply.

It is important for adoptive families to have respect for and understanding of their child's country of origin. It is also important for agencies doing international adoptions to work with the sending countries and bureaus to make sure that as much information as possible is transmitted to the adoptive family so that they can have this when the child is older and asking questions.

International adoption situations change. Korea's old style of adoption, (government-sponsored placement of so-called "abandoned" babies) from the fifties until recently, is much like what China is doing today. We now have adult adopted people who have, in fact, recently been able to go to Korea and to learn a great deal about their history and background, and many have been able even to search and to find their birth families. The society and the rules have evolved over forty to fifty years. And yet, what is true today may change tomorrow.

How we talk to internationally adopted children about these complex societal issues involved in their adoptions is important, and is discussed further in terms of developmental issues families face.

Older child adoption

(Special needs adoption)

Domestic same-race older child adoption

Because of my interest in normalizing adoption, I am reluctant to say that there are special needs in all adoptions, but this is in a sense true. Adoption calls upon children to make sense of fundamental issues concerning identity and origin early on, and the process requires special treatment.

There is loss and trauma-the leaving of the birth mother and the move to another place- associated with all adoptions, trauma and loss. For older child adoption, the trauma has been too often multiple and cumulative. The Child Welfare League of American has stated that 98% of the children over age three, both nationally and internationally, who are available for adoption have suffered sexual abuse, physical abuse, or neglect prior to being freed for adoption. This amount of early trauma is very important to detect and to understand. Parents, in the past and sometimes in the present, have been shielded from knowing about the traumas of their children. This is certainly not in anyone's best interest.

Domestic transracial older child adoption and international older child adoption

The issues for the older child adopted from another race and culture are even more complex. There is the task of making sense of why no one in their family or in their community or country wanted them. Original language loss and new language acquisition for older children impacts their auditory processing and learning styles. In all older child adoptions, it is important to work to preserve positive connections in a safe and healing fashion.

Sibling adoption

Most child welfare professionals agree heartily that siblings should be kept together and adopted into the same family; this is what we mean by sibling adoption. All efforts are made to keep siblings together in public adoption. This is not as true in private cases, where siblings may be placed in separate households. In these cases, an open arrangement and commitment should be made between the two (or more) families to view themselves as extended family, so that the children can have some sense of ongoing family. This is important for their healing and growth. Giving a sense of continuity to siblings adopted into different families who are nevertheless willing to function as extended family is more possible in the case of domestic sibling adoption than it is in the more complicated international sibling adoption.

Kinship adoption

Kinship adoption may be grandparent adoption, aunt/uncle adoption, extended family adoption, or adoption by non-blood relations considered kin by the family.

Many kinship adoptions are done as emotional, but not legal adoptions. This has been quite common for centuries. "Kin" means different things to different people. Sometimes it refers not to blood kin, but to a dear old friend of the family, called aunt or uncle, or to a godparent.

A family member may raise a child as his or her own, while in fact the birth parent is a member of that same family.

Open kinship adoption

This refers to a kinship adoption of any of the kinds described above in which the roles and relationships are talked about and are clear.

Closed kinship adoption

A kinship adoption in which the child is not told the truth concerning his or her birth parents is a closed kinship adoption. Very often sooner or later in life, he or she discovers the truth from a family member.

Guardianship

Many families make legal guardianship plans for a child should the parents become incapacitated or deceased. Sometimes, in the case of older children, it makes more emotional and practical sense to have a plan for guardianship rather than an adoption plan. Guardianship does not require severing parental rights and does not require change of name, although both of these may happen in the process.

Stand-by guardianship

Stand-by guardianship refers to a guardianship plan that is agreed to but not yet in effect. This newer form of guardianship was instituted because of the large number of children who have parents with a chronic disease who are unsure about the time line of their lives. Parents who are HIV positive or who have progressing cancer often make plans for a family member or close friend to be available to step in during the serious phases of the illness when the parent will not be able to perform in the role of parent. The plan is to slowly prepare the child and the guardian adult eventually to act as parent figure when the parent dies. When these plans are made and talked about, both the children, and the close friend or family member who will become guardian feel they are given permission, by the dying parent, to be together, in his or her absence, as a family.

Foster care

People since ancient times, have been “fostering” the children of others. Apprenticeship and other forms of “fostering” provided a child not only with a home and care, but also with training that would provide him or her with abilities to survive in the world upon attaining adulthood. In our country, foster care has been a system of care for the children who are “wards of the state” who are being cared for by the government as legal guardian. In order for these children to have the normalcy of family life, people volunteer and are reviewed and sometimes trained to become family care give for the child who is guardian by the state.

It is important that any original/emergency foster placement of a child be temporary, and that these parents be part of a team that will work together with birth family, kin connections, and professionals to determine as quickly as possible whether the child will be moved to a kin placement or moved into another fostering family...one that has been determined to be a possible permanent family for the child should that be the outcome. This practice is called concurrent planning, and the child welfare agencies agree that it is best. Yet very few departments of social service do true concurrent planning in a timely fashion.

All foster parents in a concurrent planning position should know that in fostering a child and in providing a bridge family with kinship connection, they are doing a great deal to foster health and healing. If they should become the permanent family, they will have understood the need for positive connections to birth family and community.

If they should be a bridge to a placement with birth parents or kin, they will often be honored and respected as extended family in that process.

Many foster parents who are on an adoption track from the beginning have been told that the child is all but theirs although the termination of parental rights has not yet been procured. These situations are referred to as “legal risk.” There should be no “legal risk”.... the only risk involved is that the fragile and emotional connections that a child needs in order to become a trusting adult are at risk if all of the adults cannot work together in the best interest of that child.

Temporary foster care

Most situations that require removal of children from their homes and families are extremely traumatic, and involve severe neglect and/or abuse. Children are often taken into emergency custody, under a care and protection act and are placed in a foster home selected most often on the basis of availability. Families who will do truly ‘temporary’ foster care are essential and much needed. While in temporary foster care, the social workers should be making every effort to research the family of origin, extended family, kin, and community for a safe and loving place for the child, for the longer term, if the parents remain unsafe and/or unfit to care for the child. Temporary foster care, in many instances, has turned by default into long term and then permanent care. These situations, as stated, are not ones where the best interest and best placement of the child was the motivation behind the placement of the child in this particular home with this particular family. Temporary foster care should be just that.

Long-term foster care

When children are placed in long-term family placement, that family should be compatible with the needs of the particular child. In some instances, a long-term fostering situation is the permanent plan, and a good one for a particular child.

Specialized/therapeutic foster care

In situations where a child has very special needs, a well-trained, professionally based foster home still may be the better alternative to a residential setting. Most often specialized and therapeutic homes are clinical and temporary placements en route to a permanent plan. Most adoption agencies do not develop lasting connections for these

children and their new families to these specialized homes, which can supply valuable mentorship and support even after the child has left.

Foster adoption

A high percentage (possibly half) of children in foster care are eventually adopted by their foster parents. Since this is the case, we must make a better effort to assure that foster care placement is child specific and not virtually random.

Residential Care

Many children who have been severely neglected and traumatized need the kind of hourly coverage, daily therapy, and clinical services that only a residential setting can provide. Residential settings are boarding-school like places where all services are provided on campus. Children live there with full time house parents and aides and have their schooling either on campus (for the more special needs) or in the nearby school system. There is a highly therapeutic component to the time spent in the residential setting.

Short term residential

During an acute crisis, to stabilize medications or dangerous behaviors, a brief stay in a residential center can be respite and therapeutic for the child and/or adolescent. An assessment can be done and recommendations for the best treatment plan, education plan, and parenting provisions can be made prior to discharge.

Long term residential

For some severely traumatized children, the intimacy of a family and home would exacerbate post-traumatic reactions and possibly result in further abuse of self or others. In these cases, a child or adolescent needs a longer stabilizing time in a residential setting where medications and dangerous behaviors can be monitored closely.

Half adoption

When a partner adopts the birth child of the other partner, that child has been half adopted.

Step parenting

Many of the same issues that we see in complex families created through adoption are present in stepfamilies. There is an inherent challenge when more than one set of parents is involved in the life of a child. Step parenting is the most usual example of complex family systems and of the challenges they present.

Donor recipient family

Donor sperm and donor egg families often fall into the old pattern of secrecy surrounding adoption. Similar issues to those dealt with in adoptive families present themselves for these complex families where there is an emotional, but not a legal, half adoption on the part of the parent whose sperm or egg was not involved. At times, in heterosexual couples, the idea of the donor of egg or sperm can set up affair-like distress on the part of the parent of the opposite sex. Often other family members and friends know that the child is the result of donor insemination and this "secret" may be brought up at some point in the child or adolescent's life. It is best for the parents to be the ones to tell the child about his or her origins. We should also note that the egg or sperm donor, as we know from the news, may carry all of the issues as other birth parents.

I hope that this very surface list of the kinds of adoption will help people to have a more wide-ranging view of what adoption is. It is very complex in so many ways.