

Adoption Advocate



CHUCK JOHNSON, EDITOR

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SUMMARY REPORT OF NCFA'S NATIONAL ADOPTION CONFERENCE, JULY 7-9, 2010

by *Elisa Rosman, PhD*
with *Nicole M. Callahan*

NCFA's National Adoption Conference, held this year at the Gaylord Hotel at the National Harbor, provided NCFA board, staff, and all participants with three exciting, productive days of dialogue about adoption policy, research, and practice. Representatives from adoption agencies, federal agencies, and child welfare organizations across the country participated. We at NCFA hope that everyone left with renewed inspiration to aid them in their mission on behalf of children and families.

As there have been so many requests for copies of conference notes and information from attendees — as well as those unable to make it to the conference — this special issue of the Adoption Advocate contains detailed notes from all conference sessions, panels, and presentations. To receive copies of documents and other information distributed at the conference, please contact NCFA at (703) 299-6633 or info@adoptioncouncil.org.

July 7, 2010

Welcome & Introduction

Chuck Johnson, Acting CEO, NCFA

Chuck Johnson, acting CEO of NCFA, kicked off the event by stressing how exciting it was to see so many new faces at the conference. He explained NCFA's belief that "every child deserves a nurturing, permanent family" and the ways in which NCFA works to achieve that goal through its infant adoption, international adoption, and foster care advocacy. NCFA is proud to be a voice for the adoption community, including birthparents, adoptive parents, children in need of families, and of course NCFA's Member Agencies.

NCFA is also proud of the following outreach programs:

- Training & Agency Services – This includes

NCFA's adoption awareness campaigns, infant adoption awareness and intercountry adoption trainings, the annual National Conference, online Webinars, the Member Agency email listserv, distance learning education opportunities, information about best practices in adoption, and expert advice.

- Communications – This includes media relations, PSAs, NCFA's Web sites, and its two premier publications, the *Adoption Advocate* and the *Adoption Factbook* series.
- Government Relations – This includes advocating for children and educating policymakers on Capitol Hill and in state legislatures, working with government officials, leading or hosting international delegations from other countries, and collaborating with stakeholder and advocacy groups.
- Research – This includes the gathering of

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comprehensive domestic infant adoption statistics, public opinion polls to ascertain Americans' attitude towards adoption, and an in-depth analysis of the cost to society of children "aging out" of foster care.

Keynote Address: The Racial Disproportionality Movement: False Facts and Dangerous Directions

Dr. Elizabeth Bartholet

""""""""Dr. Bartholet spoke about the "racial disproportionality" movement, quite powerful though relatively unknown outside a small group of policymakers and others promoting it. The basic argument of the racial disproportionality movement is that it is most important to keep children in the community from which they came. Dr. Bartholet and other adoption advocates counter that children have rights, and, for their sake, it can be better to move away from their community of origin. While there have been some important victories for adoption, including the Multi-Ethnic Placement Act (MEPA) and the Adoption and Safe Families Act (ASFA), the debate over racial disproportionality plays a large role in the battles over transracial adoption and family preservation.

The racial disproportionality movement is led by the three major Casey foundations and the Center for the Study of Social Policy (CSSP). They claim there is a disproportionate number of African American children in foster care due to discrimination, primarily on the part of the child welfare system. Their primary solution is to stop removing African American children at such a disproportionate rate and make more of an effort to reunify black families. Their goal is to enact legislation which creates a new criterion for states to measure the success of their child welfare system: a reduction in the number of black children removed from their families, to a number more proportionate to their percentage of the population.

Why is this a problem? The theory is that discrimination causes the disproportionate number of black children in foster care. However, the reality is that black families in America are at

greater risk for all the predictors of child maltreatment (including poverty, single parenting, and substance abuse). While discrimination against African Americans, historically and continuing to the present day, has undoubtedly played a role in creating a greater likelihood of poverty, single parenting, and substance abuse in the black community, where these issues do exist action must be taken to protect children.

Dr. Bartholet raised the following points to dispute the movement's claims:

- In self-reported studies, African American parents have a higher rate of child maltreatment than white parents.
- Death rates track official maltreatment and removal rates.
- There are almost no studies that support the movement's claim that the child welfare system itself is discriminatory.

Dr. Bartholet summarized that removal rates for black children actually probably track maltreatment rates pretty closely. If child welfare agencies stopped removing children from abusive homes, that would endanger their lives. Instead of removing fewer African American children from their homes, we should focus on the fact that they are disproportionately maltreated compared to white children and focus on preventing child abuse and neglect. Responsible child welfare advocates cannot simply pretend that abuse and maltreatment isn't taking place.

Additional efforts should be made to focus on the substance abuse connection. This would also result in removing more white children whose parents are substance abusers. Finally, more radical forms of social reform are needed, to help more black families find the opportunities they need to no longer be at such high risk for abuse and maltreatment.

In Their Own Voices: Transracial Adoptees (TRAs) Tell Their Stories

Dr. Rita Simon

Dr. Simon's talk was devoted to her 40 years of research on transracial adopted persons



and their families. All of her studies indicate that transracial adoption serves the best interests of children (except in the case of Native American transracially adopted children; see below).

First Dr. Simon presented background on her longitudinal study. The researchers first met the families in 1971 when they interviewed the parents and children in their homes. The adopted children were 3-7 years old, living in five different cities in the Midwest. There were 204 families with 167 biological children and 199 (157 of them transracially) adopted children. The researchers focused on racial identity, awareness, and attitudes. In 1979, they contacted the families again by mail and telephone.

During the second wave of the study, the researchers learned that the glowing happy reports from seven years earlier had since given way to some signs of stress and tension. For every five families whose difficulties were “run-of-the-mill,” there was one family with more profound difficulties. The most common problem was the adopted child’s tendency to steal (a behavior usually exhibited by the boys). Another problem was the discovery of disabilities that were either genetic or resulting from time spent in foster care. Most of the parents did not dwell on what they wished they had done or did not do; most felt they did their best and tried hard to be good parents to children of a different race. Many families said they had tried to incorporate some aspects of their child’s culture of origin.

What did the children have to say? There were almost no differences among the children on the scale of self-esteem. Black and white children reared together as siblings in the same family seemed to result in these children having a different attitude toward race than their peers, with no strong preference for whiteness. Researchers also found that sibling relationships were dependent on child’s race or adopted status; age was a more important predictor.

Over the 20 years of the study, the researchers learned that transracial adoption causes no special problems among adopted children or their families. Of course, not all adoptions are

“smooth sailing” and there is an emotional cost to adoption, but the transracial aspect does not necessarily bring with it special problems.

One important note: Love is not enough. Adoptive parents have to make an effort in terms of finding diverse neighborhoods, churches, schools, and friends.

A more recent study conducted interviews of 20 adult transracially adopted Native Americans. Sixteen had close relationships with their adoptive families, and four said the relationships were negative. As adults, all of the participants felt secure in their identities, but many said they still had a lot to learn. Nineteen of 20 searched for their birth families and 15 were united, with 12 having positive relationships with those families.

Preparing Families for Transracial/Transcultural Adoption

Jayne Schooler

Dr. Schooler began with a discussion of the challenges in preparing families to adopt a child of another race or culture. These challenges include: cultural awareness; living in a culturally appropriate/mixed neighborhood; and the emotional impact of a transracial adoption on the family.

The three things that parents must do, as essential skills for parents with children who have grown from a traumatic experience, are:

- Believe that their child’s life experience is different.
- Expand their definition of tolerance.
- Manage their own emotional response to the child.

When it comes to the child’s racial/cultural identity and development, parents also need to be aware that how they perceive and ethnically describe their children influences how their children self-identify within the dominant white culture. There is a long continuum seen in transracial and transcultural adoption, ranging from parents simply acknowledging their child’s birth race/culture to them making efforts to actively



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socialize and teach their child about the culture of origin. Activities can include: cultural meals; visits (to birth hospital, country, etc.); maintaining a relationship with the birth family (when appropriate); and encouraging friendships and role models from that culture.

In order to help facilitate racial identity, there are five tasks for parents:

1. Acknowledge the continued existence of prejudice, racism, and discrimination.
2. Prepare for their role as parents in a conspicuous family.
3. Provide role models and positive contacts within the child's culture of origin.
4. Prepare for and help the child deal with discrimination.
5. Encourage the development of the child's positive identity.

Finally, Dr. Schooler presented "WISE up!" — offering four ways to help parents and children learn how to deal with questions about identity and adoption:

W: "Walk away"

I: "It's private" — Recognize the right not to answer others' questions.

S: "Share" — Teach children to share parts of their adoption story if they feel comfortable doing so.

E: "Educate" — This is often the parents' task, but older children can help. Be prepared with information about adoption, why it is important, appropriate adoption terminology, and local resources. Often people are simply curious about adoption and don't intend to offend.

July 8, 2010

Intercountry Adoption Summit

Bill Bistransky, Department of State

Mr. Bistransky reminded conference participants that every country has the authority to regulate its own adoption process, and determine

which children are eligible to be adopted, who is eligible to adopt, whether an adoption decree or custody order for the purpose of adoption will be issued, and how an adoption must be processed. Due to such variability, each sending country's process moves at a different pace.

Mr. Bistransky also provided a review of the requirements for Hague accreditation. The Hague Convention on Intercountry Adoption was designed to ensure that adoptions are safe and in the best interest of children, and to protect adoptive parents from exploitation or fraud. There are currently 80 partner Convention countries, with more expected.

As of July 7, 2010, there were 195 accredited adoption service providers (ASPs) and eight approved individuals, and 14 ASPs denied. In both 2005 and 2010, Special Commissions of the Hague Convention identified countries that operate dual systems — with one system for Convention countries and one for non-Convention countries — as engaging in bad practice.

The Hague Convention works with child welfare systems to promote better lives for children worldwide, ensure transparent and ethical practices, and establish a framework for intercountry adoptions. In the U.S., the Department of State educates consular offices and staff and coordinates closely with USCIS.

Mr. Bistransky also reviewed ongoing challenges in the post-Hague implementation phase:

- How long is it acceptable for transition cases to be in transition (e.g., families waiting in China who still have I-600s)?
- In some Convention countries, there are no U.S. agencies operating.
- For countries with dual track domestic/intercountry processes, some dual nationals try to use both.
- The issue of the waiver of the vaccination requirement and the issue of siblings ages 16-18.
- The likelihood of new standards for post-adoption reports, which must be taken seriously.



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There are in fact very few outgoing adoptions from the United States; as of June 24, 2010, the U.S. Central Authority has issued just 12 Hague Adoption Certificates and two Hague Custody Declarations. Some countries in Europe are interested in adopting children out of U.S. foster care, however, and more of these cases could be seen in the future.

Finally, Mr. Bistransky addressed the adoption disruptions and dissolutions, which, unfortunately, do occur. However, a child adopted and brought to the U.S. *cannot* be returned to his or her country of origin unless: 1) The Central Authority in the sending country has approved the return in writing; and 2) the U.S. Secretary of State has approved the return in writing.

For more information, see <http://adoption.state.gov>. For questions about the Hague Convention, email AdoptionUSCA@state.gov. For non-Convention questions, email AskCI@state.gov.

Council on Accreditation (COA)

Richard Klarberg

Mr. Klarberg reiterated COA's mission to partner with adoption service providers to improve the adoption process for children, birth families, and adoptive families.

The world of international adoption appears to be shrinking, which is hard on both agencies and the COA. COA has adapted by reducing staff and moving to more of a regulatory role. In cases such as the child who was recently returned to Russia by his adoptive family, COA and other agencies were able to help Russian authorities understand that accreditation is one way for Russia to ensure it has more access to the adoption service providers here.

Department of Justice

Kathleen Hamann

Ms. Hamann spoke about the Foreign Corrupt Practices Act (FCPA). The nature of

U.S. enforcement of the FCPA has changed a great deal over the last four to five years, becoming far more aggressive.

To be classified as an offense under the FCPA, the offense must be a domestic concern, perpetrated by an individual or entity who corruptly and willfully uses interstate commerce in order to further an offer, payment, promise to pay, authorization of payment or gift of money, or anything of value to a foreign government official (or to any person) while knowing that all or a portion of the payment or gift will be given to a public official for the purpose of influencing any act or decision that favors the domestic entity or individual.

For adoption service providers, the three common areas of concern are:

- permissibility of sponsoring travel for foreign officials
- charitable donations
- third party agents

The FCPA has led to several opinions issued on these topics, which can be found on the Department of Justice Web site.

Keynote Address

Susan Jacobs, Special Advisor to the Office of Children's Issue

U.S. Department of State

In her new role, Ms. Jacobs will be working closely with the Office of Children's Issues to address the most pressing issues in the areas of intercountry adoption and international child abduction. She is personally committed to ensuring that children grow up in a stable, loving family environment, and that no child or family has to wonder whether there was fraud involved in their adoption. Ms. Jacobs will also work with Congress and other agencies and advocacy groups to create an ongoing dialog to address concerns in child welfare and advance children's issues.



U.S. Citizenship and Immigration Services, International Operations Division

Whitney Reitz and Carrie Rankin

Ms. Reitz explained the role of USCIS in international adoptions. They are primarily involved in orphan cases and in cases that are not Hague-regulated. In intercountry adoptions, the work is divided among many offices, which can make things confusing for adoption service providers and adoptive parents. The I-600s are now being handled by the National Benefits Center.

When USCIS adjudicates an I-600, it establishes the child's orphan status and eligibility to immigrate to the United States. For every I-600 there is also a separate internal form I-604, the *Determination on Child for Adoption*. If a parent files an I-600 in the U.S., it may be possible for the adjudicator to review it based solely on document review. The I-604 can also be investigated by the consular office in-country. As the sequence of events currently stands, the I-604 investigation sometimes takes place after the parents have already adopted the child, leaving families stuck waiting for the child to be allowed to immigrate.

Ms. Reitz and Ms. Rankin also provided updates on Haiti and Guatemala. In Haiti, under the special humanitarian parole program following the earthquake, 1,135 orphans have been given authorized travel documents and 1,018 have already traveled. In Guatemala, there are 402 active cases with USCIS in Guatemala City as of May 31, 2010; of these, 360 are pre-approved and pending action by the government of Guatemala, and 42 are pending petitioner or USCIS action. The State Department has not given up on these cases.

Overall, staff members at USCIS support intercountry adoption and want to promote it, but they also want to make sure that all children who are adopted are actually orphans.

July 9, 2010

Understanding the Medical and Developmental Needs of Children Pre- and Post- Adoption

Dr. Patrick Mason, International Adoption Center

A pediatrician and expert in intercountry adoption, Dr. Mason spoke about the health of internationally adopted children. Children adopted internationally often come from circumstances that place them at risk. Most families today are adopting from countries that rely heavily on institutional care, which was not the case twenty years ago. It is necessary to understand where these children are coming from and how to help them and their families, both before and after adoption.

There are risk factors that both adopted children and adoptive parents can bring to the table. The risk factors the children are susceptible to include:

- Poor prenatal health (due to genetics or prenatal exposure)
- Greater number of birth problems (due to lack of prenatal care, premature delivery, etc.)
- Poor social conditions (poverty, abuse, abandonment)
- Poor orphanage environment (high caregiver to child ratio, lack of consistent caregiving, meals that are low in nutrition and not given on-demand, lack of stimulation, caregivers that are not trained in child development and have a high turnover rate)

The risk factors that adoptive parents can bring with them include:

- Father adopted child without the mother present
- Lower socio-economic status (SES)
- Younger mother
- Single mother
- Adopted more than one child at a time



What are the medical needs of children post-adoption?

1. A thoroughly recorded history (what is known of the child's history and family background)
2. Complete medical and developmental evaluation (children often look good physically, but are delayed developmentally)
3. Laboratory analysis for internationally adopted children
4. Thyroid, lead, hearing and vision screenings are also recommended

What about immunizations? Dr. Mason recommended evaluating the child's immunization status. Research into vaccination titers found that titer levels actually correlated to the child's vaccination records. If dates and records are complete, doctors can check the child's antibody titers or simply pick up where they left off. For Hepatitis A, the vaccine is recommended for all those who come into close contact with internationally adopted children.

Children adopted internationally often have developmental delays. One study sheds light on why there are delays: Dr. Miller and her team did a "time use" study within an orphanage, studying 138 non-special needs children evaluating them every 10 minutes for five hours. They found that 50% of their time was spent alone, 27% with a caregiver, 15% with another adult, and 7% with another child. Breaking it down by age, infants spent 65% of their time alone.

What do we know about long-term developmental changes? Dr. Mason reviewed the results of one study from Canada that looked at children from Romania, all of whom were delayed upon arrival, 10 years post-placement. They found that 35% had significantly improved, 35% had a few serious problems but were making progress, and 30% still had several serious problems.

Dr. Mason and his team also examined 168 medical records for children seen less than one

month after arrival and again three to six months later. They followed up with a phone survey one to three years post-adoption. The biggest problem they found was an initial expressive speech delay. Dr. Mason has found that speech delays are the most common and consistent developmental delay in adopted children.

Finally, Dr. Mason presented a study for which his clinic surveyed 122 adoptive parents on their stress levels. 50% of men (n=30) and 41% of women (n=92) were classified as "high stress." Parents with children aged two to four years were more likely to be highly stressed. Highly stressed parents were also more likely to have older children at the time of the survey.

Child Trends, National Survey of Adoptive Parents

Sharon Vandivere & Karin Malm

Ms. Vandivere and Ms. Malm presented findings from the National Survey of Adoptive Parents (NSAP). This survey was developed because, although 2% of children in the U.S. joined their families through adoption, no large-scale nationally representative data set was available to measure pre- and post-adoption experiences. The NSAP was created and jointly funded by the Office of the Assistant Secretary for Planning and Evaluation and the Administration for Children and Families. Conducted by the National Center for Health Statistics in 2007, its origins lie in the 2001 reauthorization for the federal Promoting Safe and Stable Families Program.

Ms. Vandivere and Ms. Malm presented an overview of the survey, based on 30-minute phone interviews with parents of 2,089 adopted focal children. Adoptions from foster care, domestic infant adoptions, and international adoptions were all represented in the sample. Children adopted by relatives were included, but step-parent adoptions were not.

The survey covers a wide range of issues related to adoption. For an excellent summary of the results, please see NCFE's Adoption Advocate



#22 at
<https://www.adoptioncouncil.org/images/stories/documents/AdoptionAdvocate22.pdf>

Keynote Speaker

Michael Wear, White House Office of Faith-based and Neighborhood Partnerships

Wear reaffirmed this administration's commitment to foster care and adoption. He provided many examples of the way this commitment is being translated into action. Last May, this White House was the first in almost two decades to issue a proclamation for National Foster Care Month. The president has increased funding for Title IV-E and his budget also funds the Adoptions Opportunities program. HHS has provided \$35 million to 39 states as part of the adoption incentives program in order to reject the status quo and set the bar higher for adoption. HHS also recently rolled out an initiative to reduce long-term foster care in the form of a 5-year discretionary grant program for states that are bringing together public-private partnerships. Overall, Wear brought the message that this administration stands behind the principle that every child deserves a nurturing, safe, loving and permanent family.

Post-adoption Depression

Karen Foli, Purdue University School of Nursing

Dr. Foli began by stressing that the research goal in this area is to strengthen families. By understanding the unique challenges of post-adoption depression and the needs of adoptive parents, care providers can better assist them in overcoming their depression.

The early pioneers in studying this condition are June Bond and Harriet McCarthy. Bond identified the post-adoption depression syndrome in 1995 after seeing parents with flat affect. It emphasized several possible factors: struggles

with infertility; the fact that a major life goal was obtained, and then there was a "let-down"; the unique stresses of the adoption process and guilt over the birthmother's loss; the loss of the "dream child"; the perceived legal uncertainties of the adoption process; and other stressors similar to those experienced by biological parents.

In a study McCarthy conducted in 1999, 65% of adoptive parents reported experiencing post-adoption depression. She attributed PAD to the "silence and secrecy" on the part of sufferers, as compared to the relative openness of those experiencing postpartum depression.

In 1999, another researcher, Gair, was the first to use the Edinburgh Postnatal Depression Scale (EPDS). She studied 19 mothers in Australia, and found that 32% of the mothers scored above the recommended "at risk" cut-off for depression.

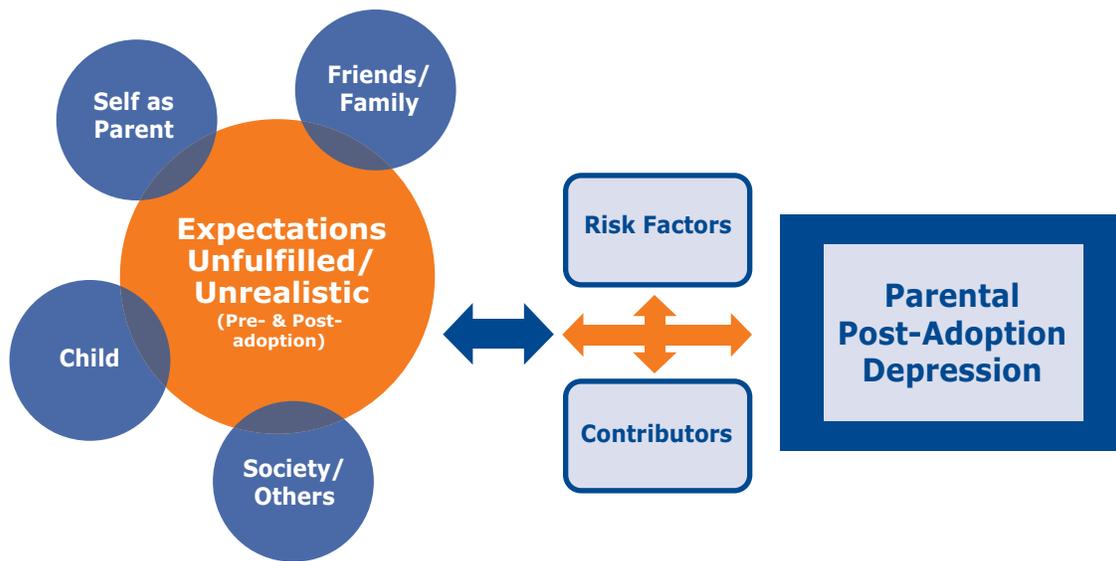
The strongest study thus far is by Payne and others at Johns Hopkins in 2010. They surveyed 86 mothers of infants under two months using the EPDS, and found that 28% experienced significant depressive symptoms at 1-4 weeks, 25.6% at 5-12 weeks, and 13% at 13-52 weeks.

Another group in Canada (McKay, Ross, and Goldberg) conducted a literature review of 11 articles in 2010. They found that post-adoption depression does appear to be relatively common among adoptive parents, with prevalence found at rates of 8%, 15.4%, and 32%.

What about fathers specifically? Dr. Foli conducted an online survey of 25 adoption professionals and found that 74% believe that fathers do experience post-adoption depression.

Dr. Foli theorizes that PAD is primarily based on parents' unmet or unrealistic expectations. Over multiple interviews, she found that they spoke about expectations of themselves as parents, expectations of their children, and the expectations of family, friends, and society. Dr. Foli presented the following theoretical model:





A Theoretical Model of Parental Postadoption Depression

© Karen Foli, PhD

What should you do if you think a parent might be depressed? It is vital to open the conversation gently, without stigma or accusation. There is no “one size fits all” policy in interventions with depressed adoptive parents, whether pre- or post-placement.

Screening tools for PAD are available for free. When working with families, it is always vital to remember that support and safety is critical for both the parents and the child.

For further information about post-adoption depression, please refer to Dr. Foli’s upcoming article in the *Adoption Factbook V*.

Toward a Cost-Benefit Analysis of Increasing Adoption of Youth from Foster Care

Dr. Nicholas Zill

Dr. Zill utilizes several databases to gather evidence of the benefits of adopting more children out of foster care, for both the children and the public.

Dr. Zill began by presenting some baseline statistics. Currently there are approximately 500,000 children and adolescents in foster care. Sixty percent of these children have been in foster care for 12 months or more. The most troubled segment includes those who “age out” of the system at 18. About 30,000 youth per year remain in foster care until adulthood, which represents about 10% of those leaving foster care each year.

Dr. Zill stressed that there are sound theoretical reasons for believing adoption is in the best interest of a child in foster care. However, the current mix of families who have adopted children from foster care is less materially advantageous to child’s overall well-being than other adoptive family groups. In comparison to families that adopt internationally, families adopting from foster care generally achieve a lower level of education, make less money, are of older parental age, represent more single-parent families, and may possess less advantageous community and school situations.



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This study focuses on testing the premise that adoption is preferable to growing up in foster care for the development and well-being of youth. The study also asks whether increased adoption of youth in foster youth results in saving the public money. To answer these questions, it compares youth in foster care with those who have been adopted out of foster care.

How do the overall costs and benefits of adoption from foster care balance out? The potential savings to the public are both short-term and long-term. The short-term savings result from less spending on the part of the child welfare system, having fewer youth in poverty (which means less spent on food stamps and welfare), and less dollars spent on Medicaid. The long-term savings result from improved developmental outcomes for children, which leads to less school failure, fewer youth incarcerated, and less spending for the next generation of welfare expenses.

There are also potential costs: more spending for public relations campaigns to encourage adoption, more spending on adoption subsidy payments should they be increased in frequency or magnitude, less tax revenue if the adoption tax credit should increase, and more spending on publicly financed services for children.

Even with regular subsidy payments, children adopted out of foster care cost the state less than children who remain in foster care. In 2007, state and federal government foster care maintenance payments equaled \$490,693, with an average payment of \$14,911 per child. The average

administrative cost per child per year was \$5,463, so the total cost for every child in foster care came to \$20,374. For children adopted out of foster care, that number was \$8,988, with a cost difference of \$11,385.

If we doubled the number of children adopted from foster care, the savings could equal \$583 million per year. In terms of the justice system, if we could reduce by even 10% the rate of imprisonment, it would result in future savings of \$513 million per year.

There is more to come—Dr. Zill stressed that this study is a work in progress. For more information, see his article in the upcoming *Adoption Factbook V*.

Navigating Adoption Ethics

Heidi Cox, Gladney Center for Adoption

Ms. Cox outlined a list of questions for adoption professionals to consider when evaluating an ethical dilemma:

1. What is the end/goal sought?
2. What means is being considered to attain that end?
3. What is the motive behind the goal?
4. What are the foreseeable consequences (both immediate and remote)?

Ms. Cox also presented some fact patterns for the group to consider. She discussed the challenges agencies face as they try to do right by each child and family, while still remaining accredited and continuing to work in their program countries.

Join NCFCA July 6-9, 2011 for the next National Adoption Conference in Washington, DC.

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