Rediscovering Voluntary Relinquishment Practice

With the passage of 1997's Adoption and Safe Families Act (P.L. 105-89), finding permanent homes for foster children has received more attention than any time since the early 1980s. With new fiscal incentives and a renewed conviction that adoption is the best alternative for most children unable to live with their birth parents, child welfare agencies across the country are searching for new ways to minimize the length of time children spend in foster care and to maximize the number of adoptive placements.

One approach many public adoption agencies are trying is quite familiar to adoption practitioners from a generation ago—voluntary relinquishment. Simply defined, voluntary relinquishment is the act of surrendering one's rights and responsibilities as the parent of a child for the purpose of allowing that child to be adopted by someone else. While still quite common among agencies focusing primarily on infant adoptions, voluntary relinquishment as a means for ending parental rights and responsibilities of children in foster care fell into disuse throughout the country in the mid and late 1980s (Simmons, 1999). In its place, involuntary termination of parental rights became the typical route to making a child legally available for adoption. This article explains the benefits of using voluntary relinquishment to make children available for adoption and highlights some current variations in practice around the United States.

Why Voluntary Relinquishment?

In most cases of children who are removed from their parents for reasons of abuse or neglect, the families are offered a package of services geared to ameliorate the problems that led to the removal so that the children can be returned home. When a return is not deemed appropriate or possible, the child welfare agency and the courts will select an alternate plan for the children's permanence. The most permanent alternative is adoption. However, in order for a child to be adopted by someone, the rights and responsibilities of the birth parents must be terminated. In most states, for a variety of reasons, termination of parental rights is handled through an involuntary process that takes place in court. The nature of the procedure varies widely from state to state. Typically, evidence is presented portraying the birth parents in a fairly negative light in an effort to demonstrate why adoption is the best plan for a child and the parents' rights should be terminated. The process is often humiliating for the parents and generally distressing for all involved.

Such a process is neither inevitable nor necessary. How much better it would be (and much more in keeping with the values of the social work profession) if instead the parent could be enlisted in planning for his or her child's permanence. Rather than viewing the parent as an...
impediment, the worker could instead see him or her as a partner with whom decisions can be jointly made to serve the child's best interests. If the service plan and the child welfare process have been well explained from the very beginning, a recommendation for adoption will come as no surprise to the parent when efforts to reunify have not been successful. The parent can then take responsibility for what happens next to his or her child and join in the process (to the extent possible) of moving the permanent plan forward to completion. A demeaning court hearing can thus be avoided and the parent can participate in preparing the child for the next stage in his or her life.

Again, this process is not new. Prior to the passage of P.L. 96-272, adoption workers routinely used this approach rather than petition the court for a finding that the parent was “unfit.” With the incorporation of stringent timelines for court hearings and the surge of new cases in the child welfare system in the mid- to late-80s, the practice of voluntary relinquishments fell into disuse. A survey by AIA Resource Center staff (Simmons, 1999) revealed that policy makers, administrators, and social workers around the country were interested in seeing this practice revitalized. Some had already begun taking innovative steps to increase parental involvement in planning for the permanency of their children. Two of these strategies—mediation and family group conferencing—are highlighted below.

Mediation

Using a “parent empowerment” process, a model first developed in Oregon (Etter & Giovannini, 1988; Etter, 1997; Price, this issue) employs a four-stage mediation process. The four stages are “A Child’s Needs”; “Looking at Options”; “A Cooperative Adoption”; and “Letting Go.” The process introduces the birth parents to the idea of a cooperative adoption and helps them work through their own issues to arrive at a place where they can “let go.” Using a series of stories about both the children in care and their parents and their respective needs, the worker and the birth parents work through each stage by discussing a variety of issues. The stories serve to depersonalize the current situation while at the same time giving the worker and parents a point of departure to discuss it in a neutral manner.

The Oregon model emphasizes that this process is neither voluntary relinquishment counseling nor is it negotiation. It is cooperative adoption planning. It requires an effective partnership among parents, caseworkers, courts, mediators, and attorneys. The model requires an outside mediator (i.e., someone who is not an employee of the child welfare agency). This third party with no perceived interest in the outcome of the intervention is more likely to be trusted by the birth parent and to give the birth parent a sense of fair treatment.

Etter (1996) defined three keys to successful mediation. The first of these is choice. The essential players in the case have to have choices. If any of the players lacks choices, there is little or nothing to mediate. Part of the process of planning cooperatively is to determine what will work for the birth parents and what will work for the adoptive parents. Suggesting a range of options available to each gives the mediator room to work with the respective parties toward a successful agreement.

The second key to successful mediation is preparation. As always, informed decision making is fundamental to true empowerment. All the participants should be adequately briefed regarding the meaning, the implication, and the likely effect of the options with which they are presented. Etter (1996) suggested using educational groups with participants of prior mediations to help prepare the birth parents and using the home study social workers to help work with the prospective adoptive families.

The third key to successful mediation is the use of a written agreement. In an earlier work, Etter (1988) itemized three essential elements of a cooperative adoption agreement: Future communication, contingency agreement, and invalidation.

Future communication. The frequency, type, and medium of future communication must be decided. Some arrangements provide for face-to-face contact, while others are limited to a letter and a current photograph of the child. Some agreements provide for a letter from the birth parent to the child as well. How often these communications will occur must also be specified, as should the medium of communication (i.e., will the parties communicate directly or through a third party, such as the placing agency).

Contingency agreement. The birth parents agree to name a guardian/adoptive parent in their will for the child and to specify that the award of guardianship can be made only if the prospective guardian agrees to abide by the terms of the cooperative adoption agreement.

Invalidation. A clause is typically inserted that relieves the adoptive parents of having to comply with the visitation and communication clauses if the birth parent assumes an adversarial relationship with the adoptive parents. However, if the nature of the conflict is the enforcement of the cooperative agreement, that is not construed to invalidate the agreement. Some (Simmons, 1999) would also include additional invalidation terms to protect the interests of the birth parents as well. If, for example, the adoptive parents renege on their agreement to provide visitation or an annual update on the child’s well-being, the birth parents would have the right to pursue a civil action in court and collect damages against the adoptive parents.

Family Group Conferencing

Family group conferences are meetings of extended family (broadly defined to include fictive kin and other adults who have had a significant role in the child’s life) and relevant professionals to discuss the well-being of a child and to attempt to decide on an appropriate course of action. The practice of family group conferences apparently originated simultaneously in New Zealand and in Oregon in the 1980s. Marsh and Crow (1998) have identified four themes that underpin the family conference approach, two of which seem to have particular relevance to voluntary relinquishments: reducing or eliminating court time and adversarial procedures, and encouraging familial accountability and responsibility.
Many in the field of child welfare are concerned that “professional policies and practices designed to protect children can themselves be harmful” to the children and their families (Marsh & Crow, 1998). One can readily identify the increasingly adversarial nature of the juvenile court process and the all too frequent procedural delays in getting children through the courts and into permanent living situations as examples of problematic practices. These in turn suggest the need for different approaches to problem resolution for children and families that can bypass or expedite court proceedings. Family group conferencing provides the opportunity for eliminating much of the need for court time and therefore the possibility of adversarial encounters.

The second key theme is that family group conferencing encourages familial accountability and responsibility. Marsh and Crow (1998) express concern that over time, “policies and services have perhaps taken over functions and roles which were previously carried out by the family.” The extended family is seen as being capable of making good, well-reasoned decisions on behalf of one of their own members, and perhaps better positioned than the state to make and implement those decisions. The extended family is also seen as a resource and as a provider of resources and services that may be useful to the family in resolving the presenting problems. The extended family is viewed as working in partnership with the professionals to design a family service plan.

The conference

The conferences are constructed such that the family members can undertake serious, significant, and detailed discussions, both among themselves privately and with the relevant professionals, in order to reach some conclusion about what outcome is best for the child’s welfare. All parties receive some pre-conference preparation regarding the process and goals of the meeting.

The conference itself has three stages. In the first stage, full information is given to the family regarding the situation and the problems as assessed by the professionals. Time is provided for the family members to discuss the professionals’ assessment with them and to explore fully the available options and associated consequences. The second stage allows the family the opportunity to meet without the professionals being present. The family considers the information they have been provided, deliberates options, and discusses what help is needed from the family or other formal service providers. In the third stage, the family meets again with the professionals and shares with them their discussion and decisions. At this point, the family members and professionals work together to construct and sign off on a mutually agreeable plan that will provide the needed care and protection for the child. If no plan is agreed upon, the participants can opt either to have a second conference or refer the matter on to the courts to decide.

Applications in the practice of voluntary relinquishment

The Family Group Conference model can appropriately be used at any of the key decision points in the course of a child welfare case. It may also be appropriate for the worker to introduce the idea of a voluntary surrender of parental rights for the family’s consideration at any stage. It is not difficult to envision any number of scenarios taking place.

Perhaps the birth parent wants to consider relinquishment, but is fearful of the family’s reaction. The Conference could prove to be the arena where this decision will receive unanticipated support. On the other hand, workers must be cautious that the conference might also provide the arena for family members to voice fervent objections to the relinquishment option and may undermine whatever decision the parent might have about proceeding in this direction. The worker must be prepared for any turn of events.

For those families for whom voluntary relinquishment is a new option, the Conference can provide the opportunity for the extended family to give their blessing to a decision which, while painful for all, might be considered the best step for the child and the birth parents. The Conference might also produce an extended family member willing to adopt the child, an option becoming more common and worthy of consideration (Hegar, 1993; Magruder, 1994). Family conferencing offers child welfare workers a different route for introducing the voluntary relinquishment option while gaining the support of those most affected by the decision. This support, coupled with the knowledge that s/he acted affirmatively for her/his child, will help the parent face the difficult days after the adoption is completed.

Conclusion

In whatever form it takes, employing voluntary relinquishment to move children to permanence allows parents to be involved in deciding what happens to their children. It both affirms and empowers the parent, something completely lacking in court-ordered, involuntary termination of parental rights. When done well, it also provides the child with the birth parents’ permission to move on and to make the connections necessary to become part of a new family. This is a welcome trend in child welfare practice.

— Brian Simmons, Ph.D., California State University, Monterey Bay

References


Simmons, B. (1999). Voluntary relinquishment of parental rights: Considerations and practices, on which this article is based.

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For a fuller discussion of policy and practice issues surrounding voluntary relinquishment, see the new AlA monograph, Voluntary Relinquishment of Parental Rights: Considerations and Practices, on which this article is based.

References


Simmons, B. (1999). Voluntary relinquishment of parental rights: Considerations and practices, on which this article is based.
Avoiding the Pitfalls in Voluntary Termination of Parental Rights: A Guide for the Practitioner

With the passage of the Adoption and Safe Families Act in 1997 and the previous legislative emphasis on permanency planning at the federal and state level, the frequency of cases involving the termination of parental rights is expected to increase. Some believe that a growing proportion of those cases will result from a voluntary agreement by the parent to relinquish or terminate parental rights to a child. Although such a procedure may appear to be a simple process that can be completed in a brief perfunctory hearing, the reality is that this particular type of proceeding has a multitude of potential pitfalls for the practitioner. A voluntary relinquishment or termination of parental rights is not completed correctly jeopardizes the stability of the child, the permanence of the adoptive family and closure for the birth parent. This article will briefly identify potential problem areas and issues for the practitioner to consider, and suggest strategies that might help expedite procedures and permanency for children.

Identification of Issues

The court is concerned with two issues when it conducts a hearing during which the parent voluntarily terminates or relinquishes parental rights. The first issue is whether the actions of the parent are truly voluntary. Implicit in this issue is a determination by the court that the decision of the parent is both freely and knowingly given. The second issue is whether such a termination of parental rights is in the best interests of the child. The practitioner should address both issues.

Initiating the Procedure

Procedurally, a voluntary termination or relinquishment proceeding is initiated through the legal process of filing a document, identified as a petition, with the court that has jurisdiction or authority to act in termination and adoption cases. In some jurisdictions, this court is identified as the family court. In other states, such jurisdiction resides with the juvenile court. The contents of this petition are usually set forth in the applicable state statutes. Although the petition generally is not very detailed, it does require essential information identifying both parents and the child, their dates of birth, and the location of their legal residences. Other information includes the applicability of both the Indian Child Welfare Act (ICWA) and the Uniform Child Custody Jurisdiction Act (UCCJA) to these proceedings. The practitioner may not overlook the rules governing the applicability of ICWA, including providing notice to the tribe. In addition, if there have been prior custody proceedings, the court must determine whether all interested parties have been notified of the custody hearing as required under the UCCJA.

Notice of the Hearing

Notification of the hearing must also be provided to all other essential parties including the other birth parent and any agency with custody or placement responsibilities. Individual state statutes delineate the specific time requirements for providing adequate notice of the proceedings. The type of notice required also may vary among jurisdictions but usually includes notification through the mail or personal service via the sheriff or process server. Some jurisdictions also allow notice of the hearing to be provided through publication in the local newspaper. It is absolutely critical that the notice requirements are strictly followed. Failure to provide the correct notice will usually result in a reversal of the trial court decision by the appellate court.

Legal Rights of the Parties

Once the issue of notice has been addressed and resolved by the court, the next issue is the court's determination of whether the parent entering into a consent or relinquishment is aware of his or her rights in the particular proceeding. This usually begins with a discussion about legal representation. The requirement for the appointment of counsel in a voluntary relinquishment or termination of parental rights varies among jurisdictions. The courts will usually allow an adult parent to waive his or her right to be represented by a lawyer. However, when the parent is a minor, she or he should always be represented by a lawyer serving in the capacity of adversary counsel as a guardian ad litem. The child who is the subject of the proceeding should always be represented by a legal advocate as defined by individual state statute.

In addition to the right to counsel, other rights identified by statute may include the following: right to substitution of a judge; right to a continuance of the proceedings; right to present witnesses. Each of these rights should be explained by the court to the parent followed by an inquiry whether the parent seeks to exercise or waive that right. Usually, in voluntary relinquishment proceedings, the only witnesses called are the parents and the agency worker. However, circumstances...
may dictate additional witnesses should other issues arise. In any case, it is important that the individual statute be followed to avoid any procedural error, which could serve as the basis for an appeal.

Reviewing and Documenting Parental Comprehension and Consent

The parent’s ability to understand the consequences or significance of terminating their parental rights is a primary issue concerning the court during a relinquishment hearing. Consequently, the court should conduct a thorough examination of the parent regarding this issue. Frequently, a written consent outlining the rights of the parent and the significance of the relinquishment or termination of those rights is executed by the birth parent prior to or during the actual court hearing. This augments the “record,” which is critical because an appellate court’s review is limited to the transcript and exhibits received into evidence.

Once the rights have been outlined for the parent, the court is concerned with the birth parent’s comprehension regarding the significance of the termination. Specifically, the court must find that the parent is acting in a knowing and voluntary manner and understands the finality and implications of his or her decision. The following factors, which may prevent the court from making such a determination, should be reviewed by the professionals and the court: age and level of comprehension; use of drugs or alcohol prior to the hearing; mental illness; understanding of finality and permanence of decision; enforceability of post-adoption agreements; “undue influences;” and potential conflict of interest.

Age and Level of Comprehension

The parent’s comprehension level may be affected by several factors including: chronological age; level of education; use of drugs/alcohol; mental illness; level of maturity; language barriers; and susceptibility to undue influence. Any evidence of or suggestion that any of these factors may be an issue should be addressed and examined by the court. Failure to address these issues creates a potential for appeal or reconsideration by the court at a future point in time and could jeopardize the permanency of the child’s adoptive placement.

The professional, therefore, should provide evidence concerning the level of education obtained by the birth parent, and whether the parent can read, write or understand English. Frequently, a document signed by the parent is presented to the court as evidence of the parent’s desire to consent. This document should contain a statement regarding the parent’s ability to read, write and comprehend English. An inability to communicate in English would dictate the use of an interpreter in any court proceeding. In addition, when a parent is not fluent in English, any document should be translated into the parent’s native language. Both documents containing the parent’s native language and the English translation should be presented to the court and made part of the court record.

Drug or Alcohol Use

Any evidence that suggests the birth parent has ingested drugs or alcohol prior to the hearing should be investigated by the court during the hearing so the court can determine that the parent’s decision is made freely and voluntarily. If the professional is aware of any factors that suggest the use of drugs or alcohol prior to the hearing, he or she should raise this issue with the court.

Mental Illness

A parent’s history of mental illness or use of medication for such condition may affect his or her ability to enter an unimpaired decision. Therefore, the court should inquire if there is any evidence suggesting the presence of mental illness, although this does not automatically prevent the parent from voluntarily relinquishing or terminating parental rights. Frequently, the court will order that the parent present evidence from his or her treating physician, or the court could order the parent to undergo a mental health examination to ascertain the parent’s ability to enter a valid consent.

Understanding of Finality and Permanence of Decision

It is important for the parent to understand that once the consent to relinquish rights is entered, it is not a decision that can be reviewed or revisited in the future. Inquiry should be made in a way that allows the parent to express his or her understanding of the permanence of that decision on the day of the hearing. Uncertainty on the part of the parent should serve as warning to the parties not to proceed with the hearing until that uncertainty has been resolved.

The parent should also demonstrate his or her understanding that a termination order would extinguish the parent’s legal right to seek custody, visitation, or information concerning the child’s condition and location, as well as the parent’s responsibility to meet child support obligations. Sometimes a parent will mistakenly believe that he or she will be contacted if the child needs surgery. A thorough examination must include a review of these issues by both the professional and then the court. It is best to have the parent explain in his or her own words an understanding that all of these rights and obligations will be permanently severed and cannot be resurrected at a later date.

Some parties may enter into an agreement for continuing information including visitation, photographs and other forms of contact after the adoption is completed. Although some jurisdictions provide for “open adoptions,” unless there is a specific statutory provision to enforce such an agreement for continued post adoption contact, such agreements are unenforceable. Therefore, the professional and the court should examine the nature of any understanding or agreement between the birth parent, agency and/or adoptive parent. An effective strategy is to ascertain whether the parent would continue his or her desire to relinquish or voluntarily consent if he or she understood that such an agreement is unenforceable and is based solely on the “good faith” of the prospective adoptive parents. If the birth parent would not consent to such an agreement if it were revoked by the prospective...
adoptive parent, then it is not a voluntary relinquishment and the proceedings should not be completed until this issue is resolved.

**Undue Influences**

Evidence of undue influence must be scrutinized by the professional prior to the hearing and by the court during the hearing. The court should elicit and examine any information regarding possible threats, promises or inducements. Frequently, the presence of other family members, friends and prospective adoptive parents during portions of the hearing will be prohibited by the court so that a thorough inquiry can be conducted. Many states require parties to disclose any financial arrangements between the birth parent and the prospective adoptive parents. This disclosure should include discussion of any expenses for delivery of the child, child care costs, living expenses for the birth parent, legal costs and any other related expenditures. If there is evidence of monies exchanged, the court will have to thoroughly examine such arrangements. It must be made clear that the relinquishment or consent may not be the result of a "quid pro quo" agreement using the child as barter.

**Conflict of Interest**

Another potential problem results from conflict of interest of the professional. To avoid the appearance of this, as well as actual conflicts, the same professional should not represent more than one party in the proceeding. Therefore, the parent, adoptive parent, child and agency should each have their own representative or it should be very clear whose interests the professional is primarily representing. A legal representative who represents more than one party in these proceedings acts at his or her own peril and will be inviting an ethics referral to the licensing board. A similar issue exists for social workers and other nonlegal professionals. Any time a professional works with more than one party whose potential legal interests may differ, there should be a disclosure in writing of those potential conflicts and an agreement of the parties to waive such conflicts. Any agreement should be made part of the court record and the court should also examine the potential conflict and its impact on the decision of the parent.

**Best Interest of the Child**

The court is also concerned whether voluntary termination of parental rights is in the best interests of the child. Many jurisdictions delineate specific factors that the court should consider in making this determination. Factors included in this determination could involve any or all of the following: whether the child is emotionally bonded to the parent or other family members and whether it would be harmful to the child to sever this relationship; the wishes of the child; the age and health of the child; the likelihood of adoption or some other permanent placement for the child; and any other factors that would support the conclusion that the child will benefit from the termination of parental rights.

These issues should be discussed between the agency worker and the parent, and the worker should be prepared to submit to the court a report in which these and other issues are addressed. In addition, the parent should be prepared to explain to the court how and why this termination of parental rights is in the best interests of the child. Preparing the parent for these types of court inquiries is very important. Providing this information to the court allows the court to make a sound decision and a thorough record that will withstand appellate scrutiny.

**General Procedures**

The practitioner's concern with the legal proceeding should be that all issues that may influence the birth parent's decision to voluntarily relinquish or terminate his or her parental rights have been examined by the court. The court must conclude that, based on all of the various factors, the parent is making a free, voluntary and informed decision and that this termination is in the best interest of the child. The court's conclusion will be based on the sworn testimony of the birth parent, as well as written documentation prepared by the worker concerning the parent's decision and understanding. Frequently a consent form is used to document this. In addition, other professionals who have worked with a parent should be prepared to present oral or written testimony concerning their contact with the parent and resolution of any issues that may affect the voluntary nature of the parent's decision.

During the court hearing, the parent should be asked to explain, in his or her own words, what the implications for a voluntary termination are and what his or her understanding is concerning further contact, visitation, and support with and for the child. The parent's explanation of how and why this decision is in the child's best interest can be very compelling. Therefore, the practitioner should inform the parent of the type of questions that might be asked during the hearing so the parent can be fully prepared to present his or her reasoning and understanding.

Although most voluntary relinquishments or terminations are not appealed, there is no way to accurately predict when and if this will happen. Occasionally, the parent or legal advocate for the child will file an appeal because the understanding of the parent or voluntary nature of their relinquishment is in question, or the impact of the termination might not be in the best interest of the child. Therefore, the practitioner must be sure that the court record sustains the voluntary consent, and the court should make specific findings concerning the consent of the parent.

**Conclusion**

The goal of the parties, including the court, is to ensure that, once a parent enters into a decision to sever rights to his or her child, this decision is followed and relied upon allowing the child to find permanence with a new family. By following and incorporating the suggestions above, the professional can have greater assurance that legal barriers have been addressed and such permanence for the child can be achieved.

— Henry J. Plum, J.D.
As Parental Rights Transfer: Mapping Out Phases in Family Healing

Transfer or termination of parental rights severs a legal relationship between adults and children, but not emotional ties that persist long after a child has left a parent’s primary care. Termination of parental rights (TPR) is often experienced as failure by parents, family members trying to support their kin, professional helpers who tried to keep the family together, and the children themselves. TPR is often the end of the line for permanency planning services, leaving family members with few resources to help make sense of their mixed emotions or new relationships, as children go to guardianship or adoptive arrangements. Questions regarding continuity of family relationships are not often answered. How does a custodial grandparent handle contact with her daughter whose rights have been terminated? How do two sisters continue their relationship when one is “adopted out” and one stays home? Family members need a safe place, outside of adversarial legal or child welfare systems, to grapple with these questions and develop action plans that produce lasting permanency arrangements.

A Proposed Map For Systemic Family Healing

This article is a result of two family therapists’ struggles to work effectively with children and families at the end of the permanency line in St. Paul, Minnesota. Our clients represent a broad spectrum of families with long histories of involvement in the county child protective system—families, from a variety of cultures, who share common threads of poverty, mental illness and drug abuse. Assisting these families to move on through termination or transfer of parental rights presents continual challenges, and few tools exist to aid parents, kin, foster families, child welfare workers, or children with this process. Once a parent begins to move away from reunification efforts and a termination case needs to be built, child protection and mental health workers, attorneys and family members move into the role of evidence gatherers, labeling successes and failures and pitting winners against losers in a hard to define, but very real battleground. As systemic family therapists, it was difficult to gauge exactly who our client was, especially as children moved from place to place.

We began to piece together a new map that could better guide our interventions with families for whom parent-child reunification was unlikely due to parent’s expressed ambivalence and/or lack of progress in achieving the goals in the agency’s reunification plans. We drew from elements of Etter’s therapeutic mediation model (see Simmons and Price articles in this issue) and Katz’s concurrent planning model to form a process that can produce workable contact arrangements and enhance child well-being in therapy. This process helps whole families—children, birth parents and kin or other adoptive parents—pursue other permanency solutions. The goals are to: (1) increase the number of voluntary transfers of custody; (2) decrease the number of permanency decisions that go to trial; and (3) reduce the potential for problematic behavior in children and disruptions once children move on to live with new family arrangements. Our primary concern is to honor the children’s need for continuity in their attachments whenever possible.

The map that emerged is a four phase intervention continuum: prepare, negotiate, decide and continue. Families can enter into services at any phase in the process as individual circumstances dictate.

Phase 1: Prepare. Adults who are important to children for whom permanency is a question are brought together at several key points in the final stages of decision making when a transfer of guardianship to kin or open adoption arrangement to a new family is being contemplated. This helps the adults begin to prepare for the possible impending changes.

Phase 2: Negotiate. Specific sessions are designed to help families sort through what happens when the parent’s role changes, address the grief and loss associated with transfer or TPR, and redesign family roles and boundaries. Honoring attachments, explaining changes to children in ways they can understand, promoting reality versus fantasy, and spurring clearer communications among adults are key.

Phase 3: Decide. Birth parents receive coaching around dealing with loss, creating a vision for their future, and maintaining dignity within the family. Themes around multiple losses, ambivalence, and “psychological erasure” (the need to bolster one’s own parenting by devaluing or invalidating others) are anticipated, and alternative options for dealing with loss are explored. Those considering gaining guardianship or custody of the children have an opportunity to explore ramifications within their own lives of taking on the children in question. Specific arrangements around degree of contact with birth families, and agreements around how families can communicate are made.

Phase 4: Continue. New guardians or adoptive families are given support within groups and offered individual

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sessions to deal with children’s behavioral challenges and the impact of change on their family. They receive information on the birth family’s history and tools to promote understanding about the child’s world before coming to the adoptive home. Families are also made aware of how they are now contributing to children’s histories and identities, and tools are offered on how to approach this intentionally to help children continue healthy development.

Map Application

Ideally, these services will be provided through a collaboration of community service providers who can take on distinct roles in the intervention continuum. This collaborative should include county officials responsible to the court for final recommendations; an independent, trained family summit facilitator from the community; and mental health professionals able to work in home or in clinic with families and children individually and in groups. As in any collaboration, roles and communication between players need to be spelled out in advance. It must be made clear to county workers and families that the community facilitator and therapist roles are not to gather evidence for the court decision, but to be persistent advocates for the children’s best interest, throughout and following the court process.

Prepare

In this first phase, the community facilitator identifies key family/system players who have a stake in the pending permanency decision. The child’s extended network is contacted and prepared for participation in a family “summit.” A family liaison, someone respected by family members to call a summit meeting, can be chosen to direct the gathering process with the facilitator’s assistance. (In a separate meeting, the county permanency worker and legal representatives of the family clearly present the various legal options.) During the family summit, the trained facilitator uses techniques of therapeutic mediation to lay out permanency arrangement options and reaffirm overall family values and competencies.

During this phase, therapists use life books, projective art, video tape, and role plays with birth parents and/or children who are potentially reworking their family roles or relationships with each other. They also use sessions with kin or foster caregivers to predict and assist with children’s transition behaviors.

Negotiate

The facilitator and family liaison reconvene a family summit to review progress toward permanency and reiterate family values/culture that elders wish to pass on to children. The facilitator mediates agreements for birth family connection in the event of a pending transfer of guardianship to kin or an open adoption. Potential adoptive families may join in the decision making around future child-family contact at this point.

The therapist convenes specific sessions with siblings and extended family around negotiating new roles. Children participate in a group with peers also going through a separation decision, and birth parents and kin are linked to peer mentors or a peer group.

Decide

The facilitator and family liaison reconvene a family summit to produce a written contact and role agreements as a transfer of parental roles occurs. The therapist works with the extended network to help them begin to write a family life book for the child(ren), and convenes goodbye work with parents, kin, siblings, and foster parents, through use of writing, video, art, and ritual. Additional therapy sessions with birth parents focus on their loss and future possibilities, and therapy with kin or adoptive families help them incorporate new members into their household and anticipate transition behaviors.

Continue

The facilitator and family liaison reconvene a family summit as needed to rework role and contact arrangements. The therapist is available for assisting with children’s developmental or behavioral transitions; reworking with children former themes around identity, loss, roles, and reforming family ties; and assisting the new family with recognizing the child’s prior experiences as they go about forming new roles and rituals.

Case Illustration

Rene* was twenty-six when I, at the recommendation of her child protection worker, became her in-home family therapist. This was a critical time in Rene’s event filled life. A “graduate” herself of the foster care and child welfare system, she was now pondering the fate of her four children in foster care. With the 12-month permanency clock about to expire, Rene had just completed a critical round of alcohol abuse treatment, located a small but decent apartment, negotiated gifts or loans of furniture from various friends and family, and wanted to do whatever was necessary to get her children back.

This was no easy proposition. How was a single parent, new in her sobriety, going to manage four children, ages 6 years to 1 year, who had suffered neglect of basic needs in their earliest stages of development and had acclimated themselves to new caregivers? Maggie, Rene’s oldest, showed signs of Fetal Alcohol Syndrome and dangerously attached herself to any adult who walked in the room. Lacy, age 4, who posed Rene’s largest challenge, was hyperactive and prone to tantrums. It was Lacy’s severe physical abuse by a cousin who Rene had brought in to babysit during her many absences, that had drawn Child Protection into this family’s life over one year ago. Rene felt that she and her youngest two, Debby and Brad, barely knew each other. She had been so uninvolved in their short lives, and they were attached to their foster parents.

Prepare

The first phase of our work centered on helping Rene define the challenges facing her and the steps, over which she had control, that would allow her to be a positive player in her children’s lives. To begin, I needed to convey to Rene my neutral stance and lack of judgment about what had gone on before and my clear call for her accountability, from this day forward, regarding her children’s well being. First, we made a map on paper of all those
in her children’s network, discussing who was helpful, who was not, and what resources could be added to her “team.” I needed to be clear with Rene that my “client” was not she alone, but the network itself and its ability to protect and nurture her children, whatever decisions occurred.

With this stance, Rene understood my need to contact her children and their foster parents. We all had a session together to discuss the children’s behavior before and after visits, normalizing how the children played out their anxiety. It was difficult to stay away from blame and hurt for both Rene and Sue and Bob, the foster parents of these four children. But the structured contact offered enough safety for questions to be asked and more concrete plans to be made around future contact.

Soon after this meeting, Rene brought the children home for a trial reunification, but it quickly proved too much for her. Within one month, she called her child protection worker in tears, asking for the removal of her children. She had begun to drink again and resumed a relationship with an old boyfriend who lost patience with the children’s chaotic behavior.

Negotiate

We entered the Negotiate phase during these dark times. Having no community facilitator, I needed to work closely with the child protection worker to bring together a “summit” and lay out permanency options for Rene’s children. Rene had few solid ties to her extended kin. Her cousins themselves had open child protection cases; her beloved aunt who helped raise her had just died; and her father was a drifter who was in no position to raise children. Bob and Sue, the foster parents, expressed their desire to adopt Debbie and Brad, the two youngest children. I met with them a few times as they anguished over their ability to commit to Maggie and Lacy as well. Meanwhile, Rene reentered chemical dependency treatment and reemerged with a clearer understanding of her own debilitating depression, which was treated with medication and group counseling at the county mental health center. At this time, Rene’s child protection worker informed her that she would not be recommending that all four children be reunified with her, but that she would be willing to support the oldest returning if Rene continued with intensive recovery and parenting support programming.

Decide

We had reached the Decide phase of our work. Rene was furious at her worker’s stance. Her sense of self as a parent was crushed. She cried for hours and had difficulty sleeping. I had to work quite persistently to maintain contact with her, to coach her in tending to her grief, and to honor her goal of being a positive force in her children’s lives. Ultimately, Rene revealed that she alone could not keep all her children safe, and that her greatest fear was that her children would experience what had happened to her as a child—going in and out of families and facilities as her parents came in and out of her life.

Rene agreed to voluntarily relinquish her parental rights to Debbie and Brad with the hopes of forming an open adoption arrangement with Bob and Sue. A family summit was reconvened so that Rene could make her decision clear to her network, which included Bob and Sue and her own father, with whom she was renewing contact. A play therapy session with the four children used pictures of houses to show how Maggie and Lacy would live in one house and Debbie and Brad would live in another, and how they would stay connected. Rene began to gather pictures for the children’s life books, having me write the stories of their births and hopes for their futures during our sessions. This proved so emotionally draining that we moved our sessions to my office in order to “contain the pain” in the room and free Rene to get on with the tasks of daily living outside of our work. We received funding for a parent mentor to work intensively with Rene during Maggie and Lacy’s visits to her home to assist her with limit setting and structuring the family routine. It became time for Rene to take Maggie and Lacy home to try again.

Continue

The Continue phase of our work remains ongoing, even two years after initial contact. Rene, Bob and Sue use me selectively as key pieces of the contact agreement need revisiting, or as the crises of living arise. One such time was when Rene decided to also relinquish her rights to Lacy after struggling for months with her own depression and Lacy’s challenging behavior. Once Rene’s rights terminated, the agency’s guardianship unit moved quickly to place Lacy in an adoptive home. New agency players determined that contact between Lacy and Maggie or Rene was detrimental to Lacy’s mental health. Although Rene had no power to challenge this decision, we rehearsed and recorded a “goodbye” video for Lacy from Rene and Maggie that workers agreed Lacy and her new adoptive family could view when they were ready. Nevertheless, this cut-off reactivated Rene’s grief, shame and drinking, and required revisiting Rene’s prior therapeutic work. The parent mentor returned to assist Rene with keeping Maggie safe.

Despite her own cycling mental health needs, Rene was able to create a stable home for herself and Maggie. Maggie’s special needs in school required us to help Rene build a new network of support as an Individualized Educational Plan was developed. Rene moved to a safer neighborhood, formed some key friendships with other women, and continued to facilitate visits between Maggie and her sister and brother, who were thriving in Bob and Sue’s home. Rene hopes that she and Maggie will be able to write to, and perhaps visit, Lacy again in the future, as Lacy is deemed able. In the meantime, Rene has the support and confidence to keep at least inquiring about this possibility and working proactively, not destructively, for an answer. She has made very hard choices. Her children have permanency and a sense that their mother has been a positive force in their lives.
Summary

Family healing in the context of a parental rights transfer has come, for us, to mean that players within a child's world find a way to communicate, make sense of the ties they have to one another, establish workable boundaries, and create some common understanding of what is in that child's interest. This process is far from easy or straightforward. Differences in family style and comfort level with contact, financial strains, and chronic mental health difficulties that may have led to the need for a custody transfer must be taken into account. Powerful emotions are at play. Grief, shame, disappointment, fury and bitterness emerge as adults and children come to acknowledge that parents cannot meet their children's needs and others must shoulder that responsibility. Psychological erasure—the need to negate other adults now caring for one's children—as seen so often in a divorce process, is understandable as a defense against such emotion (Kruk and Hall, 1995). The complexity and pain more often lead to relationship cut-offs that bar children from continued contact with parents, grandparents or foster parents. Sometimes, as in Lacy's case, when a child cannot manage complex, multiple relationships, drawing such a boundary may be necessary.

Rene's situation illustrates that, with a clear map and sufficient tools, children's emotional ties so necessary for identity and security can often be preserved through a custody transfer if adults involved are willing to work through a process. As states attempt to meet rapid permanency timelines for children in out-of-home placement, the process we have described may be critical for child welfare professionals and their clients. For the systemic family therapist with a passion for family reunification work, the map allows one to see custody transfers or termination of rights, not as failure, but as an opportunity for family healing. The ability, as a therapist, to shift gears to work with many players of the child's system can only aid one's work in helping family members to shift roles and expectations. The final goal adults can share is the essence of permanency in which children do not remain in limbo but are assured of their belonging.

— Krista Nelson, LCSW, LMFT and Kathleen Gorman, LGSW

Generations: Resources for Families, St. Paul, MN

A Note on Nomenclature and Plea for More Responsibility

Voluntary relinquishment may, in part, result when a parent determines that they are willing to give up their parental right to parent and when they no longer can or care to exercise their responsibility to parent. For some parents who decide to voluntarily relinquish, the initially insulting aspect of having the right to parent removed is finally overcome by the understanding that it would be better to give someone else the responsibility of trying to raise their child in a way that they hope their child would be raised. Termination of parental rights, then, also comes with the alleviation of parental responsibility—this can be a substantial relief. In essence, these two are inseparable. We could, therefore, decide to only use "termination of parental responsibility" as our phrase to describe the ending of legal ties to a child. That seems a bit too unbalanced (as does our current usage). Although it is not quite as terse as our current language, the discussion about adoption would be more accurate and more positive if everyone who wrote and talked about it would, from this point forward, commit to using the term "parental rights and responsibilities" when they are discussing this important phenomena—whether those rights and responsibilities are voluntarily terminated or not.

— Richard P. Barth, PhD, Frank A. Daniels Professor, School of Social Work, University of North Carolina

* Names altered to protect client confidentiality.

REFERENCES

Using Child Welfare Mediation to Expedite Permanency

With the recent changes in child welfare laws and time frames, more and more state and county agencies are searching for alternatives to the traditional lengthy, adversarial proceedings to terminate parental rights. Beginning in 1991, Teamwork for Children, through a federal grant to the Oregon State Office of Services to Children and Families (OSOSCF), developed and has been using permanency mediation to assist birth parents and case-workers to create permanent plans for children and, when appropriate, to arrange post-adoption communication agreements with adoptive families. This technique shows great promise in expediting permanency for children, minimizing emotional suffering to children and their birth and adoptive parents, and reducing the cost of lengthy legal proceedings.

Goals of child welfare mediation

Mediation differs from the current system in the following critical ways: it is cooperative and non-coercive rather than adversarial and coercive; participation is voluntary versus involuntary; and decisions are made by mutual agreement rather than by a court process. The three major goals of Teamwork for Children’s permanency mediation model are to: (1) empower parents to make cooperative, permanent plans for their children; (2) reduce the necessity for termination of parental rights litigation and the related expenditure of state dollars; and (3) reduce the time children spend in foster care awaiting permanent homes.

Who is eligible for mediation?

Mediators work with parents of abused or neglected children and potential adoptive or foster families. Families, who are referred by child welfare case workers, attorneys, or the courts, must meet the following criteria:

- The child is in foster care with a plan for termination of parental rights, and all efforts at reunification have been exhausted.
- The birth parent is willing to mediate.
- The state permanency consultant determines that the case is appropriate and provides guidelines for any ongoing contact with the birth parent.
- In cases that lead to adoption, the prospective adoptive family is willing to mediate.

How does mediation work?

The Teamwork for Children model includes two distinct phases of voluntary mediation by trained mediators. The six mediators employed by the project all had worked with high-risk families for two or more years and had experience in mediation, adoption, court proceedings and cultural competency. They also received three days of specialized training in child welfare and adoption mediation along with state agency staff involved with the program. To ensure their impartiality and neutrality, they were independent contractors with OSOSCF, the state agency, and they were supervised by an independent, experienced child welfare mediator.

Phase One of the process involves mediation between the birth parent(s) and the agency. The mediator first meets with the caseworker to establish the range of post-adoption communication options available to the particular birth parent, based on the child’s needs, and then gets permission from the parent’s attorney to meet with the parent. The mediator then uses Parent Empowerment Process workbooks and exercises to help the birth parents think about their children’s needs and their ability to meet those needs and to parent in general, and to help them make decisions in the best interests of their child(ren). If the permanent plan is for the child to return home, the mediation process ends. However, if, as in most cases, the parents decide that having someone else raise their child is in the child’s and their best interest, the mediator helps the parent(s) develop a tentative adoption plan. Once this plan is agreed upon by the parent(s) and the agency, mediation moves into the second phase.

In Phase Two, the mediator meets with the foster or other potential adoptive family to discuss the child’s needs and goals, and to discuss the new family’s willingness and ability to work cooperatively with the birth parent(s). The mediator then facilitates meetings between the two families to help them reach an agreement clarifying the role of birth parents and the level of contact they will have with the child. These meetings result in a written post-adoption communication agreement that specifies the level of ongoing communication, states the minimum amount of contact between the two families, and provides details about the boundaries and safeguards for both. Following the birth parent’s voluntarily relinquishment, the birth parents, child(ren) and new adoptive parents have a “goodbye meeting” that allows everyone involved to move on.

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The entire mediation process takes approximately 25 to 30 hours per parent/child dyad over several months. Mediators typically spend a large portion of this time preparing foster and adoptive parents for cooperation with birth families.

Benefits and outcomes of child welfare mediation

Cooperative mediation through an independent agency expedites permanency for children while involving families in a caring, dignified manner. It offers birth parents involvement, choices and respect that they lose if parental rights are involuntarily terminated. Using traditional proceedings, parents often contest efforts to terminate their parental rights and, as a result, children often wait two to five years in foster care for the court process to free them for adoption (Etter & Roberts, in press). In contrast, most of the families served through Teamwork for Children's mediation model choose adoption as the permanent plan for their children. In these cases, children have been freed for adoption an average of 3.7 months after referral to the program, and placed in adoptive homes within an average of five months after referral (Etter & Roberts, in press).

Of the first 300 families served by Teamwork since 1991, 87% reached a cooperative written agreement by the end of Phase One and avoided contested trials; 90% of those cases resulted in cooperative adoptions (Etter & Roberts, in press). In the 13% of unresolved cases, either parents withdrew from voluntary mediation or the mediation was terminated by an attorney or the agency.

When cases result in a cooperative agreement, mediation not only reduces the trauma for children, it preserves the integrity and self-esteem of their birth parents. It can also result in monetary savings due to fewer foster care days and fewer lengthy, expensive trials. The average mediation case, for instance, costs $3,500; whereas, an average contested trial to terminate parental rights costs $22,000 not including foster care, staff time, or overhead (Etter & Roberts, in press).

Challenges

Despite the great benefits of this model, certain obstacles can make mediation challenging. For example, a parent’s ability to move through the mediation process may be impeded by mental or emotional problems, as well as learning or developmental disabilities. Unsupportive family and friends also can slow down the parent’s decision making. In addition, mediation requires caseworkers and attorneys to accept a new way of doing business.

Conclusion

Cooperative mediation helps establish cooperation and build relationships between birth and adoptive parents, rather than focusing on negotiating a settlement between adversaries. Ultimately, this helps expedite permanency for children, reducing the monetary costs of foster care and court procedures and the emotional trauma to children and families. Currently, more than a dozen states* are using or considering the use of mediation in custody cases (Rovella, 1998). More states are likely to follow suit as they realize the benefits of this model.

* Arizona, California, Connecticut, Iowa, Idaho, Indiana, Massachusetts, Minnesota, Nebraska, New Mexico, New York, Oregon, Texas, Virginia and Washington.

— Amy Price, MPA, National AIA Resource Center

Many thanks to Jeanne Etter and the staff at Teamwork for Children for providing the information for this article. For more information about Oregon’s Cooperative Mediation Project or to order copies of the Parent Empowerment Process Workbooks, please call Teamwork for Children at (541) 342-2692, or visit their website at www.ordata.com/~etterj.

REFERENCES


COMING SOON!

Voluntary Relinquishment of Parental Rights: Considerations and Practices

This new publication from the National AIA Resource Center provides an in-depth look at voluntary relinquishment. Specifically, it addresses the role of voluntary relinquishment in adoption practice, mediation and open adoptions; helps prepare child welfare workers to discuss voluntary relinquishment with their clients; describes the voluntary relinquishment process; discusses use of voluntary relinquishment with special populations, e.g., families with HIV; and responds to common concerns.

Voluntary Relinquishment of Parental Rights will be available in summer 1999!

For more information, please contact the AIA Resource Center at (510) 643-8390 or aia@uclink4.berkeley.edu.
Voluntary Relinquishment: An Option in Whole Family Placement

When I came for the home visit on that cold Minnesota morning, Kathy was crying and stated, “I just can’t do this anymore!” The realization that she was not able to parent her children had finally become a reality. Now our job was to help Kathy work through the process of voluntary relinquishment. Although that was a very difficult decision for everyone involved, Kathy was able to make it in a dignified manner without court involvement.

Background

Minnesota Human Service Associates’ (HSA’s) Whole Family Placement (WFP) Program uses an innovative model for serving parents and children together on a 24-hour basis within the home of a licensed care provider. The program, which has been in place for approximately six years, uses a treatment team (consisting of HSA staff, a county child welfare worker, the care provider, and other family members or professionals involved with the family) to help the participant parent make concurrent permanency plans for her child(ren). From the beginning of a placement, HSA staff discusses with the team whether reunification or relinquishment is in the best interest of the child(ren). Because the parent is involved in this decision, she can feel hopeful about being in charge of the outcome. Giving the parent permission to make choices with a team that will accept her choice is in the best interest of both the child and parent and enables permanency decisions to be made in a mutual, respectful and timely fashion.

Process

Child Protective Services refers families to WFP in an effort to prevent family separation, facilitate reunification, or assist the family in establishing permanency for the children if the parents choose to relinquish their parental rights and responsibilities. Throughout the process, it is clear that relinquishment and reunification are both positive outcomes because the children achieve permanency either way.

At the initial meeting with the parent and county worker, HSA staff begins talking about whether reunification or relinquishment is in the best interest of the child. The team discusses concurrent permanency planning, what that means, and that either choice will be treated with respect and dignity. At this time, the team also identifies clear goals and reachable objectives, and documents what the parent’s choices are and the consequences for the parent’s behavior.

Throughout the placement, which lasts an average of five months, the team must be very honest with the participant parent about what impact her behavior will have on her child(ren). The team must also agree with “full disclosure” of all issues and maintain ongoing communication so that everyone is working in the same direction. The team should meet on a monthly basis to review the goals and objectives and document the parent’s progress in meeting the identified outcomes.

The relationship between the participant parent and the care provider is key during this entire process. The majority of the work is done in the safety and security of the care provider’s home, so the care provider must be comfortable in her own mind that relinquishment is an o.k. decision. The care provider needs to be honest, confrontational and very direct in reminding the parent what outcomes are expected and how the parent’s behavior leads to the outcome, and continually pointing out to the parent that her decision should be based on her “behavior, not promises.” Weekly or monthly progress reports, which look at basic care of the children, parenting skills, and self care of the participant parent, can be completed by the care provider and parent to help monitor the parent’s behavior. If the parent has challenges that make parenting impossible, the entire team must be honest with the parent in confronting the challenges and working toward permanency for the child(ren).

Case Illustration

Kathy was placed in the WFP program a few weeks before delivering her third child. Her other two children, previously placed in foster care, joined Kathy in the WFP program. At the onset, the team helped Kathy establish goals and strategies to work toward living independently with her children. At the same time, the team also discussed the court’s termination of her parental rights or voluntary relinquishment as other possible outcomes of the placement.

As the months progressed, Kathy struggled in several of the identified goal areas including meeting her children’s needs. The treatment team continually asked Kathy questions about how she felt about parenting her children, what she needed to help make the care of her children easier, or if she thought the care of her children was just too difficult. These questions were presented in a matter-of-fact and non-judgmental way, which gave her permission to discuss honestly how difficult it was for her to care for her children and that she was not able to parent them.

As discussion about her options continued, Kathy became increasingly interested in learning more about open adoption. She spoke with a parent who had adopted children and learned more about the process. The team encouraged Kathy to explore all of her options, and HSA staff gave her the names of the many...
private adoption agencies and additional information about what rights she would have if she chose open adoption. The WFP care provider gave Kathy emotional support and spent many hours discussing her options with her. She was also very accepting when Kathy determined that selecting the adoptive agency and adoptive family for her three children was the very best direction and decision for her and her children.

**Conclusion**

When a mother or father comes to the realization that they are not able to parent, it is important to allow them to verbalize their choice and to assist them in the “letting go” process. They also need assistance in “re-framing” what they can give their child in their new role. The team needs to give the parent information about what her rights are and how, or if, she can be involved in finding a family for her child(ren). What are the laws around open adoption and kinship adoption? What family continuity or connectedness will the birth parent have when the child moves into another family? The team needs to help the birth parent develop some type of “honoring tool” such as a life book, a closure letter, or a video to pass on to the child(ren). There needs to be a positive closing celebration with the birth parent and new parents.

This is some of the most difficult work that birth parents have to do. We received notes from two families in WFP that both thanked us for “helping them work through the decisions in reference to their children.” Although one of the families reunified and the other relinquished, you could not tell the difference in the letters. Both families were equally grateful for having the opportunity to make a tremendously difficult decision, and for being treated with dignity and respect.

— Diane Martin-Hushman, Director of Social Service, and Sheri Olson, Social Worker II, Minnesota Human Service Associates, St. Paul, MN

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**Call For Articles**

The AIA Resource Center is soliciting articles for the spring 2000 and summer 2000 issues of *The Source*. The spring issue will focus on treatment issues with parenting women addicted to alcohol or other drugs. The Resource Center invites individuals to submit articles that address practice and policy in this area. Specifically, this may include: treatment that has proven through research to be effective in helping parenting women achieve and maintain sobriety; outreach and retention with this population; harm reduction and safety planning with addicted, parenting women; predictors of successful recovery in parenting women; or policy changes that would assist addicted, parenting women in achieving lasting sobriety and maintaining or regaining custody of their children.

The summer issue will focus on future planning and continuity of care for children whose parents have HIV/AIDS. Individuals are encouraged to submit articles that address any of the following issues: challenges and effective practice in assisting parents to plan for the present and long-term care of their children; disclosure; existing or needed federal, state, or local policies that support parents with HIV/AIDS in planning for the long-term care of their children; cultural and ethical issues; best practices in addressing the psychosocial needs of parents with HIV/AIDS and their children; or legal and social work collaborations.

As always, an AIA program will also be featured in each issue. Interested staff from any AIA program are encouraged to submit a proposal for an article that describes the AIA program and its activities or findings related to treating addicted, parenting women (spring issue), or long-term planning for the children of parents with HIV/AIDS (summer issue).

To be considered for publication in either issue, please send/fax/email a brief (150-200 words) abstract of your proposed article to the AIA Resource Center at the address below. Abstracts for the spring issue on substance abuse treatment are due no later than Friday, September 3, 1999. Authors of accepted articles will be notified within a few weeks of the deadline, and final manuscripts are due January 15, 2000.

Abstracts for the summer issue on long-term planning for children of parents with HIV/AIDS are due no later than Friday, November 19, 1999. Authors of accepted articles for that issue will be notified within two weeks of the deadline, and final manuscripts are due March 31, 2000.

**SEND ABSTRACTS AND DIRECT QUESTIONS TO:**

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Voluntary Relinquishment through Birth Mothers’ Eyes

The 1997 Adoption and Safe Families Act (ASFA) acknowledges that children may be in foster care too long and that some parents can be given too many chances to straighten out their lives while their children linger in the foster care system. All too frequently, children remain in foster care so long that their ability to bond is threatened and, often solely because of their age, the likelihood of locating an adoptive family begins to wane.

Until very recently, voluntary relinquishment was not considered, nor offered as an option, for many birth families. Most social workers were not familiar with the process of voluntary relinquishment or were not equipped with the necessary tools to comfortably present the idea to families. Additionally, families did not raise the question because the idea was often negated by the workers.

As we move toward a better understanding of children’s need for permanency, practices are changing. We are beginning to understand that parents, struggling with numerous problems that must be addressed and overcome in order for reunification to happen, can be offered opportunities to take control of their situations and make decisions to voluntarily relinquish their parental rights without the guilt and stigma of not loving their children. In some instances, birth parents are given the option to have their children placed in an “open” adoption where they can maintain contact with the child. Obviously, children benefit from these decisions. Rather than growing up in foster care, the children move into adoption and permanency is achieved.

The Birth Parents’ Perspective

The following true stories of two women who voluntarily relinquished their rights to their children describe how they arrived at their decisions and their means of coping with their choices. In the interest of confidentiality for the birth and adoptive families, no references are made to names or locations.

Family I

My five children, ranging in age from three to nine, had been removed from my home because I was neglecting them, choosing to “use” rather than take care of their needs. Someone reported me to the authorities and my kids were whisked away. I was angry, confused and could not understand (or was maybe just too high to understand) the impact it would have on my life. I fell into a depression that I thought could be fixed by another “hit.” I was on the street, heavy into “crack,” never worrying about anything except how high I could get. I never had a criminal record because I was able to exchange favors for my drugs. Yet, as I was fighting the system for custody of my five children, I discovered that I was pregnant again.

My kids had been in the system for about a year and, although I always loved them, I could never clean up long enough to establish a good home for them. Unfortunately, because there were five of them, they were separated, three in one home and two in another. They were not only coping with being removed from me, they had to cope with being separated from each other. I tried to visit them but staying clean and sober was too hard at the time. I visited them when I was together enough to show up and I disappointed them many times when I chose the drugs over their visits. Fortunately, the agency staff who supervised the homes were understanding and allowed the children to visit each other. Their sibling bond remained intact but they were becoming more and more detached from me.

Rather than admitting myself into residential drug treatment and taking advantage of my children being safe and

Continued on page 18...
cared for, I remained on the streets. Discovering that I was pregnant again was still not enough for me to clean up my act. I continued to use and was clearly told that if I did not remain drug free, this baby would also be removed. I still thought I could handle it. Refusing drug treatment resulted in my sixth child never coming home. My social worker and the court decided that I could only have my children placed in foster care and not be reunited with them. As long as I was not truthful and did not follow court orders, the children would be removed and placed in foster care. As long as they were in care, I knew that they were safe and I could go on with my life.

It took this seventh birth to convince me that my chance of reuniting with my children was running thin. I finally accepted the fact that I had a problem and entered a drug treatment center. I remained there for six months and began to slowly reestablish my life. I was committed to reuniting with my children and was compliant with a new performance agreement that was developed between my social worker and me. I found a counselor and I discussed the fact that I knew and loved, but to raise two with whom I had no bond was more than I could imagine.

Over time, she began to understand my feelings and finally supported my efforts to reunify with five and release two for adoption. She assured me that she would do everything she could to ensure that the children would be placed in a solid loving family, and she did just that. I made it known that I was willing to keep communication open if the family chose to do so.

Therefore, the adoptive parents know how to find me if ever the children have any desire to locate me. If that does happen, they will be welcome and I will have the opportunity to explain why I made the decision to give them a better life than I thought I was capable of giving them.

Family II

As a mother of four, I was proud of my children and loved each one of them, but I could never quite get the hang of parenting. When my husband, and father of all four, ran off with another woman, everything was building to the point that I feared I would lose control and hurt my children. I never had the support of family and friends, except for them telling me what a bad parent I was. Instead of physically hurting my children, I made a conscious decision to leave them, never thinking through the consequences. I knew that eventually someone would find them and keep them safe.

After making the decision and leaving, someone in the apartment building discovered that the children were there and contacted the authorities reporting that four children, ages two to ten, were left alone in an apartment for several days. Quite obviously, the children were removed and placed in foster care. As long as they were in care, I knew that they were safe and I could go on with my life.

I met a man and began to rebuild my life with him, only to be located and asked to return to the state to comply with the court, attend parenting classes and be reunified with my children. Although I knew that I did not want to parent my children, I did not have the courage to say so. Instead, as ordered by my case worker and attorney, I returned and went through the motions only to delay the inevitable. I was surprised that, instead of listening to my desires, my attorney informed me that if I did everything that was expected of me, I would be able to reunify with my children. I knew that I wanted not only to be free of the responsibility of raising them, but for them to have a better chance in life than I thought I could give them. If I had been offered the opportunity to voluntarily relinquish my rights, I would have done so long before the six years it took to finally give my children permanence and stability. Today, my children are in an adoptive home with a family who understands their need to have some contact with me. They are permitted to correspond with me and have given me the reassurance that I needed to know that I made the right decision.

Conclusion

Both women experienced a system in which their young children were placed in foster care where they remained for many years before they had permanent stable homes. These stories reflect the women's dilemmas and turmoil, and the lack of professional support when they contemplated relinquishment. If we truly are concerned with the best interest of children, we need to provide parents with the opportunity and support to make good decisions for themselves and their children.

— Anonymous
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