## **TESTIMONY 8/25/2000**

Re: House Bill 1533 and House Bill 1838

From: Mary Tomlinson

Chairperson

Delaware Valley Adoption Council

The Delaware Valley Adoption Council is a consortium of over 50 public and private agencies, individuals and groups in Delaware, New Jersey and Pennsylvania who promote permanency for children and advance the cause of adoption in the Tri-State region. We meet monthly in Philadelphia. Our meetings are devoted to continuing education, interagency sharing of practice issues, and the exchange of ideas, with the goal of providing information and support to the Delaware Valley adoption community. The DVAC is having its 30-year anniversary this year.

Because of the diversity of our membership and representation of all the members of the adoption triad (adoptive families, adoptees and birth families) we have a wide range of opinions on issues of our field. Paramount, however, is the best interests of the child in any adoption. The long-term mental health issues of the adoptee must be carefully considered and decisions about their placement made carefully in order that their existence and destinies are given value.

DVAC has been interested in reform of adoption regulation for some time. Earlier this year, we submitted proposed changes developed by our legislative committee to the Joint State Government Task Force on Adoption. We believe the lack of updated regulation is an underlying issue that negatively affects adoption in Pennsylvania.

## **Adoption Related Counseling**

Our members respond positively about Adoption Related Counseling and the essential nature of support to the birth family in making a profound and lifelong decision.

Allowing access to counseling and its funding to any parent CONTEMPLATING adoption is a positive change. Who should be on the Department of Public Welfare's list to provide counseling services? To limit the resources to only agencies eliminates a range of mental health professionals with a great deal of objective experience in adoption who are an important part of our adoption community. Opinions vary as to who should be providing

counseling. All agree that counseling should be provided by professionals experienced in adoption. Some felt the adoption agencies would not be able to provide truly objective and unbiased services as they may have financial pressures to complete a placement. Establishing a monitoring system for the funding is appreciated, with clarity needed as to who is responsible for reporting on the flow of funds.

Currently, the content of adoption related counseling varies widely from agency to agency. Chester County Children and Youth provides information and referrals on a wide range of options, including foster care, placement with relatives, termination of pregnancy and adoption. Catholic Social Agency provides information about parenting and adoption. The law or regulation should further define options counseling to include a broad range of information sharing. Adoption related counseling should be mandatory and defined for all types of adoption, public and private, occurring in the Commonwealth of Pennsylvania.

## Consent

The provision to require that a birth parent provide a written acknowledgement that counseling services have been offered in the consent is positive. This provision should be required for parents of ANY age who are making a decision about adoption.

Any consent requirements (proposed in this bill: not given before 72 hours and becoming irrevocable after 30 day) should be an equal process for both the birth mother and birth father. Allowing the birth father to give consent at any time, even before the birth, dismisses his responsibility and involvement in the experience of making an adoption plan. The long-term impact of ignoring the birth father will most likely be detrimental.

Regarding time frames, a very difficult issue: the pressures on the birth parents from family and, perhaps, agencies are intense as they are making a decision about their child's future. The medical and post-natal condition of the birth mother does not allow, ordinarily, a calm decision making process. However, during waiting times, the child's legal status is in limbo and they are occasionally placed in temporary foster care until the termination of parental rights is complete. Adoptive parents express an inability to fully bond with the child until the legal risk has passed. Adult adoptees and birth parents, however, often respond that a sufficient amount of time is needed to make this decision, and thirty days is not considered sufficient. Most feel that less than 30 days to reconsider the consent would not be fair considering the profound decision being made.

## **Medical History**

Medical history registers have been helpful to all members of the triad who need information (often a problematic issue for adoptees). Making medical history information forms more readily available and the register more widely accessible, used and understood will benefit all members of the adoption community.

Thank you.