

November 2007



Adoption in Massachusetts: Private and Public Agency Placements and Practices in 2005: Issue Brief on Number of Adoptions

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The Center for Adoption Research is part of the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School under the direction of Dr. Ron Steingard. CHPR's mission is to promote and conduct applied research, evaluation, quality improvement, education and training aimed at informing policy decisions and advancing practice to improve the health and well-being of people served by public agencies. For more information, please contact us at healthpolicy@umassmed.edu.

At the Center for Adoption Research, under the direction of Martha Henry, Ph.D., we are dedicated to developing practical responses to improve foster care and adoption policy and practice by conducting research, policy analysis, and developing education and training programs. In line with our mission, we conduct an annual survey of all licensed adoption agencies in Massachusetts. This survey collects information on the number and nature of adoptions finalized in Massachusetts each year.

Background

Since 1999, Massachusetts law¹ has required that every licensed adoption agency in the Commonwealth provide annual information about the number and nature of adoptions finalized through their agency. Massachusetts is an agency state, meaning that all residents seeking to adopt a child must utilize the services of an adoption agency licensed by the state. Specifically, all Massachusetts citizens interested in adopting a child must, at a minimum, have a home study conducted by a Massachusetts licensed adoption agency. These agencies may provide services for private domestic adoptions, international adoptions or they may contract with the Massachusetts Department of Social Services (DSS) to provide services for adoptions from foster care.

The Center for Adoption Research collects and analyzes the data on the number and nature of adoptions finalized annually, and disseminates this information to interested parties. The request for data from licensed Massachusetts agencies, issued in the summer of 2006 to collect information about adoptions finalized in calendar year 2005, was completed and returned by 45 private adoption agencies² and by DSS. The results of this survey are being presented in five issue briefs. This issue brief contains information pertaining to the number and type of adoptions finalized in calendar year 2005.

¹In 1999, HB 4900 37 amended M.G.L. 28A §10 (c) (8). This is the fifth annual report. Previous reports can be downloaded from www.umassmed.edu/adoption/index.aspx. In the Commonwealth of Massachusetts, only licensed adoption agencies may legally place children for adoption. The Department of Early Education and Care (EEC) regulates adoption agencies in Massachusetts; contact them at www.eec.state.ma.us for information about regulations, as well as a listing of licensed agencies. The EEC Central Office is located at: 600 Washington St., 6th Floor, Suite 6100, Boston, MA 02111.
Phone: (617) 988-6600

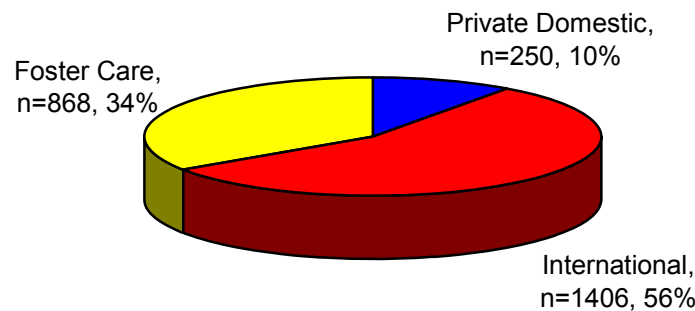
² This represents a 98% response rate from private agencies.

Total Number of Adoptions in 2005

In 2005, there were 2,524 adoptions finalized in Massachusetts. This represents an increase of 5.5% over the total number of adoptions finalized in 2004. Of these 2,524 adoptions, 1,406 were international, 868 were adoptions from public foster care, and the remaining 250 were domestic private adoptions (see Figure 1).

International Adoptions. The most common type of adoption in 2005 was international adoption, and the top five sending countries to Massachusetts were also the same as in 2004: China (39%), Russia (17%), South Korea (14%), Guatemala (10%) and Ethiopia (8%). According to the U.S. Department of State³, the top four sending countries to the U.S. in 2005 were China (35%), Russia (20%), Guatemala (17%) and South Korea (7%); Ethiopia was ranked seventh nationally. In 2005, there were 22,728 visas issued to orphans coming to the U.S. Massachusetts adoption agencies accounted for 6% of these.

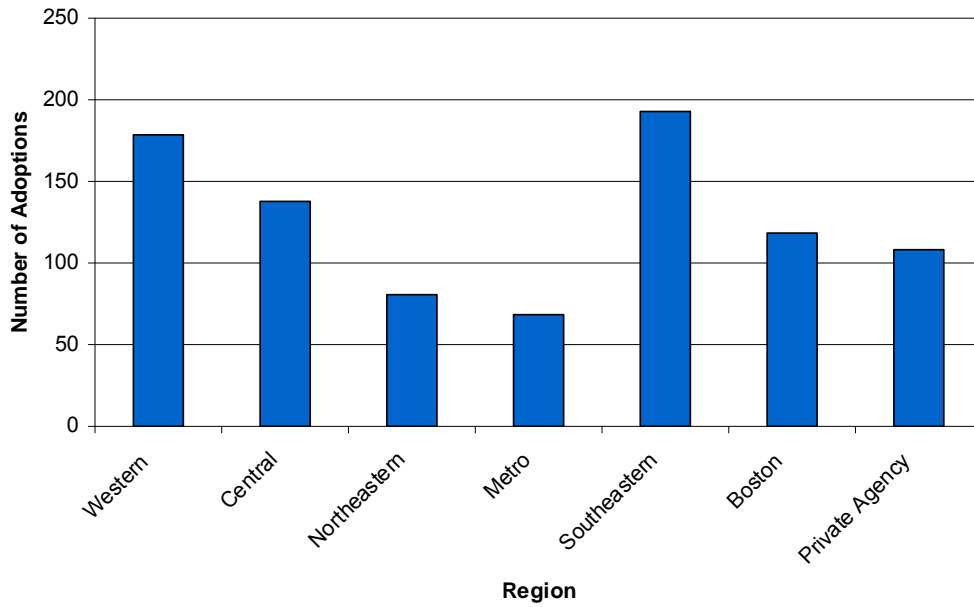
Figure 1: Total Adoptions in Massachusetts in 2005 by Type of Adoption
n = 2,524



Foster Care Adoptions. According to the Massachusetts Department of Social Services (DSS), there were 868 finalized adoptions from foster care during fiscal year 2005. Figure 2 shows the breakdown by DSS region⁴.

³ Downloaded from http://travel.state.gov/family/adoption/stats/stats_451.html

⁴ DSS has six regional offices throughout Massachusetts. The numbers in Figure 2 do not total to 868, as private agencies reported finalized adoptions for calendar year 2005 and DSS reported for fiscal year 2005 (July to June).

Figure 2: Adoptions from Foster Care by DSS Region, FY05, N = 868*

DSS provided demographic information for the children adopted from foster care during fiscal year 2005 (see Table 1). Over half of the children who were adopted from foster care during fiscal year 2005 were between the ages of 1 and 5 years old.

Table 1: Demographic Information on Children Adopted from Foster Care, FY05

	Percentage
Age (in years)	
Under 1	1%
1 to 5	54%
6 to 10	32%
11 to 15	11%
16 to 18	1%
Gender	
Male	49%
Female	51%
Ethnicity/Race	
African American	15%
Asian/Pacific Islander	1%
Caucasian	46%
Hispanic	33%
Other	4%
Missing	1%
TOTAL (n = 868)	100%

Family Type. The majority of children adopted through private agencies in Massachusetts in 2005 were adopted into two-parent families. Adoptions by single people and by same-sex couples are legal in Massachusetts. Thirty-six agencies reported working with single people during 2005, and thirty-one reported working with

gay/lesbian prospective adoptive parents. Of the 1,656 adoptions finalized through private agencies in 2005, 175 (11%) were to single parents and 40 (2%) were to same-sex couples. Not all agencies keep statistics on adoptions by persons identifying as gay or lesbian, so these numbers may be underreported. DSS did not provide information about adoptive parents, so it is unknown how many children from foster care were adopted by single people or same-sex couples.

Discussion

In 2005, Massachusetts saw a 5.5% increase in the annual number of adoptions finalized. This increase is consistent across all types of adoption including international, private domestic and foster care. However, this trend in Massachusetts is not reflected in the national adoption picture, which indicates the number of adoptions leveled off between the years 2004-2005⁵. The increase in Massachusetts adoptions likely reflects policies geared toward finding permanency for children in foster care.⁶ Whether this trend will continue is unknown, but in the arena of international adoptions there have been a number of recent policy changes in sending countries that may potentially impact the number of U.S. adoptions of internationally born children. Such changes include:

- The impact of U.S. efforts toward the ratification of the Hague Convention on adoptions from Guatemala, where adoption practices are not yet aligned with Hague
- China's increased restrictions on international adoption (including a ban on adoption by single parents, and increased age and medical restrictions)
- The time lapse during which no U.S. adoption agencies were authorized to work within Russia; as of September 2007, only twelve U.S. agencies have been authorized by Russia to complete international adoptions

The impact of these changes will not be fully understood until 2007 adoption data are available, but there will most likely be a decrease in international adoptions, as three of the top four sending countries to Massachusetts are impacted by these changes.

⁵ National numbers are only for foster care and international adoption; national data on private domestic adoptions is not available. National foster care data was downloaded from:

http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends.htm and national data on international adoption was downloaded from: http://travel.state.gov/family/adoption/stats/stats_451.html

⁶ Adoption is only one of several permanency options for children in foster care. Others include legal guardianship, reunification with birth relatives, and longterm connections with careproviders or other adults in the community.

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